

**The generation and utilisation of case descriptions within a multi-disciplinary  
mental health team meeting**

**D. Clin. Psy Thesis submitted to  
The University of Leicester  
Centre for Applied Psychology – Clinical Section  
Faculty of Medicine  
In partial fulfilment of the degree of  
Doctor in Clinical Psychology**

**August 2003**

**Nic Bunker**

UMI Number: U182189

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI U182189

Published by ProQuest LLC 2013. Copyright in the Dissertation held by the Author.  
Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against  
unauthorized copying under Title 17, United States Code.



ProQuest LLC  
789 East Eisenhower Parkway  
P.O. Box 1346  
Ann Arbor, MI 48106-1346

## **ACKNOWLEDGEMENTS**

I would like to acknowledge the following for their assistance with this work. Denis Salter, without whose input I could neither have started nor finished. In addition, Joanna Teuton, all those who attended the qualitative research group, including the facilitator Alison Tweed, Dave Harper for encouragement early in the process, Mary Horton-Salway for some useful pointers, Peter Corr for his input throughout the process, Lynne Battersby for her ear, support and invaluable feedback, and finally, for the support of my family, particularly my parents.

**Nic Bunker**

**THE GENERATION AND UTILISATION OF CASE DEFINITIONS WITHIN A  
MULTI-DISCIPLINARY MENTAL HEALTH TEAM MEETING**

**ABSTRACT**

Research relating to Community Mental Health Teams (CMHT's) may be seen to focus predominantly upon measuring effectiveness. Studies which take a broadly social constructionist perspective of language as constitutive and purposive are relatively rare. Such research has clinical relevance since it reveals as consequential the ways in which mental health professionals represent their clients. This study examines the generation and utilisation of case definitions by participants in a single community adult mental health team allocations meeting. The conversation analytic approach adopted seeks to reveal the orderliness of the interaction, which participants can be shown orientating to as orderly with each turn of talk. The first part of the analysis shows how, in their orientation to orderliness on a turn-by-turn basis, participants co-construct this interaction as an allocations meeting. This, it is argued, produces a unique interactional context in which case definitions are generated. The second part of the analysis reveals how case definitions are generated and utilised within specific interactional contexts to accomplish situated work. The main themes arising from this analysis are discussed and include the orientated-to orderliness of the interaction, talk as context, the constructed, purposive nature of case definitions and the variability of descriptions across sequences of interaction. The clinical implications of this study are discussed and relate to the representation of clients in talk and the encouragement of reflexive practice. The implications of the Conversation Analytic perspective for Clinical Psychology research and practice, as well the notion of internal mental states are discussed. Issues pertinent to this study, such as power, social identities and use of data from a single case are critically reviewed. Finally, it is argued that there is a need for future Conversation Analytic studies which build upon the findings presented.

## **CONTENTS**

	<b>Page no</b>
<b>1. INTRODUCTION</b>	
1.1 Chapter Overview	1
1.2 The evolution of Community Mental Health Teams	3
1.3 The aims, function and constitution of Community Mental Health Teams	4
1.4 An understanding of multi-disciplinary team working	6
1.5 Community Mental Health Teams and Research	7
1.6 Rationale for the current study	8
1.7 The institutional context and interaction	9
1.8 Descriptions of clients as constructed in talk	11
1.9 Descriptions as an interactional accomplishment	12
1.10 Inconsistency and variability	14
1.11 Talk about clients as purposive	15
1.12 Application in the Clinical Setting	16
1.13 Conversation analysis in the clinical setting – a single case	18
1.14 The aims of this study	19
<b>2 METHOD</b>	
2.1 Chapter Overview	21
2.2 Design	
2.2.1 <i>Epistemological issues - Social constructionism</i>	21
2.2.2 <i>Epistemological issues - Discourse Analysis</i>	24
2.3 Participants	
2.3.1 <i>Participants</i>	30
2.3.2 <i>Ethical Issues</i>	31
2.4 Materials	33

		<b>Page no.</b>
<b>2.5</b>	<b>Procedure</b>	
<b>2.5.1</b>	<i>Data Collection</i>	<b>33</b>
<b>2.5.2</b>	<i>Transcription</i>	<b>34</b>
<b>2.5.3</b>	<i>Analysis</i>	<b>43</b>
<b>2.5.4</b>	<i>Ensuring Quality</i>	<b>46</b>
<b>2.5.4.1</b>	<i>Transparency</i>	<b>47</b>
<b>2.5.4.2</b>	<i>Next turn proof procedure</i>	<b>47</b>
<b>2.5.4.3</b>	<i>Deviant case analysis</i>	<b>49</b>
<b>2.5.4.4</b>	<i>Sequential accountability</i>	<b>49</b>
<b>2.5.4.5</b>	<i>Rigour</i>	<b>50</b>
<b>2.5.5</b>	<i>Reflexivity</i>	<b>51</b>
<b>3.</b>	<b>RESULTS</b>	
<b>3.1</b>	<b>Talk as institutional interaction</b>	<b>54</b>
<b>3.2</b>	<b>Case Descriptions</b>	<b>82</b>
<b>3.2.1</b>	<i>Case 1 – BDL</i>	<b>83</b>
<b>3.2.2</b>	<i>Case 2 – ABN</i>	<b>85</b>
<b>3.2.3</b>	<i>Case 3 – EC</i>	<b>89</b>
<b>3.2.4</b>	<i>Case 4 – PG</i>	<b>95</b>
<b>3.3</b>	<b>Summary</b>	<b>105</b>
<b>4.</b>	<b>DISCUSSION</b>	
<b>4.1</b>	<b>Chapter Overview</b>	<b>106</b>
<b>4.2</b>	<b>The CA Perspective</b>	<b>107</b>
<b>4.3</b>	<b>A Summary of the analysis</b>	<b>108</b>
<b>4.4</b>	<b>Discussion of the main themes arising from the data</b>	
<b>4.4.1</b>	<i>The orientated to orderliness of the interaction</i>	<b>111</b>
<b>4.4.2</b>	<i>Talk as context</i>	<b>112</b>
<b>4.4.3</b>	<i>Case descriptions as constructed in talk</i>	<b>113</b>
<b>4.4.4</b>	<i>Descriptions as actions</i>	<b>114</b>
<b>4.4.5</b>	<i>Variability</i>	<b>114</b>

	<b>Page no.</b>
<b>4.5 Clinical implications</b>	
4.5.1 <i>Representing clients in talk</i>	115
4.5.2 <i>Reflexivity</i>	116
<b>4.6 Implications for Clinical Psychology</b>	
4.6.1 <i>Conversation Analysis, Practice, and Research</i>	117
4.6.2 <i>Internal states and language as social action</i>	119
<b>4.7 Critical review</b>	
4.7.1 <i>Power and Conversation Analysis</i>	120
4.7.2 <i>Professional identities</i>	121
4.7.3 <i>Single case</i>	122
<b>4.8 Limitations / Future Research</b>	124
<b>REFERENCES</b>	126
<b>APPENDICES 1</b>	133
Participant consent form	
<b>APPENDICES 2</b>	135
Letter confirming ethical approval	
<b>APPENDICES 3</b>	
Transcription symbols	137

# !

## 1. INTRODUCTION

### 1.1 Chapter Overview

This study examines the generation and utilisation of case definitions in a Community Adult Mental Health Team (CMHT) meeting known as the ‘allocations meeting’. The study adopts a social constructionist perspective, an aspect of which suggests that knowledge and our understandings of the world are “sustained by social processes” (Burr, 1995; p4). A detailed explanation of the epistemology is given in sub-section 2.2.1. In this study the term case definition refers to the way in which a client is represented within a sequence of interaction. These representations of clients are seen as constituted, sustained or changed through interaction, hence the terms case definition, description and representation come to be used interchangeably throughout the text. The focus is upon language and the action it performs within the interactional context in which it is produced.

Initially, as a means of enabling an understanding of the institutional setting in which the study was conducted, an outline of the evolution of CMHT’s in the United Kingdom is presented. This is followed by a review of literature that highlights the similarities and differences between such teams, which it is argued may be largely due to the nature of their formation. The manner in which CMHT’s can be observed to generally function, it is argued, corresponds most closely with theories of multi-disciplinary team working. A definition of multi-disciplinary team working is presented as existing on a continuum with other theories of team working. Its place upon this continuum is characterised by the degree of collaboration in contrast with other theories of team working.



Much of the research related to Community Mental Health Teams concerns itself with clinical effectiveness and the efficacy of the multi-disciplinary model. It is argued that research examining CMHT's in action is lacking. From the perspective adopted in this study the accomplishment of team work is viewed as interactionally achieved. With reference to literature, it is suggested that the goal orientated, institutional nature of interaction within health care teams has consequences for the way in which cases are represented in talk. Indeed, research which views language as purposive shows that descriptions of clients can be seen as co-constructed in the talk by team members.

A further central point, highlighted with reference to research, is that these descriptions of clients may be understood as performing actions within the interactional context in which they are produced. Rather than seeing descriptions as attempts to neutrally represent an out-there-reality, a review of the literature suggests a variety of social actions being performed. Language used in interaction may be seen as having an impact upon people. It is argued that the value of research, such as the examples reviewed, is that it may enable teams to more readily reflect upon both the constructive and consequential nature of their talk, whilst opening up the possibility of alternative ways of representing clients under their care.

As a means of more specifically introducing the perspective employed in this study, an example of research which uses Conversation Analysis is reviewed in detail. In this study the aims of Conversation Analysis are summarised as revealing the interaction as orderly, and showing how this orderliness is orientated to by participants in their talk together. Finally, the aims of this study are outlined.

## **1.2 The evolution of Community Mental Health Teams**

The provision of mental health care in the community has its origins in the closure of large psychiatric institutions, brought about by government policies aimed at reducing hospital beds for the severely mentally ill in favour of locating services within non-hospital settings (Tyrer et al, 1998). However, the emergence of Community Mental Health Team's (CMHT's) in the United Kingdom during the early 1970's was largely a product of local innovation. Consequently, inconsistencies have been found between CMHT's, which reflects the nature of their foundation. Research has suggested inconsistencies with regard to aims (Sayce et al, 1991), function (Onyett et al, 1994) and constitution of CMHT's (Onyett et al, 1994; Carter et al, 1995). In addition, inconsistencies have been noted in terms of the criteria for accepting referrals and the stability of these criteria within teams. For instance, Patmore and Weaver (1991) highlighted that within ten such teams there had been drift away from providing care for clients with severe and enduring mental health problems. As Goldberg and Huxley (1992) point out, most individuals' mental health needs are addressed within Primary Care, with less than one fifth being referred on for secondary opinions and treatment. Patmore and Weaver (1991) show CMHT's moving towards the group of clients for whom care had traditionally been provided by General Practitioners (GP's), the criteria for the acceptance of referrals being locally determined.

Patmore and Weaver (1991) also describe how during the early evolution of CMHT's there was a lack of consultation with Primary Care. This, it is said, resulted in Primary Care staff expressing several reservations about CMHT's. These reservations may be summarised as follows. Firstly, the fact that CMHT's were organised around

social services boundaries meant they were not co-terminus with those of GP's catchment areas. Secondly, it was perceived that teams held what were described as idiosyncratic views about the aetiology and nature of mental health problems. Finally, reservations were expressed about the fact that CMHT's were being increasingly led by professions other than doctors. Onyett et al (1994) revealed that one in five CMHT's in England did not include a Consultant Psychiatrist.

It should be stressed that CMHT's do not exist in a vacuum unaffected by governmental policy. For example, the all Wales Mental Illness Strategy (Welsh Office, 1989) included plans to establish CMHT's throughout Wales. However, due to the bottom-up nature of CMHT foundation, the relationships between different professionals within teams have had to be negotiated at a local level. Whilst there is literature that suggests roles for the different professionals working CMHT's, there is no national guidance as to how such negotiation might be undertaken (Sainsbury Centre for Mental Health, 1998). In summary, what has been indicated here is that there is variability between CMHT's. Much of this variability may be seen as rooted in their character being defined initially through local arrangements. The following section will review research which seeks to highlight commonalities between Community Mental Health Teams in terms of aims, services provided and their constitution.

### **1.3 The aims, function and constitution of Community Mental Health Teams**

Sayce et al (1991), in a national survey, found that most CMHT's had widely encompassing aims. Whilst acknowledging these differences between teams, the aim of this section is to examine points at which the teams converge. Sayce et al (1991)

showed aims such as improved professional liaison, ease of access to service, primary prevention of mental illness, building community links, secondary prevention and multi-disciplinary teamwork were common to most teams. In later surveys which examined the frequency with which specific services were provided by CMHT's, multi-disciplinary work with clients after assessment was found to be commonly provided. For example, Onyett et al (1994) found in England that 94% of teams provided this service. In Scotland the figure was a comparable 95% (Health Service Research Unit, 1996).

With respect to the constitution of CMHT's, the all Wales Mental Illness Strategy (Welsh Office, 1989) included a recommendation that core multi-disciplinary team work should encompass medical, nursing, social work, psychology and occupational therapy personnel. Whilst this gives some idea of the types of professions who might typically be found with a CMHT, as already highlighted the composition and nature of CMHT's varies throughout the United Kingdom.

Recent government policy has set out to address the variability between CMHT's on a number of levels, including their constitution. For instance, it is suggested that CMHT's should be constituted of Community Psychiatric Nurses, Social Workers, Occupational Therapists, Clinical Psychologists, Medical staff, Mental Health Support Workers and a Consultant Psychiatrist (Department of Health, 2002). The same document proposes three distinct functions as required of CMHT's. These are (1) "Giving advice on the management of mental health problems by other professionals – in particular advice to primary care and a triage system enabling appropriate referral" (2) "Providing treatment and care for those with time-limited disorders who

can benefit from specialist interventions” (3) “Providing treatment and care for those with complex and enduring needs” (p5).

#### **1.4 An understanding of multi-disciplinary team working**

Recent initiatives also promote the use of a multi-disciplinary approach to CMHT working (Department of Health, 2002). In order to facilitate an understanding of multi-disciplinary team working this model is presented as positioned on a continuum that includes inter-disciplinary and transdisciplinary models of team working. These models vary in terms of the degree of collaboration between disciplines.

Saltz (1992) describes a multi-disciplinary team as being constituted from several different professions with specialised training who work in parallel with one another. However, it has been argued that health care workers working with a multi-disciplinary model tend towards taking on generic roles (Norman et al, 1998). The primary objective of the multi-disciplinary team may be seen as co-ordination in providing services for the target client group. Sands (1993) suggests that team members accomplish this in conference with each other and by division of labour. The notion of accomplishing work in conference with each other is central to this study and will be developed further in subsequent sections of the introduction.

By way of contrast, members of interdisciplinary teams are regarded as engaging more collaboratively with each other than those working to a multi-disciplinary model, sharing responsibility and engaging in joint activity (Sands, 1993). The third variety of team working, transdisciplinary, has been characterised as displaying greater integration than multi-disciplinary or interdisciplinary ways of team working.

It is theorised that the greater the integration between the professional groupings that constitute teams, the more this enables a common language to be developed through which team work is transacted. This common language, which results from an integrative approach to team working, is said to make more transparent the values and terminology of the respective professions (Clark, 1994; Rosenfield, 1992).

These three models of team working are presented as lying at various points along a continuum, characterised by increasing degrees of collaboration with multi-disciplinary team working being the least collaborative (Sands, 1993).

### **1.5 Community Mental Health Teams and Research**

This section will examine research as it relates generally to CMHT's. The aim here is firstly to give an outline of the nature of the research which has been undertaken in these settings. Secondly, it is to demonstrate that there is a gap in the research, which the current study has been designed to address.

Much CMHT research to date concerns itself with clinical effectiveness. For example such studies claim that CMHT input leads to reduced duration (Marks et al, 1994) and frequency (Tyrer et al, 1988) of hospital admissions, thereby reducing bed occupancy. In cases where the CMHT is able to establish contact with clients who are designated with severe and enduring mental health problems, it has been claimed this better facilitates opportunities for identifying changing client needs and plan care accordingly (Onyett and Ford, 1996). In terms of the alleviation of symptoms, it has been argued that CMHT's are as effective as hospital-based provision (Muijen et al,

1992). Furthermore CMHT provision is reported to be more cost-effective than in-patient or out-patient programmes (Knapp et al, 1994).

Galvin and McCarthy (1994) question studies which suggest CMHT's provide enhanced outcomes and improved quality of care. They suggest that the multi-disciplinary working is conceptually flawed due to the pervasive influence of the medical model. Within a multi-disciplinary model of team work, heavily influenced by the medical model, the boundaries between professions tend to blur. Filson and Kendrick (1997) suggest that the core tasks need to be more clearly defined and that it would be advantageous to a functioning team if it were constituted of a mix of skills. However, the definition of role and responsibilities is made difficult due to the extent of overlap between some of the professions that constitute the team.

## **1.6 Rationale for the current study**

The research relating to multi-disciplinary teams introduced above concentrates predominately upon issues such as output measures and meeting the needs of clients under the care of these teams. What appears to be lacking are studies which examine health care teams in action, and more specifically CMHT's. It has been argued that a useful area to investigate is the interactions that health care professionals have with one another, since these interactions are arguably the site at which knowledge and understanding, for example about clients and their care, are produced (Atkinson, 1994; 1995). Crepeau (2000) has highlighted that whilst areas such as misunderstandings between doctors and patients are reasonably well represented within the literature, studies which focus upon interactions within team meetings are relatively unusual. Team meetings have been described as a means of facilitating

communication between individuals working in health care, with the broad aim of co-ordinating clients care (Buckholdt and Gubrium, 1979). Such research reveals as its focus the act of co-ordination as an interactionally managed, constructive enterprise, produced by the participants. Crepeau (1994) posits that team members may be largely unaware of the way in which, through their interaction with each other, an impression of unity can be formed bearing in mind the variety of perspectives observable. It is from this perspective that team work itself may come to be regarded as what Griffiths (1997) describes as an “ongoing practical accomplishment” (p60) on the part of participants. This apparent gap in the research, namely team interaction as a form of social action, has precipitated the current area of enquiry.

### **1.7 The institutional context and interaction**

From a common sense perspective it could be argued that interaction within a CMHT meeting would be of a specialised nature due to the specific tasks at hand, particularly when one considers this form of interaction in contrast to everyday conversation. The following section will focus upon interaction within health care teams. The aim of here is to highlight the institutional nature of the interaction with reference to the literature.

The institutional setting can be seen as relevant to the interaction where it is considered that the practice of members of health care teams is inextricably linked to the institutional situation and policy environment in which they work (Youseff and Silverman, 1992). It is suggested that this might reveal itself in institutional discourse. For example, Byrd (1981) noted that staff in health care settings could be observed to selectively attend to the patient characteristics that fit with specific



organisational needs. Gubrium and Buckholdt (1982) cite discussion of a case in which staff were attempting to decide how a longer than planned placement could be warranted. It was concluded by the researchers that the resultant classification generated of this particular client as a psychopath could be seen as both a reactive and situational. The generation of the label psychopath is seen as reactive and situational by the authors in the sense that it is bound up with the specific organisational matters being addressed at that particular time. It is suggested here that the business of an institution, as revealed in the interaction, has consequences for ways in which clients are represented by participants.

Other research has shown that the ways in which CMHT's are constituted and operate may have implications for the ways in which clients are represented in talk. Opie (1997) observed competing, even polarised representations within teams, which she hypothesised were informed by participants positioning within the team and by their discipline. A study by Griffiths (1997), focussing upon interaction within two Community Mental Health teams, shows that the different ways in which teams were constituted and had evolved were consequential for both the ways in which clients were diagnosed and the ways in which a team came to define its target population. The perspective adopted here is one of team work being an interactional accomplishment in a state of ongoing renegotiation by participants; the institutional business being reflected in the varied ways in which patients are classified.

It is not intended that the findings presented in this section be interpreted to suggest that the institutional context simply impacts upon or even dictates how clients are represented in talk. As highlighted, team work, such as co-ordination, consensus and

representations of clients should be regarded as ongoing interactional accomplishments. A central point being made here is that the ways of accounting for clients, the descriptions constructed of them and how their needs are to be addressed, both depend upon and re-produce in talk, the business of the organisation (Buckholdt and Gubrium, 1983).

### **1.8 Descriptions of clients as constructed in talk**

An emerging pattern from the literature is one of health care teams constantly engaged in negotiating and renegotiating their identity, and that of clients under their care, through their interaction together. These identities, it has been argued, are inextricably bound up with the organisational environment. The following section, with reference to literature, will discuss in greater detail the constructed nature of representations of clients in interaction.

Underpinning this study is the notion that versions of the world may be observed as actively constructed in discourse. Parker (1990) refers to discourse as being language organised into sets of texts and discourses as systems of statements within and through those texts. Whilst the data of interest in this study is specifically team interaction, some studies examine other ways in which teams represent clients, for example through clinical writing (see Barrett, 1988). Discourses may be seen as intimately related to social structures and social practices. Social practices may be described as actions which produce and support social structures (Burr, 1995). In the current study the social practice under scrutiny is the interaction that constitutes a CMHT meeting. More specifically the focus of this study is the ways in which cases come to be represented within this interactional context and the actions these

representations accomplish. The social structures produced and supported in this interactional context may be many and varied, but could include for example psychiatry, psychology and nursing.

Stainton-Rogers (1991) points out, with regard to accounts of clients' health, that these representations are situated achievements, constructed from the discourses available within a given culture. With specific reference to psychodiagnosis, Griffiths (1997) contends that the identities constructed for clients in community mental health team settings are not merely dependent upon the nature of the pathology. These constructed identities are also dependent upon the dynamics of the team discourses. In this respect the factuality and authenticity of these accounts may be an issue for interactants in so much as they may be regarded as discursive accomplishments (Horton-Salway, 2001).

### **1.9 Descriptions as an interactional accomplishment**

Soyland (1994) has suggested that psychiatric descriptions result from interactants orientating to the accepted professional way of discussing clients. It is argued that such descriptions are not to be regarded as facts or statements of truth that can be mastered. Rather they may be viewed as devices which may or may not be called upon to do things at specific points in an interaction. For example, the facticity of diagnosis is produced in talk as though it had real existence within the client, rather than being a statement designed to perform a specific action at a certain point in the interaction. Its presentation as common sense and beyond question is what is argued to give it the status of fact or taken-for-granted-knowledge (Burr, 1995) in the interactional context in which it occurs. It is stressed here that whilst team members

may indeed come to use factual descriptions in this way, it is not being suggested that these ways of describing have greater veracity wherever they are produced in the interaction. Factual ways of accounting may be but one of a number of ways of doing things. For example, Griffiths (1997) shows how members of a community mental health team construct versions of clients which compete with diagnostic accounts. For example, through the presentation of an alternative representation it is demonstrated that the client's behaviours may be seen as normal responses to distressing events, rather than resulting from any psychopathology. Such competing descriptions are said to allow participants in the meeting to create a group of clients whose needs would be more appropriately met by Primary Care, whilst also producing in the interaction their catchment group, the seriously mentally ill.

Where the analytic focus is on how co-ordination and consensus are accomplished in interaction, one can begin to see descriptions not merely as the product of dominant knowledge derived from one discipline (Opie, 1997). Descriptions, from a discursive perspective, may be seen as interactionally managed events, unique to the sequence of talk in which they occur.

Sacks (1989) observed dichotomies as one means of performing actions within talk. For example, Barrett (1988) noticed that in the process of clinical writing about clients diagnosed with schizophrenia, their thoughts and behaviour were presented through dichotomies such as thought/emotion, delusional/non-delusional and mind/body. These oppositions at certain points in talk may be seen to allow for situated work, such as making comparisons and contrasts. Rather than view, for example, the mind/body dichotomy as a neutral representation of taken-for-granted

knowledge, it is argued here that its meaning is tied to the interactional context in which it occurs (Horton-Salway, 2001).

### **1.10 Inconsistency and variability**

The broadly constructionist perspective unfolding in this review of the literature suggests that client problems are not discrete entities, which the team are able to reflect upon objectively in conversation. It is being suggested that these descriptions of client problems are inextricable from the interpretative actions of the team (Crepeau, 1994). In this respect variability and inconsistency are expectable. For example, Soyland (1994) revealed how over the course of an interaction about a client, inconsistencies were revealed in the respect that a client came to be described as both active, through social and personal forms of accounting, and passive, inferred from a neurochemical form of accounting.

Crepeau (2000) argues that research findings can have a positive impact upon the care a client receives through the way in which they highlight this variability and inconsistency as sense making activity on the part of the team, which generally happens unnoticed. She demonstrated, through analysis of team interaction in meetings, that images of a patient held to be impervious to change could be seen to shift. From this perspective a myriad of possible ways of representing clients opens up and enables acknowledgement that different representations have consequences for the care a client may be offered. As Soyland (1994) showed, an account based upon social and personal information facilitates the description of a social solution. However, a bio-chemical account, within a certain interactional context may more readily offer the possibility of medication as a solution. Thus the notion that such

inconsistencies should be expected becomes understandable in the respect that descriptions of clients are produced at certain points in the interaction to achieve a specific purpose.

### **1.11 Talk about clients as purposive**

What is meant when it is said that descriptions may be understood to perform social actions in the context of multi-disciplinary team meetings? It has been suggested in the previous section that the way in which clients are accounted for can constrain the type of care option produced in subsequent interactional sequences. In this sense descriptions of clients may be seen as consequential or active, rather than neutral reflections of the state of things.

As Griffiths and Hughes (1994) point out, whilst the team meeting may commonly be seen as a rational and professional part of the caring process in health, the influence of the moral evaluation of clients and the stories told is relatively unacknowledged. The example they give relates to how staff built an evaluation of client motivation into their stories as a means of justifying their actions. Motivation in this respect may be seen as a moral evaluation in that it is inferred rather than directly observable. In this sense it is incumbent upon the team member speaking to produce a convincing version in the talk of the client as motivated or unmotivated as a means of enabling an action. Since we do not have access to truth here, all that can be scrutinised is the action the speaker performs with what they say (Horton-Salway, 2001). It is in this sense that the focus upon talk as purposive can come to be understood.

Further examples from the literature help to illustrate this notion of talk about clients as action. For example, Good (1994) suggests that cases may be formulated in medical terms to the exclusion of alternative presentations that do not facilitate decisions relating to diagnosis and treatment. Such formulations are entwined with organisational concerns such as time constraints. Here, case construction may be seen as a creative process designed to perform certain actions and informed by a specific organisational context. It has been argued that the clinical relevance of such observations is that representations, as a social practice, are a part of the discourses through which team work is enacted (Opie, 1997). Consequently, these representations perform observable actions which impact upon the care clients received from health care teams.

Gubrium and Buckholdt (1982) observed how staff constructed descriptions, not only in an attempt to accurately depict problems and treatment, but also to act upon an external audience, which in this case were resource providers. Whilst acknowledging that staff attempted to produce accurate descriptions of clients, these descriptions could also be seen to be performing a variety of other actions. For example, anticipating what it is thought the recipient of the description will expect, presenting professional competence, displaying sympathy for clients needs which are unable to be met by an inflexible system and attempting to enable the flow of resources.

### **1.12 Application in the Clinical Setting**

Opie (1997) observed how the more complex a case became, the further removed teams became from the effects that their representations have. The team in relation to the case described was said to take a needs related approach in the face of

organisational demands and client distress. However, it was argued that this needs related discourse produced a representation of a “technologised, physiologically (mal)functioning body, divorced from its social and psychological expressions” (pp275).

Crepeau (2000) argues that because the main concern of team work is not the constructed nature of client representations, the significance of this may go somewhat unrecognised by participants. It could be argued that studies, such as those already reviewed, facilitate a reflexive approach to practice. Reflexivity may be defined in this context as “the capacity of any system of signification to turn back on itself, to make itself its own object by referring to itself” (Myerhoff and Ruby, 1982; pp1-2). Marks’s (1993) work, which reports on a follow-up study to discourse analysis of an educational case conference, represents an example of reflexivity in action. The aims of presenting the research to the team were to help them develop an understanding of the case conference as a rhetorical production and uncover alternatives to representing the subject of the meeting, Mike, as the problem. Such discussions may demonstrate how the ‘attitudes’ of team members, rather than being fixed, are produced in a specific interactional context. Opie (1997) contends that this kind of debate about representational practices is possible within the time generally spent discussing a client. The value of questions such as “How does the team, in its discussions, conceptualise its activity”, “How do these position the client” and “How do they affect team/client interaction” (p274) may open the floor to alternative conceptualisations.



To summarise, a research focus upon talk as purposive and situated can be seen to enable a reflexive approach thereby opening up to team members the consequential nature of the ways in which they co-construct client representations. As Crepeau (1994) states, “The constructive aspect of team meetings is seen to challenge the image of these meetings as an efficient mechanism to report patient progress and the assumption that the provision of health care to human beings can be entirely rational and efficient” (p721).

### **1.13 Conversation analysis in the clinical setting – a single case**

The focus thus far has been upon the constructive and active nature of language in specific institutional settings. The aim of this section is to introduce a perspective on interaction which will be applied in the current study. It is intended that by detailing how one study using this approach was undertaken in an institutional setting the general principles underpinning this study will become clearer.

Sharrock and Anderson (1987) showed how Conversation Analysis might be applied to doctor/patient consultation. Firstly, their focus was upon the recognisability what was being done through the talk of interactants that constituted it as a doctor/patient consultation. They talk of how the activities which would be taken to characterise such an encounter are visible in the talk. A second point is the way in which the interactants can be seen as orientating to an orderliness in the interaction, thereby producing in and through their talk the consultation as a consultation. The doctor/patient consultation therefore may be seen as an interactional accomplishment with both parties involved in bringing this off in collaboration with each other. Finally, the doctor/patient consultation, since it is an orientated-to interactional

accomplishment, may be seen as a unique, situated achievement; the construction of the doctor/patient consultation being re-negotiated or re-achieved with each turn of talk. The Conversation Analytic perspective, it is acknowledged, may raise concerns about the perceived exclusion of wider social issues such as class, race and gender. However, such concerns are answered with reference to the aims of Conversation Analysis, which seeks to explicate the orderliness of interaction as orientated-to by participants. Therefore such research may be seen as legitimately seeking to address the concerns of Conversation Analysis rather than those of sociology generally.

#### **1.14 The aims of this study**

The current study aims to examine the generation and utilisation of case descriptions within an adult community mental health allocations meeting from a Conversation Analytic perspective. Case descriptions are treated as produced by participants in specific interactional contexts to perform specific actions. The issues under investigation here are twofold. The initial issue related to the meeting being viewed as an orientated to, orderly interactional achievement. The reason analysis seeks to explicate an orientated to orderliness in the interaction is that this gives the context in which descriptions are generated. At face value a reading of the transcription could be taken to reveal as obvious the interaction as a community mental health team allocations meeting. However, the analysis will attempt to show at a micro level how the meeting may be viewed as an interactional achievement. To paraphrase Edwards (1997) the concern of the analyst is with the meeting as a discursive accomplishment, rather than truth status of its content. Secondly, the study seeks to investigate how descriptions are generated and utilised within sequences of interaction. The descriptions are treated as socially produced, rather than as reflections of the

participants' internal world or irrefutable truths about clients. In fact constructs such as belief, attitude, attribution and motivation become respecified as topics of participants talk when descriptions of clients are constructed in and through talk (Edwards and Potter, 1992).

## **2 METHOD**

### **2.1 Chapter Overview**

The method section of the study is comprised of four main sections. These sections are entitled design, participants, materials and procedure. Included within the design section are sub-sections detailing the epistemological underpinnings of this study.

The first is concerned with building an understanding of social constructionist thinking. The second sub-section is more specifically concerned with the analytic approach to the data. Details about the nature and number of the participants and the way in which they were recruited is detailed, in addition to an outline of the ethical considerations. Following detail of the materials used, the procedure section details how data were collected and transcribed. The procedure section continues, describing how the approach to analysis was informed, how the quality of the research was ensured, finally discussing the researcher's position with regard to reflexivity.

### **2.2 Design**

#### ***2.2.1 Epistemological issues - Social constructionism***

A perspective of knowledge referred to as Social Constructionism underpins the current study. Key to Social Constructionist perspectives is an emphasis upon language. Since language is seen as constructive it is not possible to provide a definitive statement on social constructionism. However, Gergen (1994) has presented five basic assumptions for a social constructionist science. Each of these assumptions will be highlighted, with some explanation given.

The initial assumption posits that our representations of objects are not contingent upon the objects themselves. From a constructionist perspective these ways of

representing the world can be said to “construct the objects which then come to populate our world” (Madill, Jordan and Shirley, 2000; p12). This statement has implications for psychology, which as Gergen (1985) suggests, studies abstract concepts that have no direct counterparts in the physical world. Therefore psychology from a constructionist perspective does not theorise actions as being the result of mental processes, but rather how psychological conceptualisations, for example cognitions, attitudes and remembering, are generated and utilised within interaction (Potter, 1996). Consequently, psychological knowledge may be seen as constructed between people. This explains why from a constructionist perspective social interaction, in particular language, is of great interest (Burr, 1995).

Secondly, it is suggested that it is social processes, such as communication, negotiation, conflict and rhetoric, that maintain given understandings across time, rather than the empirical validity of a specific perspective. A crucial issue here is that each different construction of the world, arrived at through interaction, may be seen to invite a different kind of action from human beings. An illustrative example presented earlier suggested that where clients’ problems are constructed in medical terms they facilitate medical actions (Good, 1994). Knowledge and social action therefore are inextricably linked (Burr, 1995).

Thirdly, it is suggested that the terms by which we account for the world, and ourselves, are produced through historically and culturally situated exchanges between people. Gergen (1985) has referred to these situated understandings as social artefacts as they are bound to the context in which they occur. Burr (1995) states that,

from a constructionist perspective, all ways of understanding are historically and culturally relative.

Fourthly, the significance of language is derived from its use in interaction. Burr (1995) comments that the way everyday interactions between people can be shown to actively produce forms of knowledge we might take for granted is key to understanding a constructivist perspective. Language, therefore, is crucially significant. Rather than being viewed as a tool which provides neutral representations of the world around us, language is constructive in interaction. In this respect descriptions and explanations of the world around us can be seen to constitute forms of social action (Gergen, 1985). Descriptions therefore may be understood as constructed in talk in order to do things or perform actions.

Finally, it is suggested that through the appraisal of discourse we evaluate patterns of cultural life. By doing so we give voice to the variability within and between accounts. The aim of social inquiry therefore shifts from questions about the nature of people or society and towards consideration of how certain phenomena or types of knowledge are achieved by people in interaction. As Burr (1995) suggests, knowledge is not seen as something that a person has, or does not have, but is something that people do together.

Potter (1996) highlights a range of approaches to research encompassed within a constructivist framework. These approaches may be described using the term discourse analysis. In its broadest sense discourse analysis is a generic term for a vast body of constructivist methods of doing research. Included within this framework are

discursive psychology and conversation analysis. It is noted that these constructivist approaches tend to be broadly oppositional to traditional approaches to research within social sciences, particularly with regard to the latter's realist assumptions. Indeed constructivist approaches, such as discursive psychology and conversation analysis, can be said to treat realism as a rhetorical production that can be deconstructed and analysed (Potter, 1997). This notion of rhetorical production is fundamental to Billig's (1987) work, in which he notes that the discourse in situations of dispute is organised to contrast with competing accounts. An additional commonality of constructionist approaches is the tendency to view mind and action as linked to specific cultural forms and built from the symbolic resources of a culture. Language, and the way it is organised in interaction, may be seen as one such symbolic cultural resource which can be conceptualised in a variety of ways. However, it is language that links constructionist approaches in the sense that it is viewed as the central organising principal of construction (Potter, 1996).

### ***2.2.2 Epistemological issues - Discourse Analysis***

Language is central to discourse analytic research approaches. However, discourse research may approach language in different ways. Potter and Wetherall (1987) illustrate this point, suggesting that variability in the field of discourse analysis is such that it would be possible to read two books on the subject of discourse analysis with no overlap in content at all. Consequently, the aim of this section is to describe a coherent and consistent account of the analytic approach used in this study. The foundations of this approach include Discourse Analysis (Potter and Wetherall, 1987) and the principles of Conversation Analysis, which have their origins in the work of Harvey Sacks (1992).

From a constructionist perspective, there are difficulties in viewing talk as merely a vehicle for meaning, where speakers encode meaning into language and hearers decode it. In highlighting these difficulties, Taylor (2001) points out that meaning is fluid in interaction, therefore language should not be seen as transparent and reflective. Language, as has been argued, should instead be seen as constitutive. This can be taken to mean that conversation, or talk-in-interaction, is the site where meanings are created and changed.

Conversation analysis is rooted in the work of Harvey Sacks (1992), which started in the early 1960's. In explaining how he came to develop his ideas, Sacks stated that he approached tape recorded conversation, not from any theoretical preconception of what should be studied, but because it was available and others could look at his analysis, making what they would of it (Atkinson and Heritage, 1984). His early interests were in how certain conversational actions seemed to go together, such as a greeting of 'hello' being met with 'hello', questions being followed by answers and invitations being followed by acceptance/rejection. These particular initial observations of conversational actions came to be termed 'adjacency pairs'. Crucially underpinning the conversation analytic approach, a 'normative' character for paired actions is suggested (Wooffitt, 2001). It is suggested that a speaker's production of a first part 'adjacency pair' creates a slot into which a second speaker *should* produce an appropriate second part pair. Potter and Wetherall (1987) comment that, based upon these seemingly simple observations, conversation analysts have been able to reveal complex organisations of talk. To illustrate this development further, with reference to 'adjacency pairs', they cite the following interaction, which shows that the second part of the pair may not always be found strictly adjacent to the first.



Extract 2.1 (Potter and Wetherall, 1987; p82)

Question 1      Kevin:      What's on next?  
Question 2      Jane:      On this channel or Four?  
Answer 2        Kevin:      Four  
Answer 1        Jane:      Ah, it's that thing on  
                                 the Sandinistas

Schegloff (1968) uses the term 'conditional relevance' to explain how the second part of an 'adjacency pair' is made relevant and expected by the production of the first part. Note that the normative character of such an interaction can still be demonstrated even though there may be 'insertion sequences', as in this example between Question 1 (*first-part adjacency pair*) and Answer 1 (*second-part adjacency pair*), where other actions are being performed.

The above extract can also be used to introduce a useful way of offering validation for the empirically based observations showing order, organisation and orderliness (Psathas, 1995) within talk-in-interaction, namely 'deviant case analysis'. Rather than exceptions undermining observed patterns, cases that don't fit with pre-existing findings can be used to refine theory, thereby strengthening the case for an observable interactional order. The reader is referred to the validity section for a further explanation of deviant case analysis.

Conversation analysis takes up the problem of studying social life by focussing upon talk as it occurs in interaction. The notion of language as social action can be seen as crucial, in that interactants are viewed as using language to do things (Potter and

Wetherall, 1987). Social actions are practical actions, and are to be examined as ongoing practical accomplishments within interactive talk (Psathas, 1995). Potter (2001) describes language as a means of doing things such as greeting, persuading, sowing doubts and so on. To understand what is being done with language, it is necessary to consider its situated use, within the process of an ongoing interaction. The sequential organisation of language is therefore of key importance. As ten Have (1999) comments, “what a doing, such as an utterance, means practically, the action it performs, depends upon its sequential position” (p6).

As social actors, interactants are seen as constantly orienting—to the interpretative context in which they find themselves, and constructing discourse to fit that context (Gill, 1996). The talk is therefore about what all parties co-construct it to be as the interaction moves on; through the way in which they orientate to the previous utterances or turns of talk (Taylor, 2001). Sacks, Schegloff and Jefferson (1974) describe the machinery of conversation as ‘context sensitive’ in the respect that interactants design their utterances based upon what has happened during the previous turn of talk. However, in the sense that some of the resources called upon to transact business through interaction may not be tied to local circumstances the organisation of talk-in-interaction may be termed context-free. With reference to the current study, and taking into account the specific, goal orientated nature of the meeting, an area of interest is in how interactants adapt the orderly rules of mundane conversation thereby both producing and orientating to the interaction as a Community Mental Health team meeting.

For a conversation analyst, the interest is in what happens within the interaction. Background information may be seen as not relevant, and may actually distort the interpretation. Taylor, (2001) gives an example where including information regarding the gender of interactants may amount to a claim that gender is relevant to the interaction, whereas this may not be something that the interactants can be shown as orientating to in their conversation. Viewing conversation in this way provides an explanation for why discourse analysts in this tradition have been critical of researchers who approach a body of talk with preconceptions as to what it contains.

Potter and Wetherall (1987) present a metaphor of language as constructive. Discourse, then, is seen as manufactured from pre-existing linguistic resources. The notion of language as constructive highlights the myriad ways in which phenomena might be described (Gilbert and Mulkay, 1984). Analysis therefore concerns itself with methods of description and how resulting versions of phenomena come to be seen as fixed, concrete and external in relation to the speaker (Potter and Wetherall, 1987).

Billig (1987) suggests a further feature of discourse analysis, the rhetorical or argumentative organisation of talk, with analysis focussing upon how a particular version is designed successfully to compete with an alternative. Potter (1997) highlights discourse analytic concerns with participants' stake and interest, which are shared with the conversation analytic tradition. By way of explanation, Potter and Wetherall (1995) suggest that people treat others as agents with some stake or interest in their actions. By drawing attention to this, the recipient of such an action is said to be able to discount its significance or rework its nature. To illustrate, the following

demonstrates the speaker presenting himself as indifferent towards the object he describes, whilst a vested interest is discernible:

#### Extract 2.2 (Potter, 1996)

Jimmy:        Connie had a short skirt on I don't know

According to Hutchby and Wooffitt (1998) the use of “I don't know” produces the speaker as not really noticing his wife's dress exactly at the point where this is salient for him. This type of action can be termed ‘stake inoculation’. In this case a possible charge that his complaint reflects personal concerns he has, rather than an aspect of Connie's behaviour, is defended against.

A significant aspect of discourse analytic thinking, already briefly mentioned, is that language is not taken to be reflective of internal states, such as cognitions, attitudes or beliefs (Potter and Wetherall, 1987; Edwards and Potter, 1992). Rather than seeing talk as a reflection of state of mind, talk and hearing are perceived as action. These actions are not theorised as being a consequence of mental processes (Potter, 1996). Mental entities such as cognitions, attitudes and beliefs are relevant to analysis in terms of determining how they are ‘talked into being’ (Heritage, 1984)

The following is a simple example which illustrates why the perspective taken in this study ignores whether or not talk is reflective of internal mental worlds, concentrating instead upon what is observable. Silverman (1997) highlights that, when responding to a ceremonial question such as ‘How are you?’ on certain occasions we can be said to ‘lie’. However, by responding in certain contexts by saying we are fine when we

are not, we demonstrate an appropriate concern for what we and others should do in the specific situation. Furthermore, as Sacks (1992), in his first lecture states, “When people start to analyse social phenomena, it looks like things occur with the sort of immediacy we find in some of these exchanges, then, if you have to make an elaborate analysis of it - that is to say, show that they did something as involved as some of the things I have proposed – then you figure that they couldn’t have thought that fast. I want to suggest that you have to forget that completely...Just try to come to terms with how the thing comes off. Because you’ll find that they can do these things” (p11).

This sub-section has presented a perspective of interaction as orderly, purposive and constructive. A key point to be emphasised regards the observation that interactants orientate to orderliness on a turn by turn basis in talk, thereby being constantly involved in co-constructing the interactional order. It is this issue which will be developed further in subsequent sections which can be seen as underpinning the analytic approach.

## **2.3 Participants**

### ***2.3.1 Participants***

The participants were members of a Community Adult Mental Health Team with whom the researcher had worked approximately one year prior to their involvement in the study. As a means of recruiting participants, the researcher met with this team on the 22<sup>nd</sup> August 2001. During this meeting the aims and purpose of the research were highlighted and queries from those present were addressed. The criterion for inclusion was that participants present at the audio-taping of a multi-disciplinary

allocations meeting had given their prior written consent (*see Appendices 1*). Written consent was requested of participants during the 'information giving meeting' held on 22<sup>nd</sup> August 2001. Potential participants were reminded verbally that they were able to withdraw from the study at any time without having to justify their decision. All present at the meeting gave their written consent to take part in the study.

A single allocations meeting lasting two hours and twenty minutes was audio-taped. Such meetings were a weekly occurrence. A significant proportion of this meeting involved reviewing referrals of clients to the team and deciding what should be done with them. The following professions were present at the meeting, in addition to the researcher. Three Community Psychiatric Nurses, one Trainee Clinical Psychologist, not including the researcher, a Clinical Psychologist, an Occupational Therapist, an Approved Social Worker, a Consultant Psychiatrist and a Psychiatric Registrar. The group membership varied from week to week, due to factors such as annual leave and sickness. However, in terms of numbers present and the representation of the various professions, the meeting audio-taped was not atypical.

### **2.3.2 *Ethical Issues***

Several ethical issues needed to be addressed as a means of protecting participants and ensuring the confidentiality of client information revealed during the course of the team meeting.

As has been highlighted, information about the aims and nature of this study was disseminated verbally when the researcher attended a team business meeting on 22<sup>nd</sup> August 2001. All present agreed to take part in the study. Each staff member read

and signed a 'Participant Consent Form' (*See Appendices 1*) before the meeting was audio-taped. Contained within this form was further information about the study. A number of measures were taken to protect the identity of participating clinicians. No direct reference was made in the transcript to their workplace and pseudonyms were used in the transcript and subsequent reporting. The pseudonyms used in the transcript were phonetically similar to the real names of participants. The rationale here was to preserve the rhythm and flow of the interaction as it occurred on the tape. For this reason the names of speakers as they occurred in the interaction were not substituted with, for example, initials. Arguably, it may be possible to infer the gender of a given speaker from the use of pseudonyms used to label individual sequences of talk. Whilst the issue of gender was treated in the current study as a members concern, made relevant within and through their talk, the possible limitations of labelling extracts using gendered pseudonyms is acknowledged in section 4.8.

The study acknowledged that detailed case information concerning clients would be revealed during the team meeting. Confidentiality of client information was protected in the following ways. Firstly, any information revealed to the researcher about clients during course of the meetings was regarded as strictly confidential in line with the British Psychological Society guidelines on confidentiality in research (British Psychological Society, 1996). Secondly, as a proactive measure, staff were discouraged from mentioning client's names during taped meetings and asked to refer to them using initials where possible. Thirdly, names and other information that may have rendered clients identifiable, such as addresses, were not used and were removed

from any transcripts and substituted with fictional details. Fourthly, when not in use, the tapes, discs and transcripts were kept locked and secure in a filing cabinet.

The research proposal was approved by the Centre for Applied Psychology at Leicester University and by Leicester Research and Ethics Committee (*See Appendices 2*).

## **2.4 Materials**

- Phillips AQ6455 cassette recorder (for both audio-taping and transcribing).
- Aadastra 952.192 uni-directional condenser microphone.
- TDK IEC/Type 1 D120 cassette tapes.

## **2.5 Procedure**

### ***2.5.1 Data Collection***

The data of interest in this study was the verbal interaction between members of the Community Mental Health Team. A microphone was positioned on a table in the centre of the room where the meeting took place, equidistant from each participant. Prior to the meeting being audio taped the participants were asked to return the signed consent forms, confirming that they had read the information enclosed therein. Once this procedure had taken place the audio-cassette was set to record by the researcher. The researcher remained present throughout the meeting. A seating plan was taken and the tape was turned over on two occasions. The researcher did not speak once the tape was switched on.



### **2.5.2 Transcription**

The aim of this section of the methodology is to demonstrate why good quality transcription is central to the analysis of talk-in-interaction. Potter and Wetherall (1987) describe the process of transcription as both conventional and constructive. This section will show a section of transcription in construction based upon the Jeffersonian transcription conventions (*see Appendices 3*).

The work of the transcription is to enable the reader to be able to see both what was said and how it was said (ten Have, 1999). The process is inclusive in its approach to the representation of interactional events as they are heard. Underpinning this attention to conversational detail is a key assumption, which is that, regardless of how unimportant they appear, no interactional events can be disregarded (Wooffitt, 2001).

It is important to stress that the final transcript does not in itself constitute the data. It may be seen as a representation of the recorded events and therefore a useful tool for assisting in the analysis (Wooffitt, 2001). The transcription process itself allows for repeated listenings to a recording of interaction. It is through these numerous and detailed hearings that the analyst is able to focus upon the phenomena which come to constitute the analytic account (Hutchby and Wooffitt, 1998).

It is acknowledged that not all potentially consequential interactional events can be transcribed from a tape recording. Recordings are themselves merely a representation of what happened. However, as Sacks (1984) suggests, these medium “constitute a good enough record of what had happened. Other things to be sure, happened, but at least what was on the tape had happened” (p26).

Having briefly introduced the concept of transcribing talk, the interactional phenomena and events of interest will now be described. Transcriptions used in conversation analysis are particularly concerned with capturing sequential features of talk (Atkinson and Heritage, 1984) and key features of speech delivery such as certain kinds of intonation, pauses, sound stretches and emphasis (Psathas, 1995).

Transcription attempts to capture the sequential organisation of conversation through the focus on interactional elements such as the beginnings and endings of turns taken to talk, overlaps, gaps, pauses and breathing, which have collectively been termed the dynamics of turn taking (Hutchby and Wooffitt, 1998). It has been argued that a balance should be struck between representing in the transcript as much audible detail as is possible, whilst also endeavouring to render the transcriptions comprehensible to readers, who will not necessarily have in-depth linguistic knowledge (Sacks, Schegloff and Jefferson, 1974).

The Jeffersonian transcription system (see Atkinson and Heritage, 1984) has been adopted for use in this study since it is the most commonly used within the Conversation Analytic tradition as outlined. However, because there are no rigid rules as to how this transcription system should be utilised and presented, criticisms of inconsistency have been made (O'Connell and Kowal, 1994). As Psathas (1995) states, whilst there may be disadvantages to using the Jeffersonian form, the use of several different systems would lead to further inconsistencies.

Before showing a transcription in action, the issue of how interactants are identified in transcription is discussed. Relevant here is the issue of membership categorisation, since the participants within this Community Mental Health Team can be said to

represent different member categories, for example, psychiatrist, community psychiatric nurse, psychologist, social worker and occupational therapist. Watson (1997) cautions against categorical identification in transcription on the grounds that it might prejudice the reader to hear talk transcribed as being produced by, for instance the psychiatrist, rather than enabling an analysis of membership categorisation based upon the consideration of talk-in-interaction. As a means of addressing this issue, in the current study pseudonyms are used which do not identify the category membership of the speakers.

Extracts 2.3 to 2.8 show how a transcription may be constructed using Jefferson's notation (see Atkinson and Heritage, 1984). It should be noted that the line numbers given in brackets, after the extract number, relate to those given in the full transcription. The line numbers referred to in the main body of the text relate to those appearing at left hand side of the extract. This format will be followed in the results section of the study. The reason for this difference is that the full transcription was formatted in landscape to aid the analytic process. With numerous potential speakers, and consequent overlap, it was felt that this style of presentation revealed interactional features more clearly for analysis. In addition, the transcription and extracts are presented in the font 'Courier New'. This is because each character occupies the same space on the page, thereby enabling the transcriber to more accurately position overlapping speech.

Initially a standard orthographic transcription will be presented. Various features of the talk will then be represented in the subsequent complete transcription of this extract. The systematic presentation of these various features here is loosely based

upon Psathas and Anderson's (1990) suggested practices of transcription in conversation analysis.

Extract 2.3 (Lines 913-936)

1 John: I I suppose I think I'm very prejudiced against  
2 him actually and at some level you know I think  
3 a joint assessment would be a good idea because  
4 ehm would be interesting for me to hear from  
5 someone else you know someone else's account of  
6 how they felt you know  
7 ?Sally: Mmm mmmm  
8 ?Elsie: Mmmm mm  
9 ?Val Mmmm  
10 John: What he was about really  
11 ?Val: Mmmmmm  
12 ?Elsie: Mm  
13 because he induces very punishing stuff in me I  
14 just you know I just an an and fearful stuff in  
15 me as well I just think you know get out of my  
16 space you know  
17 Sally: Mmmm  
18 Milton: But he was he was err quite intimidating was he  
19 John: He was quite intimidating and in fact when I  
20 Milton: In what way was he  
21 John: He wiz he wiz roaring and shouting and I think  
22 one one of the things that was difficult was

23                   you know I'd been set up to experience him I  
 24                   think as intimidating before I met him because  
 25                   the  
 26 Milton:       I think I remember ? him  
 27 John:         Pardon  
 28 Milton:       Sorry ?

Even at this level the transcription includes details, for example mmm-type vocalisations, which would arguably be lost using a more basic method of transcription. In addition, as Psathas and Anderson (1990) indicate, most transcribers from a conversation analytic tradition tend to modify words to show them as they are spoken. An example from the above Extract 2.3 would include:

#### Extract 2.4

21 John:         He wiz he wiz roaring and shouting and I think

Below the same extract is presented, having been fully transcribed using Jeffersonian transcription notation (see Atkinson and Heritage, 1984). Guided by Psathas and Anderson's (1990) suggested practices for transcription, the way in which the various interactional details are represented will be reviewed and a rationale for their presentation given.

An important point to note here is that the style of transcription should be consistent and relevant to the concerns of the research (ten Have, 1999). Furthermore, it is stressed that what is not being illustrated here is an analysis of the interaction. The

following extract is presented as a means of showing how the interaction is represented as an aid to analysis.

### Extract 2.5 (Lines 913-936)

1 John: =.hhh (0.2) I I ↑suppose I think I'm very  
2 ↑prejudiced against him actual~~l~~y (1.2) and at  
3 ↑some level (0.6) you ↓know I think a ↑joi:nt  
4 assessment would be a ↑good idea because ehm  
5 (0.6) would be interesting for me to hear from  
6 someone ↑else (0.6) you know someone else's  
7 accou:nt of how they ↑fel[t  
8 (Val): [Mm [mmmm  
9 (Stella): [Mmmmmmmmmmm  
10 (Elsie): [Mmmmmmmmmmm  
11 John: you know w[hat he w[as a ↑bou:t really (0.6)  
12 (Val): [mmmmmm  
13 (Elsie): [mm  
14 John: because he in↑duc ↓es ↑VE:RY ↑punishing ↑stuff  
15 in ↓me I just (0.2) you know I just (0.8) an an  
16 and ↑fear↓ful stuff in me as well I just think  
17 you know ↑get ↓out of my ↑space you ↓know  
18 (.)  
19 (Val): Mmmmm=

20 Milton: =But he ↑was he ↑was err quite in↑timidating  
 21 ↓was ↑he=  
 22 John: =He ↑was quite intimidating and in fact [when I  
 23 Milton: [In  
 24 ↑what way was ↓he err=  
 25 John: =He wiz he wiz r↑oa:::r↓ing and ↑shou::t↓ing  
 26 (0.2) and I ↑think one one of the things that  
 27 was ↑diff↓icult was (1.4) you know I'd been  
 28 ↑set up ↓to experience him I think (0.4) as  
 29 intimidating be↑fo::re I ↑met ↓him because the=  
 30 Milton: =I think I remember (-----reviewing) him=  
 31 John: =Pardon=  
 32 Milton: =Sorry (he only bumped into him)=

Sounds are represented in transcription as they are uttered. The transcribed talk in Extract 2.5 includes vocal sounds such as “mmmmm” (*Line 12*) and “err” (*Line 20*). Audible inhalation is transcribed as in “.hhh” (*Line 1*). A similar duration of exhalation would be transcribed as “hhh”. Laughter would also be represented in transcription as closely as possible following the same guiding principles. The general idea underpinning such an attention to interactional detail is that such vocalisations may be found to have consequences for the interaction, such as in claiming a turn to speak (ten Have, 1999).

Whilst the medium with which the interaction is recorded should be good enough, certain utterances inevitably appear inaudible or incomprehensible. Where there is uncertainty these have been enclosed within single brackets. Where possible a best guess of what was said is included within these brackets. For example:

#### Extract 2.6

30 Milton: =I think I remember (-----reviewing) him=

Spaces or silences in the interaction will be transcribed as shown in Extract 2.7:

#### Extract 2.7

1 John: =.hhh (0.2) I I ↑suppose I think I'm very  
2 ↑prejudiced against him actual~~l~~y (1.2) and at ↑some  
3 level (0.6) you ↓know I think a ↑joi:nt

In Extract 2.7 John continues to speak after the breaks [0.2] (*Line 1*), [1.2] (*Line 2*) and [0.6] (*Line 3*). Utterances by the present speaker after such breaks have been termed re-completers. Therefore the space between such utterances is seen as a within turn pause (Psathas and Anderson, 1990)

A second means of transcribing spaces or silence in the interaction can be seen within the Extract 2.5 (*Line 18*). Where another party to the interaction produces an utterance, this is transcribed as a between-turns-pause (ten Have, 1999). The timing of pauses is denoted numerically, in parentheses, rising in increments of approximately 0.2 of a second.



Overlap in the interaction is of interest for Conversation Analysis since it may prove significant with respect to the way in which speaker transition takes place, or for example, competition for the floor (ten Have, 1999). Overlapping utterances are denoted by square parentheses at the point they occur, as shown in Extract 2.8:

#### Extract 2.8

- 11 John:       you know w[hat he w[as a<sup>↑</sup>bou:t really (0.6)  
12 (Val):                               [mmmmmm  
13 (Elsie):                               [mm

What follows is a brief review of other aspects of the interaction as they are transcribed. These include sound stretches, stresses, volume and the like. Their presentation in transcription may be seen as serving to elaborate the form rather than the content of the talk (Psathas and Anderson, 1990). Firstly, where one speaker directly follows another, with no gap or overlap, this is represented by the symbol =, for example in Extract 2.5 (*Lines 19-20*). Secondly, sound stretches are marked out with full colons, the quantity being dependent upon the duration of the stretch, as in Extract 2.5 (*Line 25*). This may be significant for analysis, for example, where the sound is stretched over the boundary of a prior turn of talk, perhaps as way of taking the floor or blocking another speaker (Hutchby and Wooffitt, 1998). Thirdly, where the volume of talk is noticeably higher than surrounding talk this is marked out in capital letters, Extract 2.5 (*Line 14*). Fourthly, rising and falling intonation is represented by upward and downward arrows respectively, Extract 2.5 (*Lines 20-22*). There is work which purports to show the interactional significance of intonation (see Jefferson, 1985). For example, downward intonation has been shown as orientated to

by next speaker as marking out the end of the previous turn of talk (Hutchby and Wooffitt, 1998). Finally, where words or sounds appear to be cut off sharply this will be denoted by a minus (-) sign.

### **2.5.3            *Analysis***

Potter and Wetherall (1987) state that producing findings from a transcript should not be a mechanical procedure. In this respect, transcription and analysis in the current study were not discrete processes. Transcription involved numerous listenings to an audio-tape of the meeting. During these repeated listenings notes were made regarding potential phenomena of interest as an aid to analysis. Once transcription was complete, analysis involved reading and re-reading of the transcript. Psathas (1995) has used the term “unmotivated looking” (p45) to describe how an analyst might come by interactional phenomena for study. It is explained that the analyst should ideally approach the data open to discovering phenomena, as opposed to doing so with preconceived notions of what the phenomena should look like. However, the analyst is also able to refer to a growing collection of discourse analytic research, which displays patterns, both commonalities and variability, in addition to revealing function and consequences (Potter and Wetherall, 1987).

It could be argued that there is a tension for the researcher, created by having to balance knowledge of previous research findings with the principle of unmotivated looking. ten Have (1999) describes this tension resulting from what are inductive (bottom-up move from evidence to ideas) and deductive (top-down in that data is approached in terms of pre-established findings) aspects of methodology. As suggested, approaching analysis of talk-in-interaction in a primarily deductive fashion

would be too mechanistic an approach. What is suggested is that findings from previous studies should be taken to reveal the potential normative orientations of participants, which are available and utilised in whatever way the interactants desire, there and then. As has been highlighted any instance of talk-in-interaction may be seen as built upon a variety of routines, but constitutes a unique, situated achievement. Therefore, it is argued that underpinning the analytic mentality adopted in this study is the idea of talk-in-interaction as a situated and contexted achievement. However, research which demonstrates conversational devices and sequences exhibiting general features and functioning in similar ways across varying contexts (Hutchby and Wooffitt, 1998) is drawn upon where it appears to illuminate findings.

In addition to the research summarised above, there is available literature which has provided some useful guidance on how analysis of the data might be approached. The approaches of Pomerantz and Fehr (1997) and Heritage (1997) were drawn upon to help form an initial plan for analysis. Pomerantz and Fehr (1997) suggest initially selecting a sequence of interaction. In the current study, the beginnings of such sequences were determined by looking for a turn of talk in which a new topic was introduced which was orientated to as such by others present at the meeting. The rationale for focussing upon such beginnings was they appeared to mark out new sequences of topic talk. The analytic concern here was with how the opening of such sequences and allocation of the next turn of talk were interactionally accomplished.

The next concern for analysis was an attempt to map out typical phases, or actions, observable within sequences of talk, from opening to closing. Heritage (1997) has termed this the overall structural organisation of talk. He suggests that such a focus is

a useful way of examining the tasks being orientated to in the talk, which can be seen as both reflective and constitutive of institutional concerns and business.

A central concern for the analysis was the issue of turn design. The focus here was upon both how a previous turn of talk was designed for recipients and how this turn of talk was orientated to by the next speaker. Of particular analytical interest was the action performed by the turn of talk (Heritage, 1984). One means of enabling an understanding of the action performed was to focus upon what the interactant was doing in his or her turn for the following turn of talk (Pomerantz and Fehr, 1997).

A key tool used in this analysis was what has been termed 'next turn proof procedure' (Hutchby and Wooffitt, 1998). This is explained as the way in which, through their next turn of talk-in-interaction, an interactant shows an understanding of what the previous turn was about. The tool serves to foreground analysis based upon the orientated to accomplishments of interactants, rather than privileging conclusions based upon the assumptions of the analyst. A more detailed discussion of next turn proof procedure appears in sub-section 2.5.4.2.

Also of interest in the analysis were the means utilised to perform an action (Drew and Heritage, 1992). One consideration here was the alternative means that might have been utilised in performing the action, but were not on that occasion. In addition, analysis considered how the way in which the action was formed affected that options provided for the recipient. To return to a previous example as a means of illustrating this latter point, the recipient of a greeting may be seen as constricted in

terms of their options for response. The reason for this is that the first part of the greeting tends to expect a specific response as conditionally relevant to it .

Of further analytic interest was the manner in which these sequences of talk were organised by interactants such that they were able to transact the business of the meeting in an orderly fashion. Consideration was made of the timing and taking of turns in talk and how this influenced certain understandings of actions and issues talked about (Pomerantz and Fehr, 1997). Other suggestions underpinning this sequential analysis included asking how the current speaker obtained their turn, the time involved prior to their taking the floor, how the turn of talk was terminated and how the next speaker selected.

Identities roles and relationships were of analytic interest where they were made relevant by interactants in their talk. The approach to such phenomena was informed by the epistemological perspective adopted here which assumes identities to be fluid being as they are, negotiated within turns of talk (ten Have. 1999)

#### ***2.5.4 Ensuring Quality***

In terms of determining quality criteria for conversation analytic research, it has been noted that terms such as validity and reliability are understood differently to the ways in which they can be applied to research which employs quantitative or scientific epistemologies (Madill et al, 2000). Literature suggests a number of ways in which such research might be evaluated. These include transparency, deviant case analysis, next-turn proof procedure, sequential accountability and rigour. The means of ensuring quality will be now be explained in terms of their relevance to this study.

#### 2.5.4.1 *Transparency*

Potter (1996) suggests that one way in which the quality of a study may be evaluated is through the reader's evaluation. This form of validation is warranted through the readers themselves being viewed as "skilled interactants" (p139). Lepper (2000) has termed this transparency. By this it is meant that the research process is laid open in order that the reader can make judgements about the relationship the analyst constructs between data and their interpretations.

#### 2.5.4.2 *Next turn proof procedure*

Potter and Wetherall (1987) have suggested that it is inadequate that analytic claims be made purely upon the assumptions of the analyst. Next turn proof procedure (Hutchby and Wooffitt, 1998) was utilised as a tool used to warrant analytic claims in this study. Next turn proof procedure allows the analyst to reveal the sense making activity of current speakers as they orientate to the previous turn of talk. A simple example is given below. This is presented to illustrate how the understandings of participants can be utilised in analysis:

#### Extract 2.9 (Terasaki, 1976; p45)

1 Mother: Do you know who is going to that meeting?

It has been indicated that this statement could be interpreted as either a question or as a preface to information concerning who will be attending the meeting (Wooffitt, 2001). In the absence of the next turn any interpretation would arguably be based upon the analyst's assumptions. The next turn,

Extract 2.10 (Terasaki, 1976; p45)

2 Russ: Who?

can be taken to reveal the prior turn of talk as a preface to information, but to determine whether the Mother's first turn of talk was designed as such, the analyst can look to the next turn of talk as a means of warranting conclusions.

Extract 2.11 (Terasaki, 1976; p45)

3 Mother: I don't know!

This reveals the understanding Russ made to be incorrect. His subsequent turn displays him orientating to mother's second turn of talk as initiating repair, thereby enabling him to produce the expected second part of the adjacency pair and in doing so repair potential damage to the orderliness of the interaction.

Extract 2.12 (Terasaki, 1976; p45)

4 Russ: Oh, probably Mr Murphy and Dad said  
5 Mrs Timpote an' some teachers

The above example reveals next turn proof procedure in action. Similarly, every effort was made in the current study to ground analytic claims made about a current speakers turn of talk in the understanding of it revealed by the next speakers' turn of talk.

#### 2.5.4.3 *Deviant case analysis*

Deviant cases may be understood as analytic findings which do not correspond with an emerging pattern observed within sequences of interaction. Rather than deviant cases disconfirming the claims of analysis, they can be used in analysis to explain why certain patterns appear as they do. As Potter (1996) suggests, deviant cases can be seen to cause problems for the orientated to order of the interaction. The rationale here is that where a deviant case appears within a sequence of interaction, which otherwise would generally exhibit an orientated to orderliness, the interactants will be observed responding to it as unexpected (Madill et al, 2000). Extract 2.11 illustrates the mother orientating to the response Russ gives (*Extract 2.1, Line 2*) as dispreferred. Extract 2.1 demonstrates that, for the mother, the normative response to a turn designed as a question is an answer.

Within the current study an analysis of deviant cases was made of sequences where an observed normative pattern did not hold. Analysis sought to explain how these deviations from a normative sequential pattern were interactionally managed as potentially troublesome, thereby displaying the orientation of participants to the orderly way in which such sequences should be accomplished.

#### 2.5.4.4 *Sequential Accountability*

Potter and Wetherall (1987) suggest that analysis should reveal both how sequences of talk work and also how the overall structure enables certain actions. Sequential accountability (Lepper, 2000) assumes interaction to be normatively orientated to by participants as orderly. This may explain how conversation is able to flow, for the most part, without problem. Take the following as an example of how a participant is



made accountable for the normative properties of a sequence. The analysis shows how this sequence of talk works and how the structural properties of the interaction constrain the range of possible options for the respondent:

Extract 2.13 (Atkinson and Drew, 1979; p52)

- 1 A: Is there something bothering you or not?  
2 (1.0)  
3 A: Yes or no  
4 (1.5)  
5 A: Eh?  
6 B: No

We see here the person addressed by the questioner being made accountable through their lack of response. Rather than reflecting a hearing deficit or difficulties with comprehension, repeated tries at gaining a response may be seen as resulting from the questioner orientating to the adjacency pair norm. As Potter and Wetherall (1997) have indicated, analysis should attempt to provide a comprehensive presentation of coherence within the interaction.

#### 2.5.4.5 *Rigour*

Stiles (1993) differentiates between the terms validity and reliability as they apply to qualitative research. Validity is said to refer to the trustworthiness of interpretations or conclusions, whilst reliability refers to the trustworthiness of observations or data. The term reliability will hence be referred to as rigour so as to avoid the confusion associated with the meaning of this term as it applies to positivistic, quantitative

research. Lepper (2000) suggests means of achieving rigour in conversation analysis which relate to the accurate presentation of data and the selection of data. With respect to data presentation, information on the audio tape was transcribed as fully as possible. Selection for transcription from the audio tape of what sounded like analytically interesting sequences was avoided. The rationale here was that by building as detailed a transcription as possible, the minutiae of the interaction would be more reliably represented and therefore considered in analysis.

Lepper (2000) suggests selection of data should be inclusive with respect to the task at hand, for instance analysing a single example of phenomena and then turning to a wider data set. The analysis of a single meeting in this study was advantageous in that it enabled the detailed examination of quite substantial sequences of data. This has been identified as an advantage of the single case approach (Hutchby and Wooffitt, 1998). Literature was drawn upon where it warranted or illustrated the analytic claims.

#### **2.5.5            *Reflexivity***

Reflexivity has been described as a constructionist term used to refer to the application of theory back onto itself and its practices (Burr, 1995). Pels (2000) comments that this reveals an implicit assumption that when a researcher says something about the world they inevitably disclose something of themselves in their findings. In this sense subject and object may be seen as inextricably bound together. Consequently, it is suggested that in reporting their findings the researcher is seen as simultaneously writing his or her autobiography.

Potter and Wetherall (1987) comment that sensitivity to reflexivity enables researchers to consider that the findings of discourse analysis apply as equally to the social text produced by discourse analysts as to anyone else. The point being made here is that all text may be seen as subject to the same constructed and purposive aspects described throughout this study. From this perspective, the current study is not a neutral reflection of events, or a compilation of facts, but a complex multi-faceted social achievement (Stringer, 1985). It might be inferred from this latter point that this view of discourse analytic research deflects from its utility. However, Edwards and Potter (1992) viewing their work reflexively state, "We would like [the readers] to see all discourse as subject to the sorts of processes that we highlight. But that should not be seen as a reason for discounting that discourse. For one thing there is nothing better. There is no non-discursive discourse for doing proper, accurate, non-action orientated description" (p173).

Silverman (1997) cautions that excessive focus upon the constructed nature of the text risks leaving reflexivity as an esoteric, 'in-house' project, thereby inviting further criticism of social researchers as self indulgent (Silverman, 1997). The question this raises is how reflexive should the researcher be? Potter and Wetherall (1987) state that, "It is possible to acknowledge that one's own language is constructing a version of the world, while proceeding with analysing texts and their implication for people's social and political lives". They continue, "Most of the time, therefore the most practical way of dealing with this issue is to simply get on with it, and not to get paralysed by or caught up in the infinite regresses possible" (p182).

Stiles (1993) recommends foreclosure as good research practice. Foreclosure is a collective term which includes aspects such as the researcher disclosing their expectations for the study, preconceptions, values and orientation, including any theoretical commitments. Prior to Clinical Psychology training, the researcher had worked for eighteen years as a nurse, predominantly in learning disabilities and mental health. It was during early work in a large institution that the researcher began to develop an interest in the impact contextual factors and language have upon the way in which individuals come to be defined as variously mentally ill or mentally handicapped, as was the accepted term. Later in the researcher's career a developing interest in broadly social constructionist epistemologies enabled a means of deconstructing taken for granted knowledge in the mental health field.

An ongoing research journal (Lincoln and Guba, 1995) was kept throughout the research process. This journal contained a variety of reflections upon the different hearings of the tape and readings of the transcription. Also documented were the researcher's changing perspectives. Early ideas logged in this journal are interesting in that they reflect a specific concern with psychodiagnosis from an anti-psychiatry perspective. As the epistemological and methodological debate developed, so the concerns of the study shifted. The research focus moved towards detail relevant to participants in their talk rather than being shaped by the socio-political concerns of the researcher. In this sense research from a Conversation Analytic perspective may be seen as a reflexive practice. To borrow from Potter (1988), the concern here is with the talk itself "rather than the assumptions, expectations and ideas we might smuggle into it" (p48).

### **3. RESULTS**

#### **3.1 Talk as institutional interaction**

The results section is divided into two sub-sections. A primary aim of the first part of the analysis is to show how the participants accomplish the meeting interactionally. Initially there will be a focus upon special turn taking arrangements, the analysis of which will inform conclusions drawn about the overall structure of the talk. As the analysis develops it will show how the specific institutional tasks are attended to in the interaction and how deviations from the constraints the interactional order imposes are managed by participants. The analysis will involve initially working through topic opening sequences and examine how turns of talk are designed to perform specific actions.

Literature will occasionally be drawn upon as a means of adding weight to specific analytic claims. The use of this literature is not intended to present a view of conversation analysis as method. Throughout the unfolding analysis, conclusions drawn from the data will be grounded in the context of prior and subsequent turns of talk. However, the normative orientation of participants to interactional patterns observed in research does provide useful ways of illuminating some of the findings presented here.

The initial analytic concerns are with specialised turn taking arrangements and the institutional nature of the interaction. The focus here therefore is largely upon the form of the interaction. The relevance of this approach to the concern with how case descriptions are generated and utilised in interaction is that it shows these

representations occurring within a necessarily constraining interactional order. To say it is necessarily constraining emphasises this talk as orientated towards specific institutional tasks. Descriptions are not treated as neutral reflections of an out-there reality. They are presented as context relevant, co-constructed achievements, designed to perform social actions within a specialised interactional structure.

Prior to analysis of Extract 3.1, a rationale for the way in which data is presented will be explained. The conclusions drawn from analysis of each extract should be seen as warranted within the context of the analysis as a whole. The analysis of each subsequent extract is intended to both build upon the subsequent claims, whilst expanding the scope of the analysis. One impression, as the analysis unfolds, should be of a collection of instances in support of analytic claims. The concern with the form of the interaction in the first part of the analysis remains pertinent in the second part through the presentation of longer sequences, a benefit of the single case approach. However, an additional focus in the second half of the analysis is with how case descriptions are constructed and act within this unique, but structured interactional environment.

The analysis of Extract 3.1 shows the opening of a sequence of talk about a client. It serves to show how a relatively short sequence of talk might be analysed. However, the claims here should be seen as warranted within the context of an increasing collection of cases. Additional support for the findings is provided through explanation of how cases that deviate are managed by interactants thereby displaying their orientation to an observable order in the interaction.

Extract 3.1 (Lines 266-269)

- 1 (1.8)
- 2 Sally: Ok<sup>↑</sup>ay (0.4) eh:m (.) <sup>↑</sup>B<sub>↓</sub>W
- 3 (0.8)
- 4 Milton: °Oh yes I've° got that <sup>↑</sup>too ...

In extract 3.1 a new topic, the referral of BW to the team, is introduced. Sally's utterance "Okay" (*Line 2*) following a pause [1.8] (*Line 1*) can be seen to act as a structural marker in this context, closing the previous topic talk. An up intonation is noted at the end of "Okay". Up intonation is often seen to mark out statements as questions (ten Have, 1999). However, since it is heard by participants as a closing in this context evidenced by the lack of response and the fact that Sally does not try again for a response.

The following "eh:m" (*Line 2*) acts as a pause marker. This utterance, it may be argued does not project the turns design for prospective recipients. In this context it acts as a floor holding device prior to Sally's next utterance. Support for this claim comes from the fact that other participants orientate to the utterance as such and neither produce the next turn of talk. In addition, Sally self-selects as next speaker, after a pause [.] , with "BW" (*Line 2*) .

A further noticing here is that Sally's "BW" (*Line 2*) is oriented to by Milton as a request for information about BW, which requires a response. The "B" has an up intonation, whilst the "W" has a down intonation. This change in intonation may be seen as a try on Sally's part at attracting the intended recipient affiliation. This

particular turn of talk is designed in the form of a request for information relating to BW. Downward intonation has been observed in certain interactional contexts to be indicative of closings (ten Have, 1999). In conversation analytic terms it could therefore be argued that Sally produces a first part adjacency pair, in this case a request for the participant who has information on “BW” to make themselves known. It can be said to perform this action through the second part of the adjacency pair, in this case Milton’s response, “Oh yes I’ve got that one too” (*Line 4*) being orientated to by him as conditionally relevant to the first.

Extract 3.1 suggests a specialised turn taking pattern in operation here, designed to accomplish specific business. As has been highlighted however, this claim is not to be seen as founded in this single extract. It will be substantiated further as the analysis unfolds.

It is important to clarify at this point that such specialised turn-taking arrangements are not assumed to be static, rather they are interactionally accomplished achievements, being re-negotiated with each moment that passes.

Analysis of Extract 3.2 aims to develop upon this initial claim that there is a specialised turn-taking pattern being orientated to by participants. In addition, it is presented to show how troubles in the interaction are managed by participants to maintain its orderliness.



### Extract 3.2 (Lines 2-13)

1 Sally: Eh:m (0.2) ↑are we starting with James  
2 White↓man (.) is that cle- is that ↓right (0.4)  
3 I think it mm [could perhaps ↑be  
4 Stella: [I ↑think ↓so  
5 (0.6)  
6 Stella: ehm=  
7 Sally: =T's o↓kay  
8 (0.4)  
9 Stella: I've got ↑it  
10 (0.4)  
11 Sally: O↓kay  
12 (3.2) ((*sound of rustling paper*))  
13 Stella: There's a letter from Dr Reve↓ley...

Sally opens the sequence with the “Eh:m” (*Line 1*). As in Extract 3.1 this utterance acts to mark her taking the floor whilst filling a pause until her next utterance. The lack of a closing maker, such as “Okay” seen in Extract 3.1 (*Line 2*) may be accounted for by this being the first topic introduced within the interaction as a whole.

With the question, “are we starting with James Whiteman” (*Lines 1-2*), Sally can be said to have produced the first part of an adjacency pair, which normatively requires a response. The use of the word ‘are’ (*Line 1*) can be seen as projecting, for the recipient, the turn’s design as a question. That is to say, the action signalled as expected from recipients by this utterance early in Sally’s first turn of talk is an

answer. However, of analytic interest here is the fact that the desired response to Sally's question, Stella's "I've got it" (*Line 9*), is not produced immediately. Focus will therefore be upon how Sally orientates to this as potential trouble for the interaction and how this trouble is managed in the talk.

Whilst Sally's turn of talk described above is not selective of a specific recipient, its design, in the form of a question/request, acts to open the floor to a next speaker. The down intonation at the last syllable of "Whiteman" (*Line 2*) can be seen as a try at attracting recipient affiliation. It performs this action in that it signals a relevant place for transition within the interaction. As has been previously stated, such a claim would need to be grounded in the data. However, there is no immediate second part adjacency pair produced. What follows immediately is a pause [...] (*Line 2*). It has been previously suggested that the system of turn taking is interactionally managed to achieve one speaker at a time with minimal gap and overlap. Support for interpreting this turn of talk as an action (*question/request*) designed for a response (*answer/response*) comes initially from Sally's own orientation to an answer/response as being conditionally relevant to her question. This becomes evident as she self-selects as next speaker in the absence of an answer.

After the brief pause [...] (*Line 2*) Sally's next turn, "is that cle- is that right" (*Line 2*), may be seen as designed to once again initiate a recipient response. It can be said to act to repair potential damage to the interaction. This follow-up question can be seen to orientate to the lack of response as team uncertainty about the "right" way of "starting" the meeting (i.e. "with James Whiteman"). As with Sally's previous turn of talk (*Lines 1-2*), this subsequent turn is marked by down intonation at its ending (*Line*

2). This may be interpreted again as marking a try for affiliation by signalling to recipients the end of the Sally's turn of talk.

Following this second try for recipient affiliation, there is a longer pause [0.4] (*Line 2*), after which Sally again self-selects to speak. It is argued here that Sally's subsequent utterance (*Line 3*) can be taken as further support that she is orientating to normative rules within a specialised system of turn-taking. She can be seen to do this through managing the potential difficulties this lack of response could present for this sequence of interaction in the form of a specifically formulated response to her own enquiry. She begins this response with, "I think it mm" (*Line 3*). Latour and Woolgar, (1986) have observed in work on the construction of facts that statements can be progressively modalised. At one end of a continuum they are highly contingent upon mental processes (e.g. I think) and at the other are simply assumed (X is a fact). In this context, through her use of the words "I think" (*Line 3*), rather than stronger formulations such as "I know" or "I believe", the statement seems designed in such a way as to construct her as uncertain, thereby again inviting a response. Furthermore, Sally's use of the word "perhaps" (*Line 3*) as in "I think mm it could perhaps be", acts to construct further vagueness into her formulation that the meeting should start "with James Whiteman" (*Lines 1-2*). The utterance "I think it mm could perhaps be" (*Line 3*) may be seen as a third attempt at initiating a response from a recipient using a first part adjacency pair. It is argued that this is the expected way in which subsequent turns of talk are allocated. This claim is further supported by Sally's orientation to the conditional relevance of a response to her question/request. In producing two subsequent first part adjacency pairs, Sally is therefore observed orientating to an expected orderliness in the interaction. It is

through such actions that Sally can be seen as managing potential trouble the lack of response to her question/request poses for the interaction.

Stella's overlap of "I think so" (*Line 4*) is symmetrical with Sally's "could perhaps be" (*Line 3*). Additionally both turns end at the same time followed by a pause [0.6] (*Line 5*). Furthermore, note how Stella's overlap is preceded by Sally's "mm" (*Line 3*). Before showing how such an overlap might be viewed analytically, literature will be introduced as a means of setting analytic claims within the wider conversation analytic tradition.

Single turns or units of talk have been noted to consist of sentence, clausal, phrasal or lexical constructions, the first completion point of such constructions being observed to constitute transition relevant places (*TRP*) (Sacks, Schegloff, and Jefferson, 1974). With respect to overlap in interaction, it has been noted that this typically occurs as follows. Firstly, it may occur at a transition, where the speaker or speakers orientate to a possible transition relevant place. For example:

Mike: I know who d'guy is=

Vic: =He's ba::d

James: =You know the gu:y

(Frankel, 1967 – cited in Sacks, Schegloff and Jefferson, 1974; p16)

Secondly, overlap may occur where a speaker projects turn completion, thereby overlapping prior to completion of a turn. For example:

B: Well it wasn't me[::

A: [No but you know who it was

(Sacks, Schegloff and Jefferson, 1974; p17)

Additionally, utterances may occur in transition relevant places, that may not be continued, such as etiquette or address terms. For example:

P: Yeh alright [dear

J: [Okay

(Sacks, Schegloff and Jefferson, 1974; p17)

Finally, Jefferson (1983) has observed that overlap may occur during a breakdown in fluency. Here the speaker may overlap as a means of moving the conversation forward.

As regards Extract 3.2, one could argue that the position of the overlap (*Line 4*) indicates Stella's projected understanding of what Sally wishes to perform with her turn. Stella's overlapped "I think so" (*Line 4*) mirrors Sally's vague "I think it mm" (*Line 3*) through constructing a similar evaluation of whether the meeting should start with James Whiteman, contingent as it is upon mental processes.

The immediate effect of this vague response upon the interaction is the previously highlighted pause [0.6] (*Line 5*), after which Stella self-selects as next speaker. This is interesting in that Stella's subsequent utterance, "ehm" (*Line 6*), in this interactional context, can be interpreted as a tentative turn entry device. Stella signals herself to Sally as the appropriate recipient of her three tries at drawing a response from the floor. Sally's response, "T's okay" (*Line 7*), therefore can be seen as validating Stella as having next speaker's rights. Support for this claim may be strengthened by the fact that (1) Stella is next speaker and (2) none of the other nine participants in the meeting start to speak.

After a pause [0.4] (*Line 8*), Stella responds with a more definite “I’ve got it” (*Line 9*). The “it” is try marked with an up intonation. Try marking statements with changes in intonation has been noticed as a way of inviting a response (Hutchby and Wooffitt, 1998). Sally duly does so with her “Okay” (*Line 11*), which can be seen to act as a receipt of this news. This is followed by a pause [3.2] (*Line 12*). Bearing in mind the normative no gap and no overlap in conversation and Jefferson’s (1989) work, which suggests the “standard maximum” of a one second gap in everyday conversation, how might such a long pause be explained? One could argue that an explanation may be found in the institutional nature of the interaction. The talk reveals itself as orderly and goal orientated in nature through the way in which participants can be seen orientating to a specific interactional pattern in which turns of talk are pre-allocated. With reference to the generation and utilisation of case descriptions, this specialised pattern of interaction places specific constraints upon what contributions are considered allowable to the business at hand.

Through analysis of these first two extracts, the pattern that appears to be emerging is of one person, Sally, as the allocator of turns at talk. This is evident in Sally opening new topic talk and allocating with the use of a first part adjacency pair. As has been explained, this first part adjacency pair makes conditionally relevant a response from the person with relevant information. The conclusion here does not posit that this always and invariably happens. For example, as analysis of Extract 2 demonstrates the second part of an adjacency pair may not follow immediately after the first part. In this case there are a number of insertion sequences, which are designed to manage threats to orderliness. Indeed it is analysis of cases where a noticed pattern is not

readily observable that can be used to demonstrate how participants are orientating to and co-constructing the orderliness of the interaction.

Extract 3.3 builds on the claims made that there are observable specialised turn taking arrangements visible in the interaction.

Extract 3.3 (Lines 581-586)

- 1 John: Sally (0.2) I've got eh (0.2) a <sup>↑</sup>verbal  
2 referr<sub>↓</sub>al  
3 (0.6)  
4 Sally: Okay [nnnnnnnnnn  
5 John: [actual<sup>↑</sup>l<sub>y</sub>  
6 (.)  
7 Sally: There's <sup>↑</sup>also ss a message here from Ka<sub>↓</sub>:th

Extract 3.3 can be seen to display John and Sally orientating in their interaction to the special turn-taking arrangements described above. In lines 1 and 2 John displays a recognition of Sally as the appropriate conduit through which referrals should be channelled for allocation, rather than merely beginning to talk about his referral. Sally acknowledges receipt of this news with “Okay” (*Line 4*).

As Sally begins her next turn, John overlaps with “actually” (*Line 5*). One observed use of the word ‘actually’ is as a means of enacting self-repair following interactionally delicate talk (Clift, 2001). This may inform an explanation of its use in this context. John may be seen orientating to his previous turn as sensitive business.

John's previous turn may be seen to violate the normative rule emerging in interaction, which appears to be that Sally allocates next turn of talk after opening a new sequence of talk about a client, having closed a previous sequence. Simultaneous with John's utterance "actually", Sally begins a new turn. However Sally can be seen to manage the overlap by stretching "nnnnnnnn" to the end point of John's utterance. This acts as a floor holding device, as evidenced by Sally self-selecting for the next turn of talk after the pause [.] (*Line 7*). Sally further reveals her social identity in the context of this interaction through changing topic in her next turn, finally pre-allocating John's turn at a later point in the interaction, as evidenced in Extract 3.4.

#### Extract 3.4 (Lines 688-690)

- 1 (0.2)
- 2 Sally: E:rm and ↑John you said you've got some[↓one
- 3 John: [Ye:ah

Findings presented thus far arguably bear similarities to observations of interaction in a variety of formal environments, such as courts (Atkinson and Drew, 1979), psychic consultations (Wooffitt, 1992) and news interviews (Heritage and Greenbatch, 1991). These studies reveal a unique interactional order emerging as produced and orientated to by participants. The analysis as it develops aims to reveal further features that may be taken to constitute a unique institutional fingerprint of these patterns in interaction (Heritage and Greenbatch, 1991).

It is acknowledged that the above extracts are taken from early in the meeting, which broadly speaking concerns itself with the presentation of referrals made to the team



over the previous week. In order to make more robust the analytic claims of a special turn taking pattern in operation the focus will now switch to a series of cases that show Sally opening new sequences of talk about clients. In addition, extracts 3.5, 3.6, 3.7 and 3.8 serve to highlight in greater detail the specific institutional business which shapes the tasks orientated to by participants within this interaction.

Extract 3.5 (2125-2132)

1                                   TAPE SWITCHED OFF

2                                   TAPE RESTARTED

3   Sally:     Are we ↑going to start with ↑wa::rd round have

4               we got some feed[back from the wa:↑:rd

5   Stella:                       [We ↑have

6                                 (0.4)

7   Milton:     Mmmm

8                                 (2.6)

9   Stella:     Eh:m ↑Colette Stephe:n↓so:n (.) had been ↑fine

10              on the ward...

Extract 3.6 (Lines 3308-3315)

- 1                               END OF SIDE TWO OF TAPE
- 2                               BEGINNING OF SIDE THREE OF TAPE
- 3   Sally:       Is there ↑anyone (0.4) who people ↑urgently  
4                   ne[ed to feed ↓back
- 5   Stella:       °[N:o°  
6                   (.)
- 7   Elsie:       Mmm  
8                   (0.6)
- 9   Sally:       Oka[y is there ↑anything on page ↓three (0.2)...

Extracts 3.5 and 3.6 show two further sections of institutional business as they are produced in the talk (i.e. in extract 3.5: “feedback from the ward” (*Line 4*) and in extract 3.6, urgent “feedback” (*Lines 3-4*) from participants. These extracts also provide further evidence of special turn taking procedure in operation.

It is noted that closing markers, such as the previously observed “Okay”, are not used by Sally prior to the introduction of new business. This can be explained by the fact that short comfort breaks in the meeting preceded both of Sally’s initial utterances here. Hence in both cases there were no previous sequences of talk to close. The tape was not left running during these breaks, since they took place elsewhere in the team base.

In both Extracts 3.5 and 3.6 Stella can be seen projecting her understanding of the prior turns ending, producing the second-part adjacency pair. For instance, in Extract

3.5: “We have” (*Line 5*) and in Extract 3.6: “No” (*Line 5*) are produced prior to completion of Sally’s turn of talk. In Extract 3.5 Sally can be observed to self-repair her turn beginning, “Are we going to start with the ward round” (*Line 3*) as a rephrased, more specific request, “have we got some feedback from the ward” (*Lines 3-4*). In Extract 3.6, however Stella can be seen to infer, prior to completion of Sally’s turn, that the introduction of new business concerns urgent “feedback” (*Line 4*) from participants. Stella’s utterance reveals her orientating to and producing in her talk an aspect of institutional business.

**Extract 3.7 (Lines 2390-2393)**

1 (0.4)

2 Sally: O↓kay well ↑shall we move on to the waiting

3 ↓list

4 (0.4)

5 Milton: ↑There's one issue from the ward round ehm

6 ↓sorry but (0.6) which affects ↑Ron...

Extract 3.7 shows Sally once again employing “Okay” (*Line 2*) to effect closing of the previous sequence of interaction. Milton’s “sorry” (*Line 6*) shows him orientating to, and reproducing in interaction Sally’s identity as allocator of turns at talk. This utterance shows again, as in Extract 3.3, deviation from the expected pattern as sensitive business. Milton, in self-selecting to speak when he does, also acknowledges this as potentially disruptive, hence demonstrating his orientation to the special turn taking arrangements described.

Extract 3.8 (2094-2101)

- 1 Sally: .hh ok<sup>↑</sup>ay (0.6) well shall we <sup>↑</sup>jus- (0.8) look  
2 at admissions and dis<sup>↓</sup>charges (.) now I <sup>↑</sup>can't  
3 see how I can <sup>↑</sup>do <sup>↓</sup>th[is without actually  
4 Elsie: [No you can't  
5 Sally: reading [out <sup>↓</sup>names I'm going to have to=  
6 Milton: [I think we'll just have  
7 Milton: =Ah hguh ((coughs)) p[ass it  
8 Sally: [take them <sup>↓</sup>out=  
9 Milton: =Pass it <sup>↓</sup>around  
10 (0.8)

Extract 3.8 builds the robustness of claims for special turn taking arrangements. The sequence is presented as ordered, goal orientated talk, accomplished on a turn by turn basis. Again Sally produces “okay” (*Line 1*) to enact closure of the previous topic prior to her next turn, “Well shall we jus- (0.8) look at admissions and discharges” (*Lines 1-2*). At first sight this turn appears to be delivered in the form of a question. The minimal pause [.] prior to next turn combined with the fact that Sally is able to self-select for the next turn at what is a transition relevant place suggest that Sally’s initial turn may be understood rather as a statement of her intent to read out the admissions and discharges, rather than a first part adjacency pair requiring a response. This claim may be strengthened by the fact that none of the other participants speak at this point. In her next turn, “now I can’t see how I can do this without...” (*Lines 2-3*), Sally reveals this to be her task, whilst also orientating to as problematic an instruction given by this researcher prior to the meeting. The instruction was that,

where possible, clients initials should be used as an added means of ensuring confidentiality. As this sequence of talk progresses, the problem, may be seen as uniquely interactionally managed by participants.

It would be pertinent at this point in the analysis to highlight that what is not being claimed here is that Sally is 'in charge' of the interaction, or is exerting 'power' through pre-allocation of turns. It should be reiterated here that it is participants who produce and orientate to in their talk this unique pattern of goal directed institutional interaction.

Extract 3.8 can be analysed to show problem solving as accomplished turn by turn in the interaction. Sally states "now I can't see how I can do this without actually reading out names" (*Lines 2-3 and 5*). Milton overlaps after the word "reading" (*Line 5*) projecting his understanding of the end of Sally's turn with "I think we'll just have" (*Line 6*). The fact that his turn is incomplete may be viewed as the product of self-repair by Milton after Sally self-selects for next turn with "I'm going to have to" (*Line 5*) with no noticeable gap between her prior and current turn of talk. In conversation analytic terms, Milton's self-repair at overlap can be taken to show how closely interactants adhere to the normative rules of turn taking, which allow for no more than one speaker at a time with minimal gap or overlap. However, Sally's "I'm going to have to" (*Line 5*) is also incomplete. Sally curtailing her utterance may be explained in terms of her executing self-repair. She may be seen to perform this action as a way of maximising the whole utterance as hearable to participants following Milton's cough. However, Milton's cough enables him to take the floor first, although he again self repairs during the utterance "pass it" (*Line 7*) as a

consequence of Sally's overlapping "take them out" (*Line 8*). Milton's final utterance in the sequence is issued in the form of the directive "Pass it around" (*Line 9*). The extract is analytically interesting since it shows a novel problem, how to read out admissions and discharges without referring to names, as an interactionally managed event. One can see participants orientating to the rules of turn taking and in doing so producing the orderliness of the interaction.

The analysis thus far has begun to reveal how business is transacted by the team through constant negotiation, whilst also revealing the participants orientating to a specialised, necessarily constraining interactional order. As has been shown, the institutional business includes the presentation of referrals, the waiting list, feedback from the ward, feedback from the participants and admissions/discharges throughout the previous week.

Also emerging are aspects of a broad overall structural order, noticeable as produced and orientated to by participants in interaction. It is tentatively suggested at this stage that there are four sections observable in sequences of talk about individual clients. Sections 1, 2 and 4 have revealed themselves in the data already analysed. They may be described as follows. (1) An opening section in which Sally introduces a sequence of new topic talk and acts to allocate the next turn of talk. (2) The pre-allocated description of a case. (4) Closings.

In the two subsequent lengthier extracts, 3.9 and 3.10, it is proposed that the orientated to, overall structure in sequences of talk about clients reveals a further observable section positioned prior to Sally's closings of these sequences of talk.

This will be described as (3) The orientation of participants to problems within the description. These analytic claims are further warranted in the second part of the analysis, during which several extended sequences of talk about clients are presented.

Deviations from the proposed order have been shown as interactionally managed by participants, thereby displaying their orientation to a normative interactional order. In Extract 3.9 Sally can be seen acting to facilitate the allocation of cases to participants within this sequence. This sequence is particularly notable since the recognisable overall structural organisation of talk tentatively proposed does not make itself readily available. Therefore the function of the following part of the analysis is to develop upon the claims made for an overall structural order observable in sequences of talk through analysis of a deviant case. Also, analysis of Extract 3.9 shows the actual business of allocation presenting problems for the interaction.

Extract 3.9 (Lines 1112-1138)

- 1                               (1.2) ((*sound of shuffling papers*))
- 2 Sally:       Ok↓ay well ↑going back to ehm (1.6) allocation
- 3                               for ass↓ess↑ment=
- 4 Elsie:       =Mmmm=
- 5 Sally:       =↑Page seven we've got ↑[George Jones who can
- 6 Elsie:   [Mmmm
- 7 Sally:       only be offered (.) an assessment on a ↑Mon↓day
- 8                               (0.8) a[hm
- 9 Milton:                               [Eh::m
- 10                               (0.2)

11 Sally: and <sup>↑</sup>he <sup>↓</sup>is (0.6) he is the guy wh- (0.2)  
 12 <sup>↑</sup>fifty five year old depression panic attacks  
 13 anx<sup>↑</sup>xiety (0.8) requesting some ehm (0.6)  
 14 be<sup>↑</sup>havioural therapy anx[xiety manage<sup>↓</sup>ment from  
 15 the G<sup>↓</sup>P  
 16 John: [nnhuh huh ((coughs))  
 17 (1.4)  
 18 Milton: I'll err (1.6) for <sup>↑</sup>out-patients J<sup>↓</sup>C<sup>↑</sup>ee and  
 19 B<sup>↓</sup>W<sup>↑</sup>uu  
 20 (.)  
 21 Ron: °Hang on (0.4) (a min[ute)°  
 22 Sally: [Hang on a min<sup>↑</sup>[ute  
 23 Milton: [Eh::: [m  
 24 Sally: [Ehm  
 25 <sup>↑</sup>hang on a minute  
 26 (0.4)  
 27 Sally: H[uh huh ((laughing))  
 28 Milton: [So  
 29 (1.2)  
 30 Milton: J<sup>↓</sup>C<sup>↑</sup>ee is (0.6) ehm (1.2) o- (.) from South  
 31 Fel<sup>↑</sup>ton hhhh ((laughs)) (.) halfway do:<sup>↑</sup>wn  
 32 (1.4)



Here again we see Sally's "Okay" (*Line 2*) act as a closing to a previous sequence of interaction. By use of "well going back" Sally orientates to previous disruption of the meeting agenda. The use of "well", it has been noted, can act as an indicator by a current speaker that the recipient(s) has made a dispreferred contribution (Jucker, 1993). The meeting agenda would suggest that allocation follows the reading of referrals. However, by analysing the interaction it can be shown that these actions are not necessarily accomplished within one discrete sequence of interaction. The business of allocation is explicitly introduced by Sally for the first time in the meeting during Extract 3.9. However, allocation was being enacted by participants earlier in the meeting. This can be evidenced in data displayed in the second part of this presentation of results, during an analysis of data relating to Case 3, EC.

After the introduction of the new topic, "allocation for assessment" (*Lines 2-3*), Sally self-selects for next turn, during which she gives a summary description of the case GJ. What will be suggested as the sequence continues is that Sally's summary description of GJ is designed to enact a response from participants, namely their orientation to problems within the description.

It is being argued here, in the context of this sequence as a whole, that participants can be seen orientating to a normative overall interactional structure through their management of trouble presented to the orderliness of the interaction. Following the completion of Sally's summary description (*Line 15*) there is a pause [1.4] (*Line 17*). This pause is followed by Milton's topic changing "I'll err (1.6) for out-patients Jcee and Bwuu" (*Lines 18-19*), during which he seems to be doing allocation himself. Milton's action may be seen as orientated to in subsequent turns of talk as trouble for

the expected overall interactional structure outlined previously. Following Milton's utterance, Ron responds with a restrained "Hang on a minute" (*Line 21*). Sally overlaps the last syllable of Ron's turn, both mirroring it and amplifying it, which co-constructs consensus and acts to sanction against Milton's interjection. Milton's "Eh:::m" (*Line 23*), overlapping with the last syllable of Sally's prior turn, may be seen here as a means of gaining the floor. However, this competitive attempt to gain the floor is managed by Sally with a similarly overlapping "Ehm" (*Line 24*) followed by a repeat of her prior turn "hang on a minute". An interesting research finding, which may be seen as relevant to the use of "Hang on a minute" in this context, observes the use of idiomatic expressions in situations where a speaker is making a complaint of some kind (Drew and Holt, 1989).

Rather than Sally self-selecting to speak having gained the floor, after the pause [0.4] (*Line 26*) she laughs, over which Milton overlaps with "So", which may be seen to act to mark out a topic transition, as evidenced in his next turn. Of interest here is how Milton gains speaker's rights, after what has been analytically interpreted as sanctioning against him by both Ron and Sally following his apparent deviation from the emerging normative overall structural order. Sally's laughter seems to reveal her orientating to Milton as an inappropriate recipient of such a complaint. It acts to disaffiliate her from the complaint (see Glenn, 1994). In acting to distance herself from the her complaint, Sally's laughter simultaneously resolves conflict at this site by leaving the floor to Milton. This interaction seems to reveal Sally orientating to and producing Milton's authoritative social identity within the interaction.



Extract 3.11 builds upon analytic claims made with respect to the previous extracts, showing a complete extract from opening to closing. The aim here being to reinforce the validity of claims that there is an interactionally managed overall structural order, orientated to by participants, in the way described.

Extract 3.11 (Lines 1219-1260)

- 1 Sally: (0.2) .hh ↑eh:m and we're sa:y↓ing (0.2) let's  
2 have a look (0.6) ((*sound of rustling papers*))  
3 going ↓do::wn (0.6) ehm=  
4 Elsie: =Well Karen Hu°[stings°  
5 Sally: [J::::=  
6 Elsie: =M[mm  
7 Sally: [I was looking at J (0.4) at the ↓top (.)  
8 JW↑uu=  
9 Elsie: =°JW°=  
10 Sally: =Ehm is the: ↑thirty five year old who's  
11 in↑involved with ↓probation (.) ↑and Phoenix  
12 House ↑substance abuse .hhh and there's concern  
13 about mental ↓health issues and they're  
14 requesting ↑TH::ERAPY and Clark suggested that  
15 perhaps we need to talk to the prob↑ation  
16 ↓officer so ↑someone needs to (0.4) [pick that  
17 up (1.2) e[h:m  
18 Elsie: [Mmm

19 Clark: [Yeh I go- (.) I think he's been  
20 referred be<sup>↑</sup>fore  
21 (0.2)  
22 Sally: Do you=  
23 Elsie: =Mmm=  
24 Milton: =uhg huh= ((*coughs*))  
25 Elsie: =[[<sup>↑</sup>Maybe the name rings a <sup>↓</sup>bell  
26 Clark: =[[Maybe he didn't attend or something yeah  
27 (5.2)  
28 Sally: Any offers on that <sup>↓</sup>one so I guess: (.) we- it  
29 maybe it maybe needs li<sup>↑</sup>a:ison (.) initially  
30 (10.2) ((*turning of papers*))  
31 Milton: I <sup>↑</sup>think there <sup>↑</sup>is <sup>↓</sup>only JW LS (.) and <sup>↑</sup>GJ to  
32 ehm (.) <sup>↑</sup>allo<sup>↓</sup>cate  
33 (.)  
34 Elsie: °Mmm°  
35 (.)  
36 Milton: For assess<sup>↓</sup>ment  
37 (1.2)  
38 Val: °G[J°  
39 Stella: [G<sup>↑</sup>J I've done <sup>↓</sup>[that <sup>↑</sup>I've got that <sup>↓</sup>one=  
40 Sally: [WHAT  
41 Milton: =<sup>↑</sup>You've g[ot Ge<sup>↓</sup>J=  
42 Stella: [is that

43 Sally: =↑Ye:[s  
 44 Milton: [Right=  
 45 Sally: =Ye:s (.) ↓ye[:s= .hhh jus- ah huh= ((*laughs*))  
 46 John: [GJ  
 47 Clark: =Okay well ↑I'll assess (.) ↑I'll as[sess J↓W=  
 48 John: [JJ  
 49 Sally: =O::↓kay=

Here again Sally begins the opening of this sequence of interaction about an individual client (*Lines 1-3*). Elsie self-selects to speak following Sally's "Ehm" (*Line 4*). Her use of "Well" (*Line 4*) may be interpreted as a preface to what she feels may be orientated to by Sally as a potential threat, namely suggesting a name for allocation. Sally's overlapping stretched "J:::" (*Line 5*) confirms it to have been orientated to as a threat to the interaction as she acts to repair trouble presented by Elsie's prior turn. In Sally's next turn she formulates Elsie's utterance as a misunderstanding with "I was looking" (*Line 7*), to suggest Elsie may have been looking at another name on the page. With "JW" (*Line 9*) Elsie can be seen to signal her understanding. Here again we can see threat to the proposed overall structural order being interactionally managed.

This opening sequence is followed by Sally self-selecting to provide a summary description of the case. At the end of the description Sally explicitly signals the action the summary is intended to perform with "so someone needs to pick that up" (*Lines 16-17*).

The subsequent talk and the following pause [5.2] (*Line 27*) is orientated to by Sally as not having provided the expected response, namely an orientation to the problems within the summary description (*Lines 28-29*). What is interesting after the pause that follows is that Milton self selects to speak. His starting “I think” (*Line 31*) can be seen to build vagueness into his summary of which cases are left to allocate, in that it is a statement contingent upon his mental processes. Milton's statement, “I think there is only JW LS (.) GJ to ehm allocate” (*Lines 31-32*) also implicitly cites accountability for accepting these cases with persons other than himself. Milton, in self-selecting to do allocation, may be seen as once again projecting for others his institutional identity. Milton, as in Extract 3.9, produces himself as someone who does allocation in the absence of a response to Sally's explicitly stated prior request.

However, as has been seen, such interventions present problems for the way in which such business is normatively managed in interaction by participants. Sally's stressed “WHAT” (*Lines 40*) at Milton's ‘error’, made evident in Stella's “GJ I've done that” (*Line 39*), may be seen to act as a sanction against his deviation from the overall orientated-to structure of this interaction. This interpretation may be further supported by Sally's use of the stretched “Ye:s” (*Lines 43 and 45*) three times, try marked with progressively downward closing intonation, following Milton's recognition of his ‘error’ with “You've got GeJ” (*Line 41*).

Clark can be seen producing in his talk the suggested overall structure in that his “Okay well I'll assess I'll assess JW” (*Line 47*) displays an orientation to the problem in Sally's description as being allocation. In Sally's next turn we see the expected closing, in the form of “Ok::ay” (*Line 49*), signalling completion of this business.

A question Clark's acceptance raises is why is it produced there and then, rather than immediately following Sally's explicit request? Attention is drawn to an observation made earlier, which suggested that talk about allocating cases seems to present troubles for the interactional order. These troubles may be explained by dilemmas of stake and interest that accepting clients presents for participants. Edwards and Potter (1992) suggest that speakers treat other individuals or groups as having desires, motivations, allegiances and biases. The dilemma for interactants is how to construct an account which attends to such interests without it being laid open to undermining as interested. Clark's two utterances (*Lines 19-20 and 26*) prior to his acceptance of the referral (*Line 47*) may be seen as insertions in this sequence of talk. These insertions are orientated to by Sally as problematic in the sense that they do not produce the next allowable response in the sequence, which is acceptance of the referral, hence "Any offers on that one..." (*Line 28*). Sally's turn of talk can be seen to undermine Clark's prior insertions in that it reveals an understanding of his talk as interested in not accepting the referral at that particular point.



### **3.2 Case Descriptions**

The second section of the analysis will focus upon case descriptions. It will focus upon how such descriptions are constructed to perform various actions at certain points within the interaction. It is not intended that this section of the analysis should be viewed as discrete from the previous section. Indeed it will build upon claims made of an observable overall structural order within the interaction, displaying extracts from two sequences more fully, including openings and closings. It will also display further evidence of a special turn taking organisation.

The initial brief extract is presented as a means of clarifying the purpose of this section. Extract 3.12 reveals case descriptions as orientated-to productions designed for recipients to perform certain actions. As such, attention is drawn to the variability of descriptions across this brief sequence of talk, displaying the descriptions as co-constructed interactional achievements which are designed to serve a purpose within their unique interactional context.

### 3.2.1 Case 1 - BDL

#### Extract 3.12 ( Lines 2001-2010)

- 1 Milton:     ↑Three CP↓N's here   ↑one Roy Shilton  
2                     (.)  
3 John:       Therapis[t  
4 Milton:             [↑one Ruby ↓Stiles and one c- sorry (.)  
5             BD↑L (.) huh hhh [hhh ((*laughs*))  
6 Stella:                     [And she ↑takes three on her  
7             o↑wn  
8 Ron:                     [And BDL ↑BDL will need (0.4)  
9             a whole ↑ho:st of people  
10 Stella:                    [Ye::↑ah     she'd take th- ↑team  
11             u[p she ↓will

As previously proposed in the first part of the analysis section, it is where attempts are made to allocate cases that threats to the overall structural order of the interaction seem more prevalent. The descriptions of BDL in Extract 3.12 can be seen as ongoing discursive accomplishments, co-constructed to perform a variety of actions. In his opening “Three CPN’s here” (*Line 1*), Milton signals that accountability for these cases rests with the CPN’s. To an extent his utterance can be seen to perform this action for it is not directly challenged as inappropriate in subsequent turns of talk. Rather, what Stella and Ron do with their talk is attribute responsibility within BDL for the fact that each of these cases cannot be allocated as Milton suggests. Stella can be seen orientating to Milton’s suggestion of three cases, three CPN’s in her response,

“And she takes three on her own” (*Lines 6-7*). This statement is constructed to appear solid and factual in the following ways. First, it allows inferences to be made of this as the current state of affairs casting it in the present with a present tense “takes” (*Lines 6*) . Secondly, this is a state of affairs presented as an external reality not contingent upon mental processes, such as Stella’s thinking (e.g. “I think”). Finally, it attributes within BDL the difficulties that are presented for allocation. However, the description is formulated more extremely in Ron’s subsequent turn of talk, “And BDL BDL will need a whole host of people” (*Lines 8-9*). Here Ron’s formulation is more extreme in terms of the resources BDL will “need”, but vague in that it does not specify the number or identity of the “people” BDL will “need”. Use of the word “will” (*Line 8*) defends the statement against challenges that his description is inconsistent with Stella’s. It does so in that Ron’s description can be taken to refer to a future point in time rather than the current state of things as implied in Stella’s previous description. Use of the word “will” also gives Ron’s utterance the status of fact, more so than other possible tentative alternatives such as ‘might’ or ‘could’ . Stella can be seen to orientate to this shift from current to future in the subsequent turn, whilst more precisely defining the resources BDL will “take up”: “Yeah she’d take th- team up she will” (*Lines 10-11*).

Throughout the course of this short sequence BDL progresses from being described as someone suitable for allocation to one CPN to someone whose requirements will take up the team’s resources. We can see Stella and Ron’s descriptions as being formulated in a progressively more extreme way. Their descriptions act to undermine Milton’s assertion that BDL could be adequately allocated to one CPN, whilst being designed in such a way to protect against rebuttal.

Analysis will now focus upon the generation and utilisation of case descriptions within talk relating to two further cases. Presentation of these lengthy extracts also supports claims for an observable overall structural order being orientated to by participants. It has been argued that the overall structural order orientated to by participants is observable as (1) An opening section in which Sally introduces a sequence of new topic talk and allocates the next turn of talk (2) The pre-allocated description of a case (3) The orientation of participants to problems within the description (4) Sally closing these sequences of talk about individual clients.

### 3.2.2 Case 2 - ABN

Extract 3.13 (Lines 476-521)

- 1 Sally: ... (0.6 ) right Ara<sup>↑</sup>bella (0.4) B<sup>↑</sup>N
- 2 (0.6)
- 3 Ron: Or <sup>↑</sup>ABN=
- 4 Sally: =ABN Ha H[a ((*laughs*))
- 5 Ron: [even (.) hmm hmm hmm ((*laughs*)) (.)
- 6 <sup>↑</sup>ah::m ((*banging sound*)) (3.0) not a lot of
- 7 information <sup>↑</sup>here erm (0.2) re AB<sup>↓</sup>N whose date
- 8 of birth <sup>↓</sup>is the ninth of the third (.) eigh<sup>↓</sup>ty
- 9 fi:<sup>↑</sup>ve (0.6) <sup>↑</sup>dear doctor thanks for seeing
- 10 this sixteen year <sup>↓</sup>old <sup>↑</sup>girl (0.2) who has told
- 11 me that she has an <sup>↑</sup>un<sup>↓</sup>con<sup>↑</sup>trollable <sup>↓</sup>violent
- 12 <sup>↑</sup>temp<sup>↓</sup>er (0.2) she: has lost <sup>↑</sup>many frien:ds
- 13 through <sup>↑</sup>this (0.2) and broken many <sup>↑</sup>objects

14 (0.4) whilst ↑throwing things around in a ↓rage

15 (0.6) she acknowledges that this is her own

16 ↑fault (0.4) but ↑would like some ↓help in

17 con↓trolling herself (.) I th↑ink that there

18 might ↓be: in inverted commas anger ↑management

19 cour↓ses (0.2) ru:n ↑via your dep↑artment=

20 Sally: =Mm Mmm Mmm ↑noho= ((*laughing*))

21 Ron: =Oh no [they're ↑no:↓:t (.) and if so I would

22 Sally: [Noho haha ha

23 ((*laughing*))

24 Ron: be ↑grateful if she could be ref↑erred to one

25 (0.4) °but there aren't°

26 (0.4)

27 Sally: ↑Well there's no mention of a mental heal[th

28 (Val): [No

29 Sally: [↓[problem .hhhhhhh shall I: hu- which doctor

30 Ron: [No none there

31 Elsie: [No

32 Stella: [Well I can't see anything

33 Sally: is ↑it

34 (.)

35 Elsie: Ring=

36 Sally: =N[o::: shall I [ring ↓up

37 (Ron): [Ring

38 Milton: [Ring  
39 (0.4)  
40 Milton: The other issue is that she's only sixt[ee]↓:n  
41 Sally: [Yes  
42 Milton: [is she still at school<sup>↓:1</sup> (0.2) and [she  
43 (Val): [Mm  
44 Milton: maybe err  
45 Sally: [It doesn't  
46 ↓sa::y d[oes °doesn't say°  
47 Ron: [Not there at ↑all  
48 (0.6)  
49 Milton: She may be eligible ↓for (0.2) I uh child  
50 psychiatry [and ↑they may take [that sort of  
51 Sally: [Yeh  
52 Elsie: [Mmmm  
53 Milton: thing o<sup>↑[:n</sup> °so ↑we don't know°  
54 Elsie: [yea:h  
55 (0.4)  
56 Elsie: °Especially at that ↓age yo-°  
57 (3.1)  
58 Sally: °Right° (0.2) well ↑let me have (0.6) have that  
59 one (2.8)...

Sally's opening "Right" (*Line 1*) can be interpreted as performing the same function as "Okay" in previous sequences, namely that of a structurally marking out a topic

shift in the talk (see Green, 2000). Sally introduces the referral using only the client's name (*Line 1*). The action this seems to perform is that, rather than orientating to the referral as one person's version or representation, the team orientate to the description as though it were a representative neutral description. In doing so the team can be seen to infer from the referral alone several reasons why ABN may not be appropriate for allocation within the team. For example, the expression of anger as symptomatic of a mental health problem is excluded by Sally's "Well there's no mention of a mental health problem" (*Line 27 and 29*). This is stated as factual and consensus is arrived at through Ron, Elsie and Stella's affiliative feedback, which overlaps with Sally's utterance "problem" (*Line 29*). In this sense the definition of the problem as not being a mental health problem is interactionally achieved. The action it performs, through building consensus, is to construct the referral as incompatible with the institutional business attended to in this meeting.

From a discursive perspective descriptions may be seen as context specific, that is operating within local interactional environments. Milton's "She may be eligible for I uh child psychiatry" (*Lines 49-50*), at first sight may seem to contradict the previous construction of ADL as not having a mental health problem. However, Milton manages this potential difficulty with "and they might take that sort of thing on so we don't know" (*Lines 50 and 53*). The problem is now vaguely formulated as "that sort of thing", which acts to attribute "child psychiatry" as possibly accountable in that they may view mental health problems differently to this team. In addition, "so we don't know" serves to inoculate the team against accusations that they inappropriately referred this case on with a knowledge of the sorts of problems that would make ABN eligible for child psychiatry services.

A final point to note here is that participants can be seen orientating to problems within a description constructed by someone external to the team. The participants use consensus as a device by which they co-construct between and within their accounts the grounds delaying acceptance of the referral. This delaying of acceptance or non-acceptance appears to be a pattern where such referrals are from an external source (e.g. GP) rather than from someone within the team.

The next section will look at the way descriptions are generated and utilised relating to a referral brought by a participant at the meeting.

### 3.2.3 Case 3 – EC

#### Extract 3.14 ( Lines 521-532)

1 Sally: (2.2) and next° and then the ↑la:st one is (0.4)  
 2 that's (.) one of your (0.2) f[i:les ↑Ron  
 3 Ron: [Mm mmmm yes  
 4 (0.2) ↑EC↓ee=  
 5 Sally: =Mmm mmm ((*laughs*))=  
 6 Ron: =is eh::m (0.6) a young ↓woman (.) ↑well known  
 7 to er myself and ↑Mil↓ton (0.2) who (0.6) you  
 8 ↑may have (0.6) heard a↓bout (0.4) eh:m (0.8)  
 9 and with↑out going into lots of (0.6)  
 10 co[mpllicated (.) ↑de↓tail .hhh (.) eh::m (0.6)  
 11 Elsie: [Yeah



12 Ron: it would (0.2) be ↑u:se↓fu:l (0.2) to ha::ve  
 13 (.) some ↑sort of assessment (0.4) about  
 14 function and occu↑pation and (0.2) all that  
 15 sort of ↓thing=  
 16 Elsie: =Mmm mm=

Ron's turn, "it would be useful to have some sort of assessment about function and occupation and all that sort of thing" (*Lines 12-15*) may be seen as specifically designed for the recipient, Elsie, in the following way. Through his use of "it would" it becomes inferable that it is taken for granted that what he is requesting is appropriate. However, Ron counters this with vagueness as to exactly what form the assessment should take, with his, "some sort of assessment". This acts to inoculate Ron against assertions by other participants that he would be the most appropriate person to do the assessment. An assessment is the right thing, but he is not exactly sure what it entails. However, the vagueness built into the request is also orientated to by Elsie as requiring further clarification, as evidenced by "Mmm mm" (*Line 16*). This utterance may be seen, in the context of this interaction, to act as an encourager for him to continue. It conveys little in terms of acceptance or rejection of Ron's proposition.

Furthermore, this sequence of Ron's talk is rhetorically constructed in three parts, listing (1) "function and" (2) "occupation and" (3) "all that sort of thing" (*Lines 14-15*). This is a recognisable device with which Ron can be seen to construct his descriptions as the sequence progresses. This list-type construction shows Ron orientating to a normative principle observed in interaction. Namely that if one is

going to construct a list it should consist of three parts (Wooffitt, 2001). It also allows Elsie to project the turns ending, observable in her “Mmm mm” (*Line 16*) after the third part of the list.

In Ron’s subsequent turns in this sequence it will be shown how he elaborates his description to perform the action of allocation.

Extract 3.15 (Lines 533-551)

- 1 Ron: =ehrm (0.2) ↑be↓cau::se (0.4) those are things  
2 th- that she struggles ↑with and erm (0.6)  
3 phooo ((*exhales loudly*)) she’s (0.4) she was  
4 asked to leave sch↓oo:l (0.4) ah:rm she  
5 struggled with (.) with employment she’s ↑stuck  
6 (0.2) erm (0.2) on the farm where her parents  
7 are and would ↑li:ke to (.) you ↓know (0.4) go  
8 out and do ↑mo::re but it’s a question of  
9 what’s she capable of and what is there (.) and  
10 (0.2) so on and ↑so ↓forth ↑so (0.2) erhm (0.6)  
11 we though- (.) it might be useful to=  
12 Elsie: =Mmmm=  
13 Ron: =to have some sort of assessment of those  
14 ↑thi:↓:ngs  
15 Elsie: [Mmmm so ↑she::’s (.) quite happy with  
16 that idea ↓n

17 (0.2)

18 Ron: We[ll I'm ↑seeing

19 Elsie: [(knows that I'm me)

20 (0.2)

21 Ron: Well the ↑mum's certainly i↓:s hhei- ((clears

22 throat)) is ↑very difficult to get (0.2) a

23 straight answer to a straight ↑quest↓ion=

24 Elsie: =Yeah=

25 Ron: =from her any↓way (.) bur I'm actually see:↑ing

26 ↓the:m (0.2) ↑tomorr↓ow=

27 Elsie: =°Right°=

In his following turns Ron can be seen to rework the description so it acts to more fully engage Elsie in accepting this referral. For example, he presents EC's "struggles" in the form of another three part list: (1) "she was asked to leave school" (*Lines 3-4*) (2) "she struggled with employment" (*Lines 4-5*) (3) "she's stuck erm on the farm where her parents are and would like to you know go out and do more" (*Lines 5-8*). It is noticed that the "struggles" are attributed to EC, an attribution which acts to inoculate Ron from charges of self-interest resulting from his own struggle to allocate the referral.

EC is presented as someone "who would like to you know go out and do more" (*Lines 7-8*). The use of "you know" here projects Elsie as being capable of making this link between what EC "struggles" with and what she would "like" to do. It can also be seen to construct EC as motivated to change. However, this change is conditional

upon her struggles being addressed, as evidenced by Ron's use of the word "but" (*Line 8*). In terms of how these struggles might be addressed Ron constructs a further three part list (1) "it's a question of what she's capable of and (2) what is there and (3) so on and so forth". Ron finishes this re-formulation with "we though- it might be useful to have some sort of assessment of those things" (*Lines 11 and 13*). Again, this is subtly reconstituted version of a similar closing within Ron's first report, which stated "it would be useful to have..." (Extract 3.14, *Line 12*). The use of "we" builds consensus into Ron's account. The use of "might" (*Line 11*) in place of "would" in the previous extract acts to invite Elsie to offer her 'expert' opinion, rather than present as factual that this course of action should be taken for granted.

Elsie's subsequent utterance, "Mmm so she::s (.) quite happy with that idean" (*Lines 15-16*) again begins with minimal encouragement, however her subsequent turn shows her as more engaged in that she is seen seeking specific information. Elsie's turn of talk here reveals doubt about whether EC is "happy" with Ron's formulation of what might be useful. Ron can be seen orientating to this reading of Elsie's statement as doubting rather than confirmatory. His following two turns at talk start with "Well" (*Lines 18 and 21*), which appear to function as a preface to the threat Elsie's query poses. As has been indicated, this use of "Well" has been observed in other interactional contexts (Jucker, 1993). Elsie's query, however, is constructed in such a way as to avoid questioning Ron's previous description of EC as someone who would "like" to "go out and do more", by focussing upon her emotional response to Ron's formulation of what is required to bring about this state of affairs. Ron manages Elsie's query by constructing EC as someone from whom it is "very difficult to get a straight answer to a straight question" (*Lines 22-23*). Prefaced by "very",

Ron's argument for not being able to answer Elsie's query can be seen as formulated more extremely.

These descriptions, again, may be seen as local and situated work. In this respect, variability and inconsistency may be viewed as expectable but comprehensible through analysis, since the descriptions are intended to perform actions at specific points in the conversation. In the second of Ron's two extended sequences he can be seen to reformulate his description as a means of acting to allocate the referral. Ron is seen to construct as general knowledge the fact that EC would like to "get out and do more". However, later in the conversation EC is constructed as someone from whom it is "very difficult to get a straight answer to a straight question". However, both have been shown as doing specific work within the conversation.

Extract 3.16 (Lines 569-580)

- 1 Ron: °`nd things like ↓that° (1.2) and Ihaha'd tehell  
2 you mohore dehet↓ail ((*laughing*)) (0.4) °er (.)  
3 you know (.) if you want°  
4 (.)  
5 Elsie: Yeh (0.4) yeah thas f[ine  
6 Ron: [I mean I ↑don't know  
7 whether it would be likely you or or (0.4)  
8 Debor↑ah or (0.2) well it['ll be ↓you  
9 John: [hgm hgm hmmmmmm[mmm  
10 ((*sound of throat clearing*))

11 Elsie: [↑Well

12 it'll be [me for our tea↓:m yeh ↓yeh

13 Ron: [Y- yeh yeh yeh

14 (0.4)

15 Ron: Yeah ok↓ay

16 (0.6)

Extract 3.16 shows the closing of this sequence of talk about EC. Ron's offer of more detail is received by Elsie's "Yeh (0.4) yeah thas fine" (*Line 5*) in such a way that co-constructs the need for further information as not strictly necessary. Note at this point that the allocation has not been formally accepted. Ron's following turn produces him as uncertain about who will be accountable for the referral. He prefaces his talk with "I mean" (*Line 6*), which may be seen in this context to act as a repair marker, allowing him to rephrase his words, as seen by "I don't know" (*Line 6*) in his subsequent turn at talk. The turn's design is projected in a way that expects clarification from Elsie. This she gives in her next turn with "Well it'll be me for the team yeh yeh" (*Lines 11-12*). Evidence for this being what Ron was attempting to achieve through his talk can be seen through the way his repeated "Y- yeh yeh yeh" (*Line 13*) acts to offer strong feedback for Elsie's eventual acceptance of the referral. With the action of allocation done, Ron uses "Okay" (*Line 15*), try marked with down intonation, to close this piece of institutional business.

#### 3.2.4 Case 4 - PG

Analysis of the following case will pursue further the idea of case descriptions as local and situated discursive achievements. The introduction of this case is given to

further demonstrate participants orientating to the special turn taking and aspects of overall structural organisation highlighted in the analysis so far. The full sequence of talk about this client is too long to include in full. However, the prime objective here is to highlight the variability of case descriptions throughout a sequence of action.

Extract 3.17 (Lines 1300-1310)

- 1 Sally: =So is that  $\uparrow$ i[t=
- 2 John: [Can I (.) can I just mention=
- 3 Sally: =Yeah=
- 4 John: =at the top of the  $\downarrow$ page (0.2) I'd like to
- 5 refer PG (.) back to the  $\uparrow$ tea: $\downarrow$ m actually
- 6 (0.4) I [saw him (.) I saw h[im at the
- 7 Sally: [(Right)
- 8 (?): [Ahhhh
- 9 ((Yawn))
- 10 John  $\uparrow$ hos $\downarrow$ pital (0.6) and he was sort of previously
- 11 seen by (0.6) ehm
- 12 (0.4)
- 13 Ron: Fred=
- 14 John: =[[ $\uparrow$ Fre:d=

Sally's use of "so" (*Line 1*) may be seen here as acting to structurally mark out the boundary between the previous topic, whilst projecting the opening of another. With "can I just mention" (*Line 2*) John can be seen as re-producing and orientating to Sally's identity as allocator of turns of talk in this interaction. Sally's "Yeah" (*Line 3*)

acts to acknowledge receipt of the information, whilst also co-constructing her identity by demonstrating her orientation to John's turn of talk as designed for her. John use of the word "actually" (*Line 5*) may be seen as performing an action similar to its usage in Extract 3.3 (*Line 5*) in signalling deviation from the institutional order as interactionally sensitive.

Extract 3.18 (Lines 1312-1324)

- 1                               (.)
- 2 Clark:       Oh he's in a <sup>↑</sup>General <sub>↓</sub>bed
- 3                               (1.2)
- 4 John:       Sorr<sup>↑</sup>y=
- 5 Clark:       He was in General <sup>↑</sup>Hosp<sub>↓</sub>ital=
- 6 John:       =Yeah ye[ah he's had he's had <sup>↑</sup>physical
- 7 Clark:                       [Yea::h                       mmmmmm
- 8 John:       [<sub>↓</sub>problems but he's ehm he's be<sup>↑</sup>com:e
- 9 Clark:       [yeah                                       that's when he was
- 10               referred befor[e
- 11 John:                       [He's become <sup>↑</sup>low in <sub>↓</sub>mood again
- 12               really and I <sup>↑</sup>think (0.8) ehm (0.4) I think he
- 13               could benefit from (0.6) ehm (.) further
- 14               sup<sup>↑</sup>port=
- 15 Sally:       Oka<sup>↑</sup>y=
- 16 John:       =err from the tea<sub>↓</sub>:m



Clark's "Oh" (*Line 2*) may be seen in this context as marker displaying a change of mental state, signalling the realisation "he's in a General bed" (*Line 2*) would be consequential for him. John's "Sorry" (*Line 4*) can be seen as indicating a mishearing, which acts to prompt the repair from Clark, "He was in General Hospital" (*Line 5*). John can be seen to orientate to this as consequential for Clark, clarifying with, "Yeah, yeah he's had he's had physical problems" (*Lines 6 and 8*). John's use of "had" here constructs these as past problems, whilst his use of "but" acts to signal transition to the current problem, "He's become low in mood again" (*Line 11*). It is noted that John occasions self-repair with "He's had he's had" (*Line 6*) and "he's become...he's become" (*Lines 8-11*) where Clark overlaps, acting to maximise as hearable his description of the present problem. Clark's overlapping "Yea:h...mmmmm..yeah" (*Lines 7 and 9*) acts to signal affiliation with John's report of PG having had physical problems. Clark's statement "that's when he was referred before" (*Lines 9-10*) projects for inferences to be made that this may be the reason for his referral now. However, the use of "when" rather than "why" in this interactional context inoculates Clark's claim against the challenge that he was previously referred solely for help with physical problems. The fact that PG may have previously been referred when he had physical problems does not rule out the possibility that at the time he was experiencing other problems more usually managed in mental health settings.

John's use of "low in mood again really" (*Lines 11-12*) is interesting. It could be argued that "low in mood" is a description more commonly used within mental health settings than in everyday use. However, whereas a diagnostic term might act to construct the category membership of a participant from which expert knowledge

might be inferred, “low in mood” tends to have a more general usage amongst mental health professionals. His use of “again” (*Line 11*) connects his “low mood” to his past contact with the team, both orientating to the threat implicit within Clark’s emphasis upon physical problems and acting to undermine it.

It is observable then that John’s and Clark’s descriptions can be seen as performing different actions. John’s talk thus far can be seen as designed to action allocation of the case to the mental health team. Clark’s talk may be seen raising the possibility that his problems are physical, through his constructed remembrance of the previous referral. From a discursive perspective the descriptions used in this extract can be seen as beginning to reveal aspects of participants’ stake and interest. These noticings will be developed in analysis over the course of the ensuing sequence.

#### Extract 3.19 (Lines 1338-1351)

- 1 Clark: Fred’s dis<sup>↑</sup>cussions <sup>↓</sup>about him a <sup>↑</sup>lot of his  
 2 problems are <sup>↑</sup>social care <sup>↓</sup>related as <sup>↑</sup>we:ll  
 3 (0.2) er=  
 4 Milton: =°Mmm°  
 5 (.)  
 6 John: uhuh HGHGHHGHGHM ((clears throat))  
 7 (1.2)  
 8 Clark: °Yeh°  
 9 (.)

10 John: Y:e:↑:s: (.) that's right (.) I think that that  
 11 there there ↑is err sort of mental health (.)  
 12 er component ↑in ↓it  
 13 (0.2)  
 14 Clark: But I do- (.) I remember when he discharged  
 15 ↓him it was (0.2) it was (.) ref- (.) he re-  
 16 (0.8) I know he was referring him to social  
 17 ↑servi↓ces

Clark's utterance "Fred's discussions about him" (*Line 1*) can be seen to construct a recollection that inoculates his description that "a lot of his problems are social care related as well" (*Lines 1-2*) against challenges of self-interest. The use of "are" in this statement situates these problems as having relevance in the here and now. The corroborative nature of this description may be seen to further enhance its factual status, being drawn as it is from someone else who has knowledge of PG. However, the "as well" (*Line 2*) tag and "a lot" (*Line 1*) act not to dismiss John's formulation, but to weight "social care related" problems over "low mood".

John orientates to Clark's weighting with "Yes (.) that's right" (*Line 10*), however he carefully reformulates the problem to incorporate Clark's formulation, whilst keeping alive the appropriateness of the referral as requiring support from the mental health team. "I think that that there is err sort of mental (.) health component in it" (*Lines 11-12*) is a vaguer formulation than that offered in the previous extract. Rather than specifically "low in mood", John builds a more global "mental health component" description into Clark's formulation. "I think" suggests a description contingent upon

mental processes, rather one having factual status. It has been observed that it is in their vagueness that such accounts can provide a barrier against undermining (Edwards and Potter, 1992). Use of the word “component” acts to neutralise Clark’s weighting of “social care” over “low mood” since it may be inferred from this that, however small, this component has an active role within Clark’s whole formulation.

Clark orientates to the John’s turn ending producing “But” (*Line 14*), which acts as a continuer. “But” binds John’s previous talk to his, whilst also acting to project transition. Clark self repairs his first turn, “But I do-” (*Line 14*), to construct himself as remembering; “I remember” (*Line 14*). An interesting aspect of this description is the way in which Clark conducts self-repair on two subsequent occasions i.e. “I remember when he discharged him it was (1) it was (.) ref- (2) he re-” , before producing “I know” (*Line 16*). Clark reconstructs his report as based upon him ‘knowing’, rather than ‘remembering’. Through these self-repairs Clark may be seen to progressively increase the factual status of his account.

The previous two extracts relating to this case have been presented both as a means of introducing the problems being orientated to by participants and to show their accounts as contexted actions. The final extract is taken from later in the discussion. The argument that reports and descriptions may be seen as discursive accomplishments within specific interactional contexts is further developed.

#### Extract 3.20 (Lines 1653-1676)

- 1 Val: It <sup>↑</sup>strikes me that the whole thing needs  
2 <sup>↑</sup>somebody some<sup>↓</sup>where and I’m not sure

3                   ↑w[h:↓o and that's the bit I'm ↑struggling  
4   (John):       [Hhhhhh ((laughs))  
5   Val:         ↓with (0.2) needs to look a:t ↑what's happening  
6               at home (0.4) what services are in [(on ↓that)  
7   Milton:   [Yeah  
8   Val:         ↑what he can do what he ↑can't ↓do (1.0)  
9               be↑cu::se (0.6) ↑you know th[ere are certain  
10  Milton:   [Ye:s  
11  Val:         things that I wouldn't deal with isol↑ati↓on  
12               (0.2)  
13  John:       Ye::s  
14               (.)  
15  Val:         yu ↑know  
16               (0.6)  
17  Val:         [[See I ↑think that  
18  John:       [[You see ↑I was  
19               (0.2)  
20  John:       I felt quite ↓cross when I went to the ward at  
21               ↑one ↓level=  
22  Val:         =M[mm  
23  John:       [because (0.4) ↑you ↓know they at ↑one level  
24               the mental health thing felt like a bit of a  
25               red ↑he:rr↓ing but ↑[you ↓know un↑fortunately  
26  (Milton):   [Mmmmm

27 Val: [Mmmm  
 28 John: what happens is ↑someone presents like this  
 29 ↑so:me (0.6) enth↑usiastic (0.6) °b- b-° ↑house  
 30 ↓officer puts them on an antidepressant and  
 31 ↑SUDDenly it's a psychiatric ↑problem

Val's report gives a clear account of what she feels PG needs (*Lines 1-3*). John's laugh (*Line 4*), overlapping Val's "who" (*Line 3*), may be seen as disaffiliative of Val's construction "I'm not sure who" (*Lines 2-3*), whilst simultaneously orientating to Val's identity as someone who could do what she is suggesting "needs" to be done. This interpretation is supported by her subsequent talk in which she can be seen to produce her social identity as someone who could "deal" (*Line 11*) with what is required, but inoculates herself against being solely accountability with "you know there are certain things that I wouldn't deal with in isolation" (*Lines 9 and 11*). The "you know" (*Line 9*) preface acts to signal to recipients that the subsequent information will be familiar to participants. Val's suggestion is formulated as a list in which she can be seen orientating to the normative three part structure previously highlighted: "what's happening at home" (*Lines 5-6*), what services are in on that (*Line 6*) what he can do what he can't do" (*Line 8*).

John's subsequent reporting from "I felt quite cross.." (*Line 20*) can be seen as acting to minimise the weighting given to the problem as mental health related. This report may be seen as constructed in a context that orientates to Val's prior assertion that "somebody somewhere" should look at problems that are cast as being primarily social in nature. John constructs himself as having "felt quite cross" (*Line 20*). It is

inferable, but not explicitly stated in his subsequent talk, “when I went to the ward” (*Line 20*), that John “felt quite cross” with the ward. Furthermore, he can be seen to initiate self repair after the word “they” (*Line 23*) so as not to be seen explicitly blaming the ward.

The use of “at one level” (*Lines 23-24*) can be seen as acting to minimise challenges of inconsistency in John’s accounts. It does so by opening up the possibility that at another level the “mental health thing” (*Line 24*) might not be a “red herring”. Use of the phrase “red herring” (*Line 25*) acts to warrant John having “felt quite cross” on grounds that he could have been misled into initially perceiving the problem as a “mental health thing”. Note how this usage of “mental health thing” is vaguer and colloquial compared with formulations in prior extracts. In this context, his reconstructed formulation can be seen to further downgrade its weighting in favour of Val’s assertion that social support is what is needed.

John’s attributes his being misled into perceiving the problem as a “mental health thing” in a report prefaced with “you know” (*Line 23*). This preface may be seen to set up his explanation as one reflecting a situation familiar for participants. The use of “some enthusiastic house officer” (*Line 29*) allows for inferences to be made about inexperience. This phrase is employed in the context of an analogy of a situation, constructed as “unfortunately” familiar to participants. It acts to attribute how PG’s needs have come to be seen as mental health related. Namely that it is inexperience when “someone presents like this” (*Line 28*) that leads to the prescription of an anti-depressant. John goes on to explain that the immediate inferences made from prescription lead to a state where “suddenly it’s a psychiatric problem” (*Line 31*).

Analysis of Extract 3.20 shows how John attempts to manage inconsistency. It shows John externally attributing responsibility for his understanding that PG's primary problems were mental health related. It is this variability that is of particular interest, since it is to be expected where case descriptions are considered as situated interactional achievements designed to perform specific actions.

### **3.3 Summary**

To briefly summarise the analysis, the first sub-section may be seen as primarily concerned with explicating the orderliness of the talk as it is orientated to by participants. As well as systematically building a collection of cases to support the analytic claims, deviant cases are presented. These deviant cases are explained as threats to the orderliness of the interaction in the sense that they are shown to be understood and managed as such in the talk of participants. The second part of the analysis builds upon the work of the first, with the purpose of strengthening the argument for the orderliness of the interaction. In addition, this sub-section shows case descriptions operating as situated actions within extended sequences of talk. The claims here continue to be grounded in the understandings participants display in their next turn of talk. A comprehensive summary of the analysis follows in the 'Discussion' section.



## **4. DISCUSSION**

### **4.1 Chapter Overview**

This study examines the generation and utilisation of case descriptions within a Community Adult Mental Health Team (CMHT) allocations meeting. As a means of providing a context in which the results of analysis might be better understood, a brief overview of the Conversation Analytic perspective is provided.

The first part of the analysis is summarised as being specifically concerned with the form of the interaction. The second part of the analysis builds upon the claims made with regard to form, whilst also examining how case descriptions work within extended sequences of interaction. There follows discussion of the main themes arising from the results of the analysis. These themes include the orientated to orderliness of the interaction, talk as context, case descriptions as constructed in talk, case descriptions as action and variability.

Following discussion of the analysis, the wider clinical implications of this study are addressed with regard to the representation of clients in talk and reflexive practice. As they relate to Clinical Psychology, the implications of Conversation Analysis for practice and research and the notion of internal mental entities are discussed. Conversation analysis is then critically reviewed in relation to power, professional identities and the analysis of a single case. Finally, avenues for future research are highlighted.

## 4.2 The CA Perspective

Before summarising the analysis some of the central themes of a conversation analytic perspective will be recalled. An initial point to be made here relates to the notion of talk-in-interaction as a domain for social action. In short, people do things to each other when they talk (Wooffitt, 2001). What follows is a simple illustration of an utterance performing an action within the talk. “How are you?” may be seen as doing a greeting, and as such expects a response from the recipient. Conversation analytic literature states that in ordinary or mundane conversation, the expected response to the greeting would be “Fine” (Silverman, 1997).

A second issue for Conversation Analysis is that the ways in which people do things with their talk occur within an orderly interactional context. The illustrative example here displays greetings occurring in the context of adjacency pairs (Sacks, 1992).

These interactional patterns are repeatedly both orientated-to and reproduced by interactants. Deviations from the interactional order create observable trouble with a sequence of interaction. Take this example:

Extract 4.1 (Garfinkel, 1967; p44):

- 1 S: How are you?
- 2 E: How am I in regard to what? My health, my finances,
- 3 my school work, my peace of mind, my...
- 4 S: (*Red in the face and suddenly out of control*)
- 5 Look! I was just trying to be polite. Frankly, I
- 6 don't give a damn how you are.

As can be observed in Lines 4-5, E's response (*Lines 2-3*) was unexpected in this case. It should be noted that this interactional sequence was manipulated by the researcher in order to find out what would happen where the structures of everyday activities, such as the greeting example given here, were disrupted.

Conversation Analytic research therefore seeks to uncover the orientated-to orderliness and purposive nature of the interaction. A good place to search for orderliness is at points where it appears to have been breached. The analytic task here is to explain how such breaches or trouble in the interaction are managed by participants. In this way analysis can show participants orientating to a recognisable speech exchange system. Sacks, Schegloff and Jefferson (1974) highlight the following with regard to conversation. Firstly that people take turns to talk. Secondly, only one speaker will generally talk at a time. Finally, this system of turn-taking provides for as minimal gap and overlap in conversation. It is reiterated therefore that the analytic concern is therefore not so much with what is produced in conversation, but how it was produced (Wooffitt, 2001)

#### **4.3 A Summary of the analysis**

The first part of this analysis was concerned with explicating the context in which descriptions of cases were generated and utilised. The notion of context from a Conversation Analytic perspective relates to the way in which participants build, invoke and manage it through the interaction. Hence, an analytic task is to show participants building context in and through talk (Heritage, 1997).

As a point of departure, the analysis shows a specialised system of turn taking observable in the data. One person, Sally, can be observed in the talk as the person who pre-allocates turns of talk. In addition, other participants to the interactions are shown as orientating to, hence reproducing in their talk, this aspect of her social identity.

Sequential analysis of Sally's openings and the subsequent pre-allocated description of cases helps to explain how Sally interactionally accomplished turn pre-allocation. Generally, Sally's allocating turn of talk was designed as a first part adjacency pair (Sacks, 1992). This first-part pair was oriented to as a request by participants, thereby producing the conditionally relevant second-part response. Again, cases that deviate from this general presentation were presented in the analysis in such a way that shows support for the orientated to nature of an observable specialised turn-taking arrangement. Examples include Sally reformulating her requests to better enable the expected response, participants seeking Sally's permission to speak at the opening of new topic talk and participants acknowledging in their talk interruption as interactionally sensitive business.

As has been said, a key concern for Conversation Analysis is with how participants do what they do with their talk. This rationing of turns of talk may be seen as one way in which the business of this meeting is achieved interactionally. This business, it is suggested, broadly includes the reading of referrals, allocation of clients to team members, reducing the waiting list, admissions and discharges, feedback from the ward and feedback from participants at the meeting.

Typical sections of interaction emerged in the talk after numerous hearings of the audio-tapes and readings of the transcription. Four sections were observed. During the first parts of such sections Sally can be seen to establish her identity as chairperson through the introduction of a new topic. The second part observable in these sections is the pre-allocated description of cases. In a third observable activity sequence, participants can be seen orientating to problems within the case description. The fourth part of these sections involves a closing.

An important part of this aspect of the analysis was the examination of instances where there appeared to be breaches or trouble in the interaction. Further support for a normative overall sectional structure comes from the analysis of instances where there are breaches to this observed orderliness. Analysis displays these breaches as interactionally managed by participants. In doing so it displays the orientation of participants to an overall structural order in the interaction.

The specific concern of this study is with the generation and utilisation of case descriptions in talk. The second half of the analysis may be summarised as doing two things. Firstly, it builds upon the claims made regarding the interactional context in which case descriptions are generated and utilised. It does this by working through extended sequences of client talk. The building of a collection of sequences to illuminate this and other points, whilst not intended to be seen quantitatively, is intended to add strength to the various analytic points being argued. Secondly, this part of the analysis shows case descriptions as co-constructed by participants and the work they accomplish within a sequence of interaction. There is an emphasis upon the variability between accounts as these extended interactional sequences unfold.

#### **4.4 Discussion of the main themes arising from the data**

##### ***4.4.1 The orientated to orderliness of the interaction***

Firstly, the form of the interaction will be discussed in relation to the observation that this was a specialised, orderly form of interaction. It is through explicating this that the context in which case descriptions are generated and utilised becomes visible.

Context may be seen as an ongoing project, produced and maintained in interaction by participants, making certain contributions allowable and others not so. In relation to the various ways in which individual cases are constructed, Crepeau (1993) argues that the form such meetings take acts to constrict the way in which the meaning of illness is talked into being. This study goes beyond definitions and meanings of illness, examining more generally how clients come to be represented within sequences of talk and the contexted actions these representations perform. The fact that a specialised form of turn taking is observable in the data, orientated to by participants, has implications for both when clients can be represented in talk and by whom. In this respect, the generation and utilisation of case descriptions may be seen as constrained by the rationing of turns of talk.

In addition to the impact of an observable specialised turn taking procedure, the overall structural form of the interaction was shown in analysis to consist of action sequences composed of four typical sections. In conversation analytic terms this observable pattern should not be regarded as the uncovering of a fixed representation of how this particular Community Mental Health team meeting is structured. It is reiterated that the participants may be seen as co-constructing, or doing the meeting interactionally on a turn by turn basis. In this sense the form of the meeting may be regarded as an ongoing interactional achievement, rather than some sort of pre-

scripted reality. What this aspect of the analysis presents is a micro-analysis of how participants accomplish a meeting through and within their talk. Related specifically to case descriptions, analysis uncovers an interactional context which impacts upon both their generation and utilisation.

#### ***4.4.2 Talk as context***

It has been highlighted above that the conversation analytic approach taken in this study perceives the interaction as context. This notion of context, it will be argued, differs from that of much previous research examining case representations within health care settings. Whilst the literature reviewed takes a broadly similar perspective to the current study of language as constructive and action orientated, in these studies context is presented as container-like. Examples are presented below in which pre-existing factors such as treatment availability, knowledge, training and medical dominance provide for various contexts, which it is assumed impact upon the options for representation open to participants. For instance, Byrd (1981) argues that that institutional factors, such as treatment availability, impact upon how staff classify patients. Opie (1997) talks of the possibilities and constraints on team narratives made available through the different knowledge bases. Soyland (1994), with reference to case summaries, talks of an enrolment process into mental health disciplines impacting upon the way in which its new members learn to speak. One part of Griffith's (1997) argument is that where a psychiatrist was actively involved in CMHT meetings, the seriously mental ill category was constructed more inclusively than in a team where the psychiatrist was less actively involved. The above literature, it is argued, treats concepts such as knowledge, training and psychiatric dominance as external factors that impact upon the content of the talk. The current study takes the

perspective that such things are co-constructed in talk by participants to do things. They are regarded as situated actions and in this sense it is the talk may be seen as context in which they occur. Hence case descriptions in this study are shown as being constructed within specific interactional contexts. Interactants can be observed in the interaction orientating to the previous turn of in their construction of descriptions. Whilst the above discussion highlights an important difference between this study and the literature previously reviewed, certain commonalities will now be attended to.

#### ***4.4.3 Case descriptions as constructed in talk***

Byrd (1981) observed most studies, in which mental health classification features, treat these categories as stable entities. A dominant theme that emerged from analysis of data in this study was of case descriptions as constructed and purposive. In this respect the current study presents conclusions in harmony with literature highlighted previously. For example, Byrd (1981) shows the ways in which clients are classified to be an integrative and goal orientated team endeavour. In addition, Griffiths (1997) shows case descriptions constructed differently between CMHT's to do different institutional business. Opie (1997) talks of different representations being produced through the interactive process. Furthermore, Crepeau (1994) sees client problems as produced by the interpretive actions of the team, rather than being objects which can be neutrally represented through language. With reference to the current findings, case descriptions may be seen as constitutive of the objects they refer to, rather than neutrally reflective of them.



#### **4.4.4 *Descriptions as actions***

As previously introduced research has shown, representing clients in certain ways foregrounds certain actions and restricts the possibility of others (Good, 1994; Buckholdt and Gubrium, 1983). Griffiths and Hughes (1994) show how evaluations of clients internal state, in this case motivation, are built into accounts to perform observable actions. Analysis in this study displays a variety of actions being performed through case descriptions. Included amongst the observable ways in which interactants perform actions are the construction of accounts as factual thereby privileging one account over another, attributing within the client the difficulties they present for allocation, building consensus to warrant a particular account, constructing vagueness, inoculating against charges of self interest and displaying accountability. The action orientated nature of descriptions as a context specific achievement can be seen as related to another theme arising from this study; variability.

#### **4.4.5 *Variability***

As previously highlighted, a commonality between this study and previous research looking broadly at the issue of case construction is the view of language as a means of performing social actions. A further main theme emerging from the data here is variability in the ways clients come to be represented. Parker (1997) states that traditional psychological explanation searches for “an underlying consistency of response, or a set of items on a questionnaire or test that cohere, or for a parsimony of explanation” (p289). Broadly speaking, discourse analytic approaches view variability as a focus point. Gubrium and Buckholdt (1982) show how the ongoing construction of a case description in talk reveals within it the business of the institution. Similarly, for example, this study reveals the business of allocation being

transacted through case description talk. The variability of descriptions is explicable in terms of their generation being goal directed. For example, case descriptions in this study are shown as designed to allocate cases, refuse the allocation of cases, make attributions, position accountability and so on.

Analysis attends to the variability of descriptions across sequences of interaction about a case. It seeks to explain how a description is designed to perform certain actions by privileging the recipient's own analysis of the previous turn of talk. The contention is that case descriptions are unique, context specific interactional achievements designed within the talk to do things. Descriptions are presented here as contexted social actions performed through and within interaction. The context specific nature of case descriptions, as seen in this study, leads to a conclusion that the variability of descriptions across a sequence of talk about a client is expectable.

## **4.5 Clinical implications**

### ***4.5.1 Representing clients in talk***

In presenting an argument demonstrative of talk-in-interaction as purposive, the issue of how clients are represented within it becomes clinically relevant. To state this more clearly, these actions may be seen as consequential for clients. For example, in the current study we see descriptions as context-specific interactional ways of attempting to achieve attributions, refusals, management of self-interest and accountability and so on. We see participants in the meetings using conversational devices such as systematic vagueness, factual statements, three-part lists and so on in specific contexts to warrant their positions at that particular juncture. The point here is that by following through such sequences of interaction about clients one can see

that these ways of representing, within an orderly interactional context, have implications for the way in which a team responds. As has been argued, representations of clients as viewed in interaction are orientated-to productions, which are designed to do something for recipients. The business of the team in the current study is not revealed in their talk to be the constructive and purposive nature of case descriptions. This is an issue not orientated to by the participants to the meeting under scrutiny. As Crepeau (2000) has stated, the significance of this issue may go largely unrecognised. Section 4.5.2 looks at how encouraging a more reflexive approach could have implications for clinical practice.

#### **4.5.2 *Reflexivity***

One implication of studies which broadly view language in the way the current study does is that they can be used to engender a more reflexive approach. Sacks (1992) commented that even in beginning an analysis of language as a form of social action things can often appear to be happening faster than people could possibly think about them. The point of this research is not to deny that there are internal mechanisms implicated in interaction, but to deal with that which is directly observable. It is in this sense that the empirical nature of the Conversation Analytic approach might be understood. More specifically, it is recipients understandings of prior turns of talk, which they reveal in the construction of their following turn, which inform the analysis.

The feedback to teams of research which takes the perspective that case descriptions are co-constructed and purposive in interaction, such as that reported by Marks (1993), presents a competing version to that of case definitions as merely neutral

reflections of the state of things. Such feedback draws attention to the consequential nature of language. As regards this study feedback and dissemination could enable wider consideration by mental health professional of how case descriptions are generated and utilised. As Opie (1997) suggests, it would be by no means impossible for teams to attend to consequential nature of representational practices as part of a case discussion.

## **4.6 Implications for Clinical Psychology**

### ***4.6.1 Conversation Analysis, Practice, and Research***

The scope of the literature reviewed in this study was intentionally restricted to studies that broadly presented representations of clients in language as co-constructed, action orientated and variable. Most of the studies could be seen as similar in that they were carried out in health care settings. This selectivity was a means of highlighting the idea of the multi-disciplinary meeting as a unique interactional accomplishment by participants. It is reiterated however that participants in these situations are shown to adapt what may be viewed as the foundational aspects of everyday talk as a means of achieving the meeting (Wooffitt, 1992). An example of such an adaptation observed in this study would be the special turn-taking arrangements and turn-taking pre-allocation.

Of course, there is no reason why the literature reviewed should not have included Conversation Analytic studies, which focussed upon talk in a variety of institutional settings. After all, the concerns of Conversation Analysis are with talk-in-interaction, on a turn by turn basis, as a constructive and action orientated endeavour. The point being made here is that the implications of the Conversation Analytic perspective for

Clinical Psychology adopted in this study stretch further than multi-disciplinary team meetings. For example, recently Madill et al (2001) examined the potential for Conversation Analysis of psychotherapy. This study claims a strength of this approach is the way in which it demonstrates how psychotherapy gets done interactionally. From the Conversation Analytic perspective, it is argued that the psychotherapeutic interaction is a co-constructed production, orientated-to on a turn by turn basis by both by therapist and client. Mechanisms such as projection and denial become rhetorical devices which the therapist draws upon in certain interactional contexts. The analysis highlights trouble in this interaction; the interaction itself being constitutive of a psychotherapy encounter, which is characterised as unsuccessful.

Taking a wider perspective, the Conversation Analytic perspective could provide useful insights into how organisations function, such as has been attempted in the current study. Potter and Wetherall (1987) highlight the fact that people express opinions about, for example, the future of the National Health Service, this though the NHS is an abstract concept which cannot be visualised by individuals as a discrete object. Attention to language as contextualised and constructive could illuminate the ways in which, for example, specific policy decisions are accomplished through talk-in-interaction.

The implications for Clinical Psychology of research from a Conversation Analytic perspective may be seen as more wide reaching where one considers the centrality of internal states such as cognitions and beliefs to the profession.

#### ***4.6.2 Internal states and language as social action***

The previously introduced work of Potter and Wetherall (1987) and Edwards and Potter (1992) concerns itself with discourse as the topic of research rather than it being a passive medium through which facts about internal worlds such as attitudes, beliefs and cognitions can be accessed. Simply stated the focus is upon what people do with their talk as opposed to using talk as a route to what goes on in their minds. This perspective should not be taken as a denial of inner mental existence, but rather as an empirically sound means of tracking in talk such constructs in action (Potter and Wetherall, 1995). An example from the current study of the work mental constructs can be called upon to do in interaction relates to fact construction and the way in which statements can be seen as progressively modalised along a continuum. At one end statements have been observed as highly contingent upon mental processes, at the other are presented as statements of fact (see Latour and Woolgar, 1986). It is reiterated that the actions these constructions perform should be understood within the interactional contexts in which they occur. Vague formulations, contingent upon mental processes, can be observed in certain interactional contexts as providing a foundation for specific inferences. In other contexts, statements designed in a way which present them as similarly contingent can set up the possibility for their easy undermining (Edwards and Potter, 1992). Viewing language in this way the research focus on internal mental states shifts from that which is assumed to that which can be observed. For example, whereas traditional cognitive research may require of the reader an acceptance that cognitions exist, even though they are not directly observable, studies from a Conversation Analytic perspective would aim to show 'cognitive talk' as situated action observable in talk.

## **4.7 Critical review**

### **4.7.1 *Power and Conversation Analysis***

Parker's (1997) discursive psychology acknowledges external realities such as power and oppression, however remains wary of the notion that human systems can be objectively researched as though closed and controllable. Parker et al (1995) concede the understandings and practices they argue for are considered, from their political perspective of discourse, tactically better than others. Such an analysis of discourse presents several problems for a Conversation Analytic perspective. These difficulties will be highlighted through a critique of the Griffiths (1997) study in which a number of a priori assumptions are visible. Through the presentation of a comparison between two differently constituted teams there is an implicit assumption that different institutional contexts will impact upon the ways in which clients are represented. A further assumption made within Griffiths (1997) study is of the variable of influence being medical dominance within CMHT's. Arguably, describing the utility of the findings in this study as providing "opportunities for resistance and subversion" (p60) to medical dominance reveals something of the a priori stance on the part of the researcher. That is to say, it is implied that medical dominance is in some way undesirable, and that this state of affairs be changed through different ways of constituting the team.

The analytic perspective employed in the current study allows for a different reading of case descriptions as constructive and purposive. Issues such as power, authority, oppression are not treated as environments which impress themselves in various ways upon the interaction. As Heritage (1997) has indicated: "The assumption is that it is fundamentally through interaction that context is built, invoked and managed, and it is

through interaction that institutional imperatives originating from outside the interaction are evidenced and made real and enforceable for the participants” (p163). From a Conversation Analytic perspective the question of power, for example, only becomes relevant as it emerges within structured sequences of the talk and is orientated to by participants.

This assumption of context being a project of participants, and power being made relevant as a members’ concern, is explained further with reference to the current study. For example, Milton’s social identity, as someone who ‘does’ authority, may be seen as initially revealed in the way his numerous interjections are orientated to by participants as trouble for the orderliness of this interaction as a meeting. Just as Heritage (1997) describes participants managing the context through talk, in the current study we can see specific contributions from Milton being orientated to by participants as breaches in the interaction and subsequently repaired by them. It is further argued that Milton’s authority or power is revealed in way participants manage these breaches to the interactional context. For example, we see laughter used as a means of disaffiliating the complainant from their criticism, functioning so as not to make Milton directly accountable for troubles in the interaction. However, caution should be applied in considering such conclusions. These are tentative and are presented to illustrate how Conversation Analysis might deal with wider social issues.

#### ***4.7.2 Professional identities***

The way in which the study deals with professional identity raises similar issues to those highlighted in sub-section 4.7.1. Professional identity in this study, as with other categories, is considered a contexted interactional achievement, co-constructed



on a turn by turn basis. Hence the professions of interactants were not listed in the transcriptions. The rationale behind not labelling extracts using a speaker's professional identity was such an approach could lead the labelled talk to be analysed as representative of psychologist talk, psychiatrist talk, nurse talk and so on. As Wooffitt (1992) comments: "The use of broad categories to define the character of an interaction, prior to any detailed empirical analysis, may distort the very features of the data in which the analyst is interested" (p63). To label professional identity in extracts and transcriptions therefore may have revealed more about the a priori expectations of the analyst than how interactants produce a variety of social identities in the course of the interaction. Claims that turns of talk were designed for an occupational therapy, social work or CPN receipt were supported in so much as they were orientated to as such by the next speaker. This was one way in which the interactants could be observably doing professional identity through talk. Specific to concerns of this study, issues of professional identity were relevant in this study in so much as they could be demonstrated to be consequential for the generation and utilisation of case descriptions.

#### **4.7.3 *Single case***

A further criticism of this study could relate to the reliance upon data from a single Community Adult Mental Health multi-disciplinary team meeting. This criticism might be founded in an understanding that Conversation Analysis is interested solely in finding recursive features in large collections of data. One might therefore ask what does the current analysis tell us about how case descriptions are generated and utilised outside of this meeting? This meeting did after all take place at a specific time and was uniquely constituted. This criticism is certainly valid, but also risks

missing the insights the single case approach offers. The single case approach enables rigorous examination of more substantial sequences of data (Hutchby and Wooffitt, 1998), such as those presented in this study. Examining at a micro-level the interaction from this perspective enables language to be viewed as constructive and action orientated over extended sequences.

The key here is in the weighting given to the inductive and deductive approaches to the data. For example, studies which show orientated-to orderliness in everyday conversation (e.g. Sacks, Schegloff and Jefferson, 1974; Jefferson, 1989) were not treated as templates which could then be applied unquestioningly to make sense of the data. Such studies give a guide to the orientated-to orderliness of talk-in-interaction. However, the task for analysis in the current study was to show how participants orientate to a specific orderliness in the interaction, which was constitutive of the meeting itself. Analysis shows how participants adapt these previously observed normative patterns of talk-in-interaction to accomplish specific business and in doing so further demonstrate the orderly nature of their conversation as meeting-type talk. This single case analysis does allow for the building of a collection of cases to support claims of a specific interactional order within which case descriptions are generated and utilised. The analysis of each subsequent sequence is intended to build upon the claims made previously in an attempt to present an ever more persuasive and coherent argument. Within these observable, orderly sequences of interaction, turns of talk are designed and words chosen that enable case descriptions to be utilised in context specific ways.

#### **4.8 Limitations / Future Research**

A potential limitation of this research is the extent to which the findings can be used to enable an understanding of other such meetings. A factor such as the audiotaping of the meeting in this study is clearly orientated to as consequential by participants in their talk, hence revealing atypical institutional business. Even where it is accepted that this particular meeting may have been largely 'typical', one would have to be extremely cautious as regards extrapolating from these findings given that the data is derived from a single meeting audiotaped in one setting.

The use of gendered pseudonyms in this study has been explained as a means of representing the talk as it occurred as faithfully as possible in the transcript.

However, it could be argued that labelling sequences of talk using gendered pseudonyms in the transcript provides the reader with information prior to gender being made relevant as the concern of participants in their talk. This is potentially problematic since the reader, being in receipt of such information, may draw conclusions that go beyond the talk. This potential problem could be addressed through the use of initials to label each participant's extract of talk. In this way the gender of participants would not have been alluded to prior to the presentation of a sequence of talk in the transcript.

A further possible limitation of this study relates to viewing the Conversation Analytic perspective as objectively revealing the constructive and functional nature of language. The assumptions and insights of the Conversational Analytic perspective, it could be argued, cannot be extricated from language itself. In this sense one could regard Conversation Analysis as a specialised meta-language itself constructed and

utilised itself to present an argument for talk-in-interaction as constitutive and purposive. Caution should perhaps be exercised with regard to viewing the Conversation Analytic researcher as neutral or objective and, as such, it bears repeating that there is no non-discursive discourse with which to carry out non-action orientated description (Edwards and Potter, 1992).

A suggestion for future research arising from this study would entail a broader examination of Community Mental health team meetings from a Conversation Analytic perspective. The current study has shown how this approach can be applied broadly to such data. However, a more inductive approach could be useful in explaining how participants accomplish Community Mental Health Team meetings interactionally and how case descriptions are generated and utilised within this context. The current study does attempt to demonstrate this, and it is important to reiterate that each case description should be regarded as a unique and contexted interactional achievement. However, analysis of a larger data set was beyond the remit of this study. Therefore future studies could focus upon the more micro-aspects revealed in the current study, for example openings and closings in case discussions.

Future studies could also look towards building upon the claims of this study which shows the way in which mental health professionals construct cases in interaction is consequential in terms of the inferences made and the subsequent actions people perform. Such representations may be seen as ultimately consequential for the individuals being constituted in interaction. It is in this respect such research may be argued to have clinical relevance.

## REFERENCES

- Atkinson, J.M. and Drew, P. (1979) *Order in Court, the Organisation of Verbal Interaction in Judicial Settings*, London, MacMillan
- Atkinson, J.M. and Heritage, J.C. (Eds.) (1984) *Structures of Social Action: Studies in Conversation Analysis*, Cambridge, Cambridge University Press
- Atkinson, P. (1994) Rhetoric as skill in a Medical Setting. In M. Bloor and P. Taraborrelli (Eds.), *Qualitative studies in Health Medicine*, Aldershot, Avebury
- Atkinson, P. (1995) *Medical Talk and Medical Work: The Liturgy of the Clinic*, London, Sage
- Barrett, R.J. (1988) Clinical writing and documentary construction of schizophrenia, *Culture, Medicine and Psychiatry*, 12, 265-299
- Billig, M. (1987) Arguing and Thinking: A Rhetorical Approach to Social Psychology, *European Journal of Social Psychology*, 15, 79-103
- British Psychological Society (1996) *Code of conduct, Ethical principles and Guidelines*, Leicester, British Psychological Society
- Buckholdt, D. and Gubrium, J.F. (1979) Doing staffings, *Human Organisations*, 38, 255-264
- Buckholdt, D. and Gubrium, J.F. (1983) Practicing accountability in human service institutions, *Urban Life*, 12, 249-268
- Burr, V. (1995) *An Introduction to Social Constructionism*, London, Routledge
- Byrd, D. (1981) *Organisational constraints on psychiatric treatment: The out-patient clinic*, Greenwich, Connecticut, Aijai Press Inc.
- Carter, M.F., Crosby, C., Warner, A., Geertshuis, S.A. and Collis, A. (1995) *The all-Wales community mental health team survey: Final report*, University of Wales, Bangor, Health Services Research Unit
- Clark, P. (1994) Social, professional and educational values on the interdisciplinary team: implications for gerontological and geriatric education, *Educational Gerontology*, 20, 53-61
- Clift, R. (2001) Meaning in Interaction: The case of 'actually', *Language*, 77(2), 245-291
- Crepeau, E.B. (1994) Three images of interdisciplinary team meetings, *American Journal of Occupational Therapy*, 48(8), 717-722
- Crepeau, E.B. (2000) Reconstructing Gloria: A narrative analysis of team meetings, *Qualitative Health Research*, 10(6), 766-787

Department of Health (2002) *Mental Health Policy Implementation Guide: Community Mental Health Teams*, London, Department of Health

Drew, P. and Heritage, J. (Eds.) (1992) *Talk at work: Interaction in Institutional settings*, Cambridge, Cambridge University Press

Drew, P. and Holt, E. (1989) Complainable matters: the use of idiomatic expressions in making complaints, *Social Problems*, 35, 501-520

Edwards, D. (1997) *Discourse and cognition*, London, Sage

Edwards, D. and Potter, J. (1992) *Discursive Psychology*, London, Sage

Filson, P. and Kenrick, T. (1997) Survey of roles of community psychiatric nurse and occupational therapists, *Psychiatric Bulletin*, 21(2), 70-73

Galvin, S.W. and McCarthy, S. (1994) Multidisciplinary community teams: clinging to the wreckage, *Journal of Mental Health*, 3, 157-166

Garfinkel, H. (1967) *Studies in ethnomethodology*, Englewood Cliffs, Prentice-Hall

Gergen, K. (1985) The social constructionist movement in modern psychology, *American Psychologist*, 40, 266-275

Gergen, K. (1994) *Realities and Relationships: soundings in social constructionism*, Cambridge Mass., Harvard University Press

Gilbert, G.N. and Mulkay, M. (1984) *Opening pandora's box: A sociological analysis of scientist's discourse*, Cambridge, Cambridge University Press

Gill, R. (1996) Discourse Analysis: Practical implementation. In J.T.E. Richardson (Ed.), *Handbook on Qualitative Research Methods for Psychology and the Social Sciences*, Leicester, British Psychological Society

Glenn, P.J. (1994) Laughing at and Laughing with: Negotiation of participant alignments through conversational laughter. In P. ten Have and G. Psathas (Eds.), *Situated Order in the social organisation of talk and embodied activities (pp43-56)*, Washington DC, University Press of America

Goldberg, D. and Huxley, P. (1992) *Common mental disorders*, London, Routledge

Good, B. (1994) *Medicine, rationality and experience: An anthropological perspective*, New York, Cambridge University Press

Green, G. (2000) Discourse particles in NLP, *Available online at* <http://www.cogsci.uiuc.edu/restaurantfinder>.

Griffiths, L. (1997) Accomplishing team: teamwork and categorisation in two community mental health teams, *Sociological Review*, 59-78

- Griffiths, L. and Hughes, D. (1994) "Innocent parties" and "disheartening experiences": Natural rhetorics in neuro-rehabilitation admission conferences, *Qualitative Health Research*, 4(4), 385-410
- Gubrium, J.F. and Buckholdt, D.R. (1982) *Describing care: Image and practice in rehabilitation*, Cambridge MA, Oelgeschlager, Gunn and Hain
- Heritage, J. (1984) *Garfinkel and Ethnomethodology*, Cambridge, Polity
- Heritage, J. (1997) Conversation analysis and institutional talk. In D. Silverman (Ed.), *Qualitative Research: Theory, method and practice (pp161-182)*, London, Sage
- Heritage, J. and Greenbatch, D. (1991) On the institutional character of institutional talk: the case of new interviews. In D. Boden and D.H. Zimmerman (Eds.), *Talk and Social Structure: Studies in Ethnomethodology and Conversation Analysis (93-137)*, Berkley, University of California Press
- Health Service Research Unit (1996) A survey of community mental health teams in Scotland, *Unit Report No.17*, Aberdeen, University of Aberdeen
- Horton-Salway, M. (2001) The construction of M.E.: The discursive action model. In M. Wetherall, S. Taylor and S.J. Yates, *Discourse as data: A guide for analysis (pp147-188)*, London, Sage
- Hutchby, I. and Woofitt, R. (1998) *Conversation Analysis*, Cambridge, Polity
- Jefferson, G. (1983) Notes on some orderliness of overlap onset, *Tilburg Papers in Language and Literature No.28*, Department of Linguistics, Tilburg University
- Jefferson, G. (1985) An exercise in the transcription and analysis of laughter. In T.A. van Dijk (Ed.), *Handbook of discourse analysis, Vol 3 (pp25-34)*, London Academic Press
- Jefferson (1989) Preliminary notes on a possible metric which provides for a "standard maximum" silence of approximately one second in conversation. In D. Roger and P. Bull (Eds.), *Conversation with an interdisciplinary perspective (pp166-196)*, Clevedon, Multi-lingual matters,
- Jucker, A.H. (1993) The discourse marker 'well': A relevance theoretical account, *Journal of Pragmatics*, 19, 435-452
- Knapp, M., Beecham, J., Koutsogeorgopoulou, V., Hallam, A., Fenyo, A., Marks, I.M. et al (1994) Service use and costs of home-based versus hospital-based care for people with serious mental illness, *British Journal of Psychiatry*, 165, 195-203
- Latour, B. and Woolgar, S. (1986) *Laboratory Life: the social construction of scientific facts (2<sup>nd</sup> Ed)*, Princeton NJ, University Press
- Lepper, G. (2000) *Categories in Text and Talk*, London, Sage

- Lincoln, Y.S. and Guba, E.G. (1995) *Naturalistic Inquiry*, Beverly Hills CA, Sage
- Madill, A., Jordan, A. and Shirley, C. (2000) Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies, *British Journal of Psychology*, 91, 1-20
- Madill, A., Widdecombe, S. and Barkham, M. (2001) The Potential of Conversation Analysis for Psychotherapy Research, *The Counselling Psychologist*, 29(3), 413-434
- Marks, D. (1993) Case conference analysis and action research. In E. Burman, I. Parker (Eds.) *Discourse analytic research: Repertoires and readings of texts in action (pp135-154)*, London, Routledge
- Marks, I.M., Connolly, M., Muijen, B., Audini, M., McNamee, G and Lawrence, R.E. (1994) Home-based versus hospital-based treatment for people with serious mental illness, *British Journal of Psychiatry*, 165, 179-194
- Muijen, M., Marks, I., Connolly, J. and Audini, B. (1992) Home-based and standard hospital care for patients with severe mental illness: a randomised control trial, *British Medical Journal*, 304(6829), 749-754
- Myerhoff, B. and Ruby, J. (1982) Introduction. In J. Ruby (Ed.), *A crack in the mirror: Reflexive perspectives in anthropology (pp1-35)*, Philadelphia, University of Pennsylvania Press
- Norman, I., Peck, E. and Richards, H. (1998) *Inter-professional working in adult community mental health services: setting a positive agenda*, London, Kings Fund and CMHSD.
- O'Connell, D.C. and Kowal, S (1994) Some current transcriptions systems for spoken discourse: a critical analysis, *Pragmatics*, 4, 81-107
- Onyett, S. and Ford, R. (1994) *Multi-disciplinary community team: where is the wreckage?*, *Journal of Mental Health*, 5, 47-55
- Onyett, S., Heppleston, T. and Bushnell, D. (1994) *The organisation and operation of community mental health teams in England: A national survey*, London, Sainsbury Centre for Mental Health
- Opie, A. (1997) Thinking teams thinking clients: issues of discourse and representations in the work of health care teams, *Sociology of Health and Illness*, 19(3), 259-280
- Parker, I. (1990) Real things: discourse, context and practice, *Philosophical Psychology*, 3(2), 227-233.
- Parker I., Georgaca, E., Harper, D., McLaughlin, T., and Stowell-Smith, M. (1995) *Deconstructing Psychopathology*, London, Sage.



- Parker (1997) Discursive psychology. In D. Fox and I. Prilleltensky (Eds.) *Critical psychology: An introduction* (pp284-298), London, Sage
- Patmore, C. and Weaver, T. (1991) Unnatural selection, *Health Services Journal*, 101(5273), 20-22
- Pels, D. (2000) Reflexivity: One Step Up, *Theory, Culture and Society*, 17(3), 1-25
- Pomerantz, A. and Fehr, B.J. (1997) Conversation Analysis: an approach to the study of social action as sense making practices. In T.A. van Dijk (Ed.), *Discourse Studies: a multi-disciplinary introduction* (pp64-91), London, Sage
- Potter (1988) What is reflexive about discourse analysis?: The case of reading readings. In S. Woolgar (Ed.), *Knowledge and reflexivity: New frontiers in the sociology of knowledge* (pp35-52), London, Sage
- Potter, J. (1996) Discourse Analysis and constructionist approaches: theoretical background. In J.T.E. Richardson (Ed.), *Handbook on Qualitative Research Methods for Psychology and the Social Sciences* (pp125-140), Leicester, British Psychological Society
- Potter, J. (1997) Discourse Analysis as a way of Analysing Naturally Occurring Talk. In D. Silverman (Ed.), *Qualitative Research: Theory, Method and Practice*, London, Sage
- Potter, J. (2001) Wittgenstien and Austin. In M. Wetherall, S. Taylor and S.J. Yates (Eds.), *Discourse Theory and Practice: A Reader* (pp39-46), London, Sage
- Potter, J. and Wetherall, M. (1987) *Discourse and Social Structure: Beyond Attitudes and Behaviour*, London, Sage
- Potter, J. and Wetherall, M. (1995) Discourse analysis. In J.A. Smith, R. Harre and Van Langenhove (Eds.) *Rethinking methods in psychology* (pp80-92), London, Sage
- Psathas, G. (1995) *Conversational Analysis: The study of talk-in-interaction*, London, Sage
- Psathas, G. and Anderson, T. (1990) The "practices" of transcription in conversation analysis, *Semiotica*, 78, 75-99
- Rosenfield, P. (1992) The potential of transdisciplinary research for sustaining and extending linkages between the health and social services, *Social Science and Medicine*, 35(11), 1343-57
- Sacks, H. (1984) Notes on methodology. In J.M. Atkinson and J. Heritage (Eds.), *Structures of social action: Studies in conversation analysis* (pp2-17), Cambridge, Cambridge University Press
- Sacks, H. (1989) Harvey Sacks: Lectures 1964-1965 (Ed. G. Jefferson), *Special Issue of Human Studies*, 12, 183-404

- Sacks, H. (1992) *Lectures on Conversation*, Oxford, Blackwell
- Sacks, H., Schegloff, E.A. and Jefferson, G. (1974) A simplest systematics for the organisation of turn-taking for conversation, *Language*, 50, 696-735
- Sainsbury Centre for Mental Health (1998) *Laying the Foundations: Choosing the Right Trust Configuration in the New NHS*, London, Sainsbury Centre for Mental Health
- Saltz, C. (1992) The interdisciplinary team in geriatric rehabilitation, *Geriatric Social Work Education*, 18(3/4), 133-143
- Sands, R. (1993) Can you overlap here?: A question for an interdisciplinary team, *Discourse Processes*, 16(4), 545-564
- Sayce, L., Craig, T. and Boardman, A. (1991) The development of community mental health centres in the UK, *Social Psychiatry and Psychiatric Epidemiology*, 26, 14-20
- Schegloff (1968) Sequencing in conversational openings, *American Anthropologist*, 70, 1075-1095
- Schegloff, E.A. (1992) Introduction to Volume 1. In H. Sacks *Lectures on Conversation*, Oxford, Blackwell
- Sharrock, W. and Anderson, B. (1987) Work flow in a paediatric clinic. In G. Button and J.R.E Lee (Eds.), *Talk and social organisation*, Clevedon, Multi-lingual matters
- Silverman, D. (1997) *Qualitative Research: Theory, Method and Practice*, London, Sage
- Soyland, A.J. (1994) Functions of the psychiatric case-summary, *Text* 14(1), 113-140
- Stainton-Rogers, R. (1991) *Explaining health and illness: An exploration of diversity*, New York, Harvester Wheatsheaf
- Stiles, W.B. (1993) Quality Control in Qualitative Research, *Clinical Psychology Review*, 13, 593-618
- Stringer, P. (1985) You decide what your title is to be and [read] write to that title, In D. Bannister (Ed.), *Issues and approaches to personal construct theory*, London, Academic Press
- Taylor (2001) Locating and conducting Discourse Analytic Research. In M. Wetherall, S. Taylor and S.J. Yates (Eds.) *Discourse as Data: A Guide for Analysis (pp311-330)*, London, Sage
- ten Have (1999) *Doing Conversation Analysis: A Practical Guide*, London, Sage

Terasaki, A. (1976) Pre-announcement sequences in conversation, *Social Sciences Working Paper 99*, University of California at Irvine

Tyrer, P., Evans, K., Gandhi, N., Lamont, A., Harrison-Read, P. and Johnson, T. (1998) Randomised control trial of two models of care for discharged psychiatric patients, *British Medical Journal*, 316(7125), 106-109

Watson, R. (1997) Some general reflections upon “categorisation” and “sequence” in the analysis of conversation. In S. Hester and P. Eglin (Eds.), *Culture in action: studies in membership categorisation analysis (pp49-76)*, Washington DC, University Press of America

Welsh Office (1989) *All Wales Mental Illness Strategy*, Cardiff, Welsh Office

Woofitt, R. (1992) *Telling tales of the unexpected: The organisation of factual discourse*, Hemel Hempstead, Harvester Wheatsheaf

Woofitt, R. (2001) Researching Psychic Practitioners: Conversation Analysis. In M. Wetherall, S. Taylor and S.J. Yates (Eds.), *Discourse as Data: A Guide for Analysis (pp49-92)*, London, Sage

Youseff, V. and Silverman, D. (1992) Normative expectations for medical talk, *Language and Communication*, 12(2), 123-131

**APPENDICES 1**  
**Participant consent form**

## PARTICIPANT CONSENT FORM

### **The generation and utilisation of case definitions within multi-disciplinary team meetings**

**The aim of this study is to explore how the varied professions within multi-disciplinary mental health meetings come to define cases. Naturally occurring talk within a multi-disciplinary team meeting will form the data for analysis. This will be collected by audio taping one such meeting. A key objective includes involving members of the multi-disciplinary team in feedback of the results. A benefit of this study is that it will enable space in which staff can reflect upon and critically appraise current practice.**

- I agree to take part in the above study as described above and discussed at the team meeting.
- I understand that I may withdraw from the study at time without justifying my decision.
- I understand all information arising from the study will be treated as confidential.
- I understand that medical research is covered for mishaps in the same way as for patients undergoing treatment in the NHS – i.e. compensation is only available if negligence occurs.
- I have had the chance to discuss details of the study with **Nic Bunker** and ask any questions. The nature of the study has been explained to me and I understand what taking part involves.

Signature of participant.....Date.....

I confirm I have explained the nature of the study to the participant

Signature of researcher.....Date.....

## **APPENDICES 2**

### **Letter confirming ethical approval**

Melanie Sursham  
Direct Dial 0116 258 8610

Gwendolen Road  
Leicester  
LE5 4QF

5 September 2001

Tel: 0116 2731173  
Fax: 0116 2588577  
DX 709470 Leicester 12

**Please quote Ethics Ref No 6358**

Mr N Bunker  
Trainee Clinical Psychologist  
10 Hobart Street  
Leicester

Dear Mr Bunker

**The generation and utilisation of case definitions within multi-disciplinary mental health settings**

Thank you for your letter of 13 August 2001 confirming that members of the MDT were happy to be included in the study and guaranteeing that all patient information will be regarded as confidential in line with the British Psychological Society's guidelines on research.

On behalf of the Leicestershire Research Ethics Committee, I have reviewed the information and approved that the Leicestershire side of this study can now proceed.

Your attention is drawn to the attached paper which reminds the researcher of information that needs to be observed when ethics committee approval is given.

Yours sincerely



**P G Rabey**  
**Chairman**  
**Leicestershire Research Ethics Committee**  
**(Signed under delegated authority)**

**APPENDICES 3**  
**Transcription symbols**



## TRANSCRIPTION SYMBOLS

(.5)	The number in brackets indicates a time gap in tenths of a second
(.)	A dot enclosed in a bracket indicates a pause in the talk of less than two tenths of a second.
.hh	A dot before an 'h' indicates speaker in-breath; the more 'h's', the longer the in breath.
hh	An 'h' indicates an out-breath; the more 'h's, the longer the out-breath.
(( ))	A description enclosed in a double bracket indicates a non-verbal activity, for example ((banging sound)).
-	A dash indicates the sharp cut-off of the prior word or sound.
:	Colons indicate that the speaker has stretched the preceding sound or letter. The more colons the greater the extent of the stretching.
( )	Empty parentheses indicate the presence of an unclear fragment on the tape.
(guess)	The words within a single bracket indicate the transcriber's best guess at an unclear fragment.
.	A full stop indicates a stopping fall in tone. It does not necessarily indicate the end of a sentence.
<u>Under</u>	Underlined fragments indicate speaker emphasis.
↑↓	Pointed arrows indicate a marked falling or rising intonational shift. They are placed immediately before the onset of the shift.
CAPITALS	With the exception of proper nouns, capital letters indicate a section of speech noticeably louder than that surrounding it.
° °	Degree signs are used to indicate that the talk they encompass is spoken noticeably quieter than the surrounding talk.
=	The equals sign indicates contiguous utterances.
[	Square brackets between adjacent lines of concurrent speech indicate the onset of a spate of overlapping talk.
[[	A double left-hand bracket indicates that speakers start a turn simultaneously.

(Woofit, 2001: pp62)

## REFERENCE

Woofit, R. (2001) Researching psychic practitioners: Conversation analysis. In M. Wetherall, S. Taylor and S.J. Yates (Eds.), *Discourse as data: A guide for analysis (pp49-93)*, London, Sage

**The generation and utilisation of case definitions within a multi-disciplinary  
mental health team meeting**

**Transcription**

**D. Clin. Psy Thesis submitted to  
The University of Leicester  
Centre for Applied Psychology – Clinical Section  
Faculty of Medicine  
In partial fulfilment of the degree of  
Doctor in Clinical Psychology**

**November 2002**

**Nic Bunker**

1                   ((*sound of rustling paper*))

2 Sally:       Ehmm (0.2) ↑are we starting with James White↓man (.) is that cle- is that ↓right (0.4)

3               I think it mm [could perhaps ↑be

4 Stella:                   [I   ↑think   ↓so

5               (0.6)

6 Stella:       ehm=

7 Sally:       =T's o↓kay

8               (0.4)

9 Stella:       I've got ↑it

10              (0.4)

11 Sally:       O↓kay

12              (3.2) ((*sound of rustling paper*))

13 Stella:       There's a letter from Dr Reve↓ley (.) and the degree of urgency is ↑urg↓ent (0.6) .hh

14              ↑dear team I would be grateful for your help with this ↑thirty five year old

gentleman who was referred to me by his probation officer (1.0) Mr Whiteman has a  
lo- (.) long history of substance abuse and is currently under the care of Phoenix  
House .hh he's been on propa- probation for about eighteen months and his  
probation officer Tony White has recently become concerned about his mental health  
.hh on talking to David myself he seems quite despondant and lacking in motivation  
.hh he requested admission to hospital to get away from everything (0.8) he tells  
me (now) 'ee has issues going back some twenty years which he feels have never been  
resolved (.) .hh what was worrying his probation officer was that he was expressing  
some suicidal ideation (0.2) although I'm not (0.4) sure how genuine this was (0.6)  
however I do feel he would benefit from psychotherapeutic input (0.2) in view of his  
current circumstances I am ((*banging sound*)) °reluctant to prescribe any additional  
medication .hh I would be very grateful if he could be assessed by the mental  
health team with a view to providing° some form of therapy in the future

(1.2)

29 Sally: Ok<sup>↑</sup>ay=

30 (Elsie): =h h h h ((*sniffs followed by barely audible whisper*))

31 Clark: Ss suppose[ it's whether to talk to [Tony <sup>↑</sup>White(0.4) before ass<sup>↑</sup>essment or <sup>↓</sup>not=

32 Sally: [ehm

33 Elsie: °[Uh Sally°

34 Milton: =Hum<sup>↑</sup>mm

35 (.)

36 Val: uh hu[gh huh ((*clears throat*))

37 Clark: [Just thinking about [how we're linking with

38 Stella: °[Yeah°

39 (0.6)

40 Stella: (-----)=

41 Clark: =(base [up north)

42 Stella: [good id<sup>↓</sup>ea=

43 Milton: =There's <sup>↑</sup>also an issue about GP's expectations that we provide th<sup>↑</sup>erap<sub>y</sub>  
 44 (0.4) ((*rustling papers*)) (and further issues ehm (0.4) say teams who do) (.) we don't  
 45 do <sup>↑</sup>that  
 46 (.)  
 47 Clark: Well esp[ecially with this particular pr<sup>↑</sup>a:ctice as w<sup>↑</sup>ell (.) °huh°  
 48 (Ron): [(I mean we've not the space)  
 49 (0.8) ((*sound of someone blowing nose*))  
 50 Sally: [[Well we <sup>↑</sup>do so:metimes and that's that diff[icul<sub>ty</sub><sup>↓</sup>  
 51 Milton: [[Mmm mm  
 52 Milton: [ny<sup>↑</sup>ehn °mm°  
 53 (0.2)  
 54 Clark: Yeah  
 55 (.)  
 56 Milton: [[Mmm

57 Sally: [[Anyway (.) eh::m (0.2) ↑can I go back to page ↓seven becau[se there's someone called  
58 George ↓Jones

59 Elsie: [Mmmm

60 (0.2)

61 Elsie: Mm [mm

62 Sally: [who I was offered an ass↑essment to (0.2) ehm (.) and he rang up to say that he'd  
63 been off ↑sick for a month and on ↑holiday .hh and just got ↓back and ↑really didn't  
64 want to take anymore time off ↓work (.) but he's available on Mon↓days (.) and I (.)  
65 can't offer an assessment ↓on Monday (0.2) so I said I'd bring it back to the ↑meeting  
66 and it would take ↑lo::nger and he said that was al↓right .hh but ↑I mean ih- it  
67 sounded (.) sort of fairly ↓reasonable actually whe[n I talked to him

68 Elsie: [Shall I re-read ↓that=

69 Sally: =Yes ↓please

70 (.)

71 Elsie: Dear team this fi:fty five year old chap used to be under the care of Dr Fellows  
 72 .hh for anxiety and depression in nineteen ninety t- ninety fou:r (.) .hh and then Dr  
 73 Galton in ninety seven (.) .hh he continues to have depression and panic attacks  
 74 (.) .hh he impro:ved considerably after (0.6) Mer ter zapa (0.4) uh huh ((*laughing*))  
 75 g[o on  
 76 John: [Metazapine=  
 77 Elsie: =Thank you .hh forty five milligrams (.) .hh and err and diazepam two milligrams TDS  
 78 (.) .hh with intermittent zopiclone (.) seven point five milligrams nocte (.) .hh  
 79 although by most people's standards he is still extremely anxious (.) .hh he says  
 80 he has had the best response (0.2) to mer ter za (.) pine err (0.2) he has had huh  
 81 c[an't sayt  
 82 John: [Zis::pin  
 83 (.)  
 84 Elsie: Zispin (.) nah that warr it sez that (.) OH WE- that's sispin is it



85                   (.)

86 John:       [Yeh]

87 Elsie:       [ohr]ight thank you .hh=

88 John:       =It's easi↓er

89                   (.)

90 Elsie:       Right (.) that he has had compared to ↑other anti depressants in the ↓past (.) .hh I

91 am un↑able to get him ↑any ↓b:etter (0.6) and wondered if be↑havioural therap↓y or

92 anxiety management might be an ↑option I should be grateful if you would ass↑ess ↓him

93 (0.2) but there's nothing abou:t (.) his past history (0.4) what that's ab↑ou::t (.)

94 so we could (.) have we e- requested (.) previous ↑nu:rtes on him at ↓all (0.6) so we

95 need to do that don't we as ↓well

96                   (3.2) ((*rustling papers*))

97 Sally:       Ok↓a↑:y ehm (1.2) ((*rustling papers*)) where does that take us a ↑Janine ↓Parr

98                   (0.4) ((*loud banging sound*))

99 Stella: [[Yeh we've got that one

100 Sally: [[back on page ni:↑:ne

101 (0.2)

102 Stella: hguh hguh ((clears throat)) well ↑that's from Dr ↓Slu::man (1.0) err ↑dear ↓team I

103 would be grateful for your assessment of the this ↑fifty one year old lad↓y

104 (.) ((sounds of rustling paper)) who has recently moved to the area from West ↑Heath

105 (0.4) she had a ↑number of prob↓lems throughout her ↓life she was m- ↑previously

106 married for twenty six years to someone who was alcoholic and abus↓ive (.) .hh he

107 ↑sexually abused both her ↑mother and her ↑dau:ght↓er

108 (.)

109 Sally: Oh=

110 Stella: =she ↑left him and received treatment and c↑ounselling from the mental health team in

111 ↑Leices↓ter .hh the next partner ↓died of a ↑heart attack while in a car causing a

112 ↑car crash

113                    (.)

114    Elsie:       °Ooh°=

115    Stella:     =the most ↑recent partner committed ↑suicide in Aug↓ust (.) this year (.) .hh there's

116                recently been (.) the inquest reg↑arding ↓this (0.4) in the past she's received

117                treatment for dep↑ress↓ion this has included ↑medication and also admissions at

118                ti:↓mes (.) .hh at present she described herself as feeling ↑wiped ↓out but not

119                particularly dep↑ressed .hh she's ↑sleeping a ↑fe:w hours at a time and is finding it

120                difficult to ↑concentr↓ate (0.2) her appetite was red↓uced but is now starting to

121                inc↑rease ↓again (.) .hh she ↑just enjoys some activities such as walking her ↑dog

122                a:nd she is starting to enjoy her new house and ↑gar↓den (.) .hh she prefers to stay

123                with↑in the house and not (meet) new people ar↑ound (.) .hh she is not working at

124                ↓pres↑ent (.) her ↑daughter and mother live in the ↑Leicester ar↓ea and she sees and

125                contacts them almost ↑dail↓y=

126 Milton: =Stella (.) it coul[d be pointed out that she lives in ↑Roth↓ley

127 Elsie: [She's 'ves in Roth↓ley mmm (0.6) she's not

128 ↑ou:rs

129 (0.4)

130 Stella: I'll stop ↑the:re then=

131 Milton: =↑Seeing as how i[t's a long one n all this huh ((*laughing*))

132 Sally: [O::h no::

133 (0.2)

134 Stella: That was a gr↑im letter as well w[↑an't ↓it=

135 Milton: [It was

136 Clark: =W[as it a lo]ng ↓lett↑er

137 Elsie: [Mmmmmmmmmmm]

138 (.)

139 Elsie: °that's: trag[ic°

140 Stella: [I've noh really ↑finished it but er=  
 141 Milton: =Oh I thought ↓you'd I thought I could see there was ↓another pa↑:ge  
 142 f[or instance °that you°  
 143 Stella: [Ye::s only a little bit=  
 144 Elsie: =Mmmm=  
 145 Clark: =Ugh huh huh ((*coughing*))  
 146 Sally: So: does th[is ss is that is that definitely outside ou[r ar[↓ea=  
 147 Clark: [mm  
 148 Elsie: [Mm  
 149 Stella: [Yeh  
 150 Clark: =Old (Bell) team y↑eh (.) South East Leicester↓shire  
 151 (1.4)  
 152 Sally: So shall ↑I deal with ↓that=  
 153 (Milton): =°Mmm°

154 (2.6)

155 Sally: [[°Okay°

156 Elsie: [[°It's sad°

157 (0.8)

158 Sally: Ri::ght the next ↓one ((*rustling paper sound*))(1.2) °ehm (3.2) Julia (0.4) hiz (.) his

159 someone got ↓tha:t°

160 (.)

161 Elsie: °Yeh° .hh[hh was that the one was it that was read out [last ↓week yes

162 Sally: [(0h yes tha::t's: for allo↑cation

163 Elsie:

164 Stella: [↑Yea::h She should be on

165 the wait↑ing ↓list

166 (Val): [(Mighta [been a week)

167 Elsie: [We:ll no I ↑left it there be[cause do you remember last week I

168 Milton: [Mmm

169 Elsie: said if it ↑goes on the waiting ↓list (0.4) a[nd it just get we we we get to this

170 point the

171 (Milton): [Mm

172 Elsie: point of the meeting were we've done all the allocations for ass<sup>↑</sup>ess<sub>↓</sub>ment and it's <sup>↑</sup>on

173 as <sub>↓</sub>well (.) she's put it on in bold as <sup>↑</sup>well (.) .hhh but it's to re<sup>↑</sup>mind us because

174 otherwise (.) we forget (.) to go to the end of the <sub>↓</sub>waiting list

175 (0.6)

176 Sally: So does someone want to say something about <sup>↑</sup>that (0.4) have we got the <sub>↓</sub>fi:le

177 (0.8)

178 Elsie: °ih° ih well they

179 (.)

180 Milton: She's <sup>↑</sup>very well known and she was <sup>↑</sup>i[n hospital for (.) a <sup>↑</sup>long <sub>↓</sub>time=

181 Sally: [Okay

182 Stella: [Mmmmm]

183 Elsie: ='Til be in the red ↓fi::le there'll be a ↑summary won't there in the red file even if

184 the file's not in ↓there

185 (0.2)

186 Sally: (°Right (.) don't where it is°) ((*barely audible mumble*))

187 (1.6) ((*rustling paper sound*))

188 Elsie: Nah tha th- th- thas okay (.) thas fine (.) ah

189 (2.2) ((*banging sounds*))

190 (Val): uhh hguh mmm ((*coughs*))

191 Sally: Do we ↑nee::d it (0.2) or do we (.) or do people know who it ↓is

192 (0.2)

193 Elsie: Well we ↑don't need the ↑fi:le because we've got the summary in the ↑red

194 (0.4)

195 Sally: °Ok[ay°=

196 Elsie: [↑waiting list ↓file



197 (0.2)

198 Sally: =O:↓kay (2.0) °right° (.) ehm (0.8) let's move on to the next ↓one for the moment then

199 (1.8) ((*rustling paper sound*)) ↑Lesley

200 (.)

201 Ron: L:S: [ehm

202 Sally: [O::↓kay

203 (.)

204 Ron: [[(Same place)

205 Sally: [[I can't remember that (.) ha h[uh ((*laughing*))

206 (Milton): [°Hang on a second°

207 (0.2)

208 Ron: Eh::m (1.2) re L:↑S: twenty sixth of th[e ninth seventy ↑seven dear ↑doctor .hh thank

209 Sally: [Hmm hmm ((*laughs*))

210 Ron: you for seeing this ↑twenty four year old mother of ↑two who is ↑suffering with

211 se↑vere depression at the ↑moment (.) .hh she is ↑tearful on a daily ↑basis and is

212 anxious about ↓going ↑out (0.4) she feels people are ↑watching her and ↑talking about  
 213 ↓her .hh she has consistent negative ↑thoughts and feels that ↑everyone would be  
 214 better off if ↓she was ↑DEAD .hh she is unable to think about ↑any future and has  
 215 [thought ↓about slashing her ↑wrists=  
 216 Elsie: °[Dear°  
 217 Clark: =Mm mm mm[mmm ((*clears throat*))  
 218 Ron: [the only thing that ↑stopped her were her child↓ren (0.8) or ↑was her  
 219 children even ↑eh:::m (0.2) Lesley's ↑problem::s (.) be↑gan with her ↑father who  
 220 physically and ↑mentally abused her from the age of four↓teen ↑years .hhhh she ran  
 221 away from ↑ho::me and left school half way through her ↑A ↓levels (.) her brother and  
 222 ex boyfriend both used ↑heroin (0.4) she has a ↑past history of ↑self ↓harm (.) and  
 223 has received counselling in the past although this did not ↑help (0.2) at the ↑moment  
 224 Lesley lives with ↓her ↑two children °iv° four years and eight ↑months (.) and  
 225 ↑boyfriend (0.6) who is away from home a ↓lot (0.2) she is very isolated (0.2) and has

226 no friends or family to ↑help her (0.6) she:: as↑sures me that she is not a suicide  
 227 risk at ↑present (0.4) and I have ↑started her on Paroxetine twenty milligrams to↓day  
 228 (0.4) I will see her again early next ↑week (.) but feel that she will ↑need ↑more  
 229 ↓support and ↑C:ou::nsell↓ing to cope with her ↑past (0.4) I would be grateful if you  
 230 could ↑see Lesley and offer ↓her some ↑help (0.2) yours sinc↑erel↓y  
 231 (.)

232 Elsie: °Mmm[m°

233 Milton: [Who is ↑it

234 (0.6)

235 Ron: Doctor ↑Sa::ndeman who's some sort of (.) °registrar (I think [-----]°

236 John: [(It was only li[ke)

237 Milton: [In fact

238 it's ehm=

239 John: =pre-registration=

240 Ron: =county=  
 241 John: =house ↓officer  
 242 (0.6)  
 243 Milton: Yes it's ↑interesting it's the: ↑that's the first time I've come a↑cross that (.) but  
 244 you know how you have ↑hou:semen where we ↑get the medical review but they're not  
 245 reg↑istered as doc[tors ↓yet (.) we:ll they're ↑starting to put them into them  
 246 Ron: [Right  
 247 Milton: into general ↑practice (0.2) °(you see so) err°=  
 248 (Sally): =[ [Mmm  
 249 Elsie: =[ [O:::h ri::-=  
 250 (Ron): =Mm [mm  
 251 Milton: [↑a::nd the:y're (.) talking ↓about ↑us having them in the next year or two ↑so  
 252 (0.6) mm (0.8) °right°  
 253 (.)

254 Sally: Okay (.) the ↑next ↓one ↑J↓C uh huh ((*laughs*))

255 (0.4)

256 Milton: Yes (0.6) J<sup>↑</sup>Cee (1.6) ((*rustling paper sound*)) i:s eh:m (1.2) is from Doctor Ring

257 (0.6) err ↑dear doctor thanks for seeing this ↑ch::ap who has sev<sup>↑</sup>e::re anxiety with

258 dep<sup>↑</sup>re:ssion .hhh he is ↑happily married but has had a few problems ↓late↑ly (.)

259 particularly fin<sup>↑</sup>a:ncial his mind runs morbidly on his problems and then he develops

260 ↑panic ↓attacks .hhh (0.2) he has very poor restless sleep and is off his food he was

261 ↑sick on cee Citalopram but is tolerating Mert<sup>↑</sup>aza↓pine (0.4) eh:m which I've

262 increased to thirty milligrams tod<sup>↑</sup>a:y from fif<sup>↑</sup>teen milli<sup>↓</sup>grams .hhh (0.2) he ↑says

263 he's no better yet but his wife says that he ↑sleeps ↓now and is no longer restless in

264 ↑be:::d (0.4) I should be ↑grateful if you would ↑help manage his anxiety and

265 depression as he feels that he's not getting anywhere with my ↑treat↓ment

266 (1.8)

267 Sally: Ok<sup>↑</sup>ay (0.4) eh:m (.) ↑B↓w

268 (0.8)

269 Milton: °Oh yes I've° got that ↑too (0.6) ((*rustling paper sound*)) eh::m (1.6) °mm° (1.2) a::h  
 270 (0.8) ((*rustling paper sound continues*)) this is ↑quite a ↑complicated eh::m business  
 271 it's err (0.4) L:↑OO::ks like it was referred into the ehm (0.2) ↑hospit↓al  
 272 originall↑y (0.4) e::r (.) on ten: ↑ten (.) oh ↓one which I guess is err (.) °how long  
 273 ago° (.) about two ↑weeks ↓ago ehm (2.2) er:: ↓date of ↓birth nineteen ↑fifty eight so  
 274 he's (0.2) f o[r t y three

275 Sally: [Forty ↑three

276 (0.4)

277 Milton: ↑forty two °(in April)° .hhh (0.2) ↑dear colleague I would be ↑mo:st grateful for your  
 278 opinion on the above forty three year old gentle↓man who: wa:s commenced on  
 279 Lof↑epramine (0.2) eh:m (.) a ↑hundred and forty milligrams by a colleague ↑yester↓day  
 280 (0.2) .hh he ha:s a ↑high powered ↓job which is very stress↓ful and ha:s symptoms of

281           dep↑ress↓ion (0.2) he: (.) i:s ↑currently (1.2) something ↑drinking heh ↓heavi↑ly  
 282           (0.6) eh::m (.) I I ↑think it says ↓having an aff↑ai:r (0.4) hh I can't read it huh=  
 283   Sally:     =Oh  
 284            (.)  
 285   Milton:   Eh::m (0.4) he's ↑married with children and app↑ea::rs to be on a::  
 286            (0.6)  
 287   Elsie:     Mmmmm ((*sighing sound*))=  
 288   Milton:   =pa::th o:f self des↑truct↓ion ↑CURRENTly he is suicidal and unpre↑dict↓able (.) ↑both  
 289           his family an::d his emp↑loy↓ers are am↑on:g (1.2) are a↑ware of the situat↓ion (1.4)  
 290           he:: something ↓yesterday (1.2) he ↑started seei:n:g somebody Kenn↑et at the Farndon  
 291           Unit three wee- ↑Sheila Kenn↑et °I don't know the name° .hh=  
 292   Sally:     =↑Yea[:::h that's a Psy↑chol↓ogist ah ha=  
 293   John:       [Psycholog↓ist

294 Milton: =<sup>↑</sup>three weeks ago at the <sup>↑</sup>Farnham Unit (0.4) for psychological support but finds the  
 295 sessions have made (0.2) no <sup>↑</sup>differ<sub>↓</sub>ence to him at pres<sub>↓</sub>ent (.) .hhh he <sup>↑</sup>i::s at  
 296 present <sup>↑</sup>ve::ry tearful and actively suicidal a::nd I:: do not want to leave him  
 297 without some sup<sub>↓</sub>port  
 298 (0.6)  
 299 Sally: I <sup>↑</sup>don't quite un[derstand why he would've seen <sup>↑</sup>Sheil<sub>↓</sub>a  
 300 Milton: [He i::s °oh wait a minute°  
 301 (0.4)  
 302 Milton: he: i:s receiv<sub>↓</sub>ing something (0.6) voh (.) he is rec<sup>↑</sup>eptive to voluntary (0.4) ehm  
 303 (0.6) something (0.2) from <sup>↑</sup>your<sub>↓</sub>selves (0.2) and so ther- (.) the <sup>↑</sup>emergency  
 304 assessment was do<sup>↑</sup>ne  
 305 (0.2)  
 306 Elsie: <sup>↑</sup>Mmmm  
 307 (.)



308 Milton: on ten ten oh o<sup>↑</sup>ne

309 (0.2)

310 Elsie: °<sup>↑</sup>Who°=

311 Milton: =E[h:m

312 Elsie: °[Who <sup>↑</sup>b:y°

313 (0.2)

314 Milton: assessment following[ (-----) sorr<sup>↑</sup>y

315 John: °[On the ward in the ward°

316 (0.4)

317 Elsie: Who by <sup>↓</sup>sorry (0.6) th[as wha- I was jis- tryin ree right

318 Milton: [Ehm a half well ill<sup>↑</sup>eg<sup>↓</sup>ible (0.4) an illegible

319 doct<sup>↓</sup>or

320 (0.2)

321 Elsie: Ahhh

322 (1.0)

323 Milton: [[Ehm

324 Sally: [[But he would ↑only have seen [S h e i ↓ l a if he had gone [through the

325 Shipstone Road ↑te:a↓m

326 Clark: [Could be anybody

327 Elsie: [°↑Why don't they have

328 to print their names then si::g↓n°

329 (0.2)

330 Elsie: °It's dis↑gust↓ing°

331 (0.4)

332 Sally: This is what's con↓fus↑ing

333 (.)

334 Elsie: Mm↑mm

335 (1.2) ((loud banging noise))

336 Milton: Would you like to continue=

337 (Elsie): =Hhhh .hhh= ((*laughs*))

338 (John): =Hah

339 (0.2)

340 Milton: Eh::m assessment following referral by GP (.) presented with like low mood cycles

341 (0.6) for yea:rs (.) distressed for two months (0.4) patient said he is very upset

342 and distressed in the last two months (.) ehm and he's had to make (0.2) ehm a big

343 decision in his life .hhh while he has to choose between his wife and his

344 girlfriend (0.6) apparently he's been having an affair for six to eight months (.)

345 married for eighteen years fee:ls he:

346 (0.6)

347 John: Hguhmm ((*clears throat*))

348 (1.2)

349 Milton: choose (0.6) °yeh the ↑grammar goes (0.4) ↓down here° feels he choose his ↑girl↓friend  
 350 and it does not look he cannot go back to ↓wife (0.2) and ↑if he choose his ↓wife he  
 351 feels he does not love (0.2) ↓her even though he (2.2) ↑ca::res for ↓her (0.4) ↑told  
 352 all his life decis[i]ons are made for him (0.4) but now when has to make it does not  
 353 (John): [Hhhhhhhhhh hh ((*laughs*))  
 354 Milton: know what to ↓do  
 355 (0.4)  
 356 Sally: Err huh huh ((*laughs*))  
 357 (.)  
 358 Milton: ↑feels ↓low in ↑mood for many ↑years has cycles of depression which (.) cannot explain  
 359 does not want to be the person he his does not like being him (0.2) ↑wants to change  
 360 and move ↓on but feels does not know where to st↑art (0.2) has ↑fleeting ideas of life  
 361 not being worth ↑living but does not fe[el] as if he will ↑har::m him↓self .hhhh  
 362 Elsie: °[It's like a telegram° ((*whispers*))

363 Milton: the ↑GP started on Lofep<sup>r</sup>amine ↓last ↑week (0.2) ↑previously ↓on Paroxe<sup>t</sup>ine °two° for  
 364 two ↓years  
 365 (0.2)  
 366 Elsie: [[Uhhh  
 367 John: [[Uh  
 368 (0.2)  
 369 Milton: ↑currently seeing psy<sup>ch</sup>ologist once a ↓week in Farnham Mental ↑Health ↓Unit (0.2) has  
 370 ↑PSY- had psychotherapy in ↑past about three to four years ↑back ↑currently looking  
 371 for someone to ↑ta:lk to ↓him (0.2) ↑a::nd (0.8) erh:m (0.6) help him (0.2) to make  
 372 dec<sup>i</sup>sion for ↓him patient was told counselling would ↑not be ↓done (in the ↑ward) and  
 373 he was ↑not (.) and he'd been given a leaflet and address at Derby ↑Counsel Cen<sup>t</sup>re  
 374 (0.4) ↑as currently (0.4) not suicidal patient sent ↓home (.) plan ↑out-patient's  
 375 (0.2) appointment con<sup>t</sup>inue Lofep<sup>r</sup>amine con<sup>t</sup>inue seeing psychologist at Farnham  
 376 Mental ↑Health ↓Unit (0.4) patient advised to contact the ward if he feels un<sup>d</sup>safe

377 (2.2)

378 Sally: °I i-° it doesn't really make ↑sense cause if [he's [seeing ↑Sheil↓a he [would have

379 been referred through Shipstone Road ↑tea↓::m=

380 Stella: [Mmmm °why's he

381 been°

382 Elsie [Mmm

383 Milton: =°Mm°

384 (0.4)

385 Sally: But is it our ↑ar::↓ea

386 (.)

387 Elsie: Yeah=

388 John: =Ribble[↓don usually ↑is is[n't ↓it

389 Stella: [Yeah

390 Sally: [Why d-

391 (0.6)

392 Sally: I ↑just can't understand why he would be seeing ↑Sh[eil↓a

393 Elsie: [Unless it's not a ↑part of

394 Ribbledon that (.) that's our ↓area

395 (0.4)

396 Stella: Un↑less he recently mo↓:ved °he could've°=

397 Sally: =Yea[h

398 Elsie: [Maybe mmm

399 (.)

400 Sally: Well I can ↑talk to Sheh[eil↓a ((*laughs*))

401 Elsie: [Mmmmm

402 (.)

403 Sally: .hhh [bu- a mean he keh si ih it would ↑seem odd if he was seeing the

404 Elsie: [↑please ↓do

405 Sally: psycholo↓gist at Shipstone Road to cont↑inue seeing Sheil↓a and then come ↑he:↓re=  
406 Elsie: =Mmm=  
407 Clark: =But the re↑quest is for ↑ou:t-↓patient[s is it ↑t[hat's  
408 Sally: [Yes  
409 Milton: [Mmmm  
410 (0.2)  
411 Sally: Yes=  
412 Clark: =Is ↑it  
413 (.)  
414 Milton: Ye::↓:↓s  
415 Clark: [although that's I mean ↑that's wha[t the ward doctor ↓thought  
416 Sally: [↑Ev::en s:↑o:↓::  
417 (0.6)  
418 Sally: ↑Even ↓so



419 (7.2)

420 Clark: It's early ↑days isn't ↓it (.) [I mean

421 Elsie: [Mmmmm

422 (0.2)

423 Sally: ↑It ↓is

424 (1.2)

425 (Val): Ah hguh uh hguh hguh mm[mmm ((coughs))

426 Sally: [Right well the ↑next ↓one (.) GB I ↑don't know whether (.)

427 someone's got ↓that s==

428 Val: =Yea::h I've ↓got that it's ↑ah:m

429 Sally: [Request from Suz↑anna

430 (0.2)

431 Val Yes (0.2) °request from Suzanna° (0.4) GP's Doctor Ky::↑le (1.0) ehm (.) °↑just looking

432 for a date of birth actual↑ly° (0.4) ((rustling of paper)) oh (0.2) forty ↑seven (0.8)

433            ah::m it's ↑badly photo↓copied so I'll do my ↑b:est (0.4) initially presented with  
 434            obsessional rumi↑nations  
 435            (.)  
 436    (Stella): Mmm mm  
 437            (.)  
 438    Val:        ahm re work on ↑teeth (.) more recently has admitted to (.) more (0.6) ↑something  
 439            social phob↓ia (.) °(look) can you read that°=  
 440    Elsie:       =I- (0.6) because it's a specific anxiety management ref↓erral it'll ↑all be in the  
 441            other letters ↑any↓way  
 442            (.)  
 443    Val:        Sorr[y (anx↑iet↓y)  
 444    Elsie:       [S- ↑that's that's my anxiety management referral ↓form you see=  
 445    Val:        =Oh s::o::rry= ((*laughing*))  
 446    Elsie:       =so it's a specific referr↓al to ↑me↓:

447 (0.4)

448 Val: O↓kay [so

449 Elsie: [Yeah

450 (.)

451 Val: it doesn't need

452 (.)

453 Elsie: I- (0.2) we ↑probably don't need to read it out in the team if it's been discussed

454 be↓fo:re ↑in the ↓team

455 (.)

456 Val: Right=

457 Elsie: =and Suzanna's [just ↑channelling it through here to ((*banging sound*)) m- send me a

458 Val: [fine fine ↓fine

459 Elsie: direct anxiety management referr↓al

460 (0.4)

461 Val: It's for indiv↑idual isn't ↓it

462 (0.2)

463 Elsie: No <sup>↑</sup>well (0.2) it's f[ o r <sup>↑</sup>a s s e s s m e n t

464 Val: [Well that's what she says on the bott<sup>↓</sup>om (1.0) request for

465 individual (1.2) eh::m work because she doesn't think she can cut the <sup>↑</sup>group

466 (0.2)

467 Elsie: Well I assess everybody and talk to them about a group (.) cause if it's ind<sup>↑</sup>ividual

468 anxiety management she'll have to go on the <sup>↑</sup>waiting <sup>↓</sup>[list .hhhhh

469 Sally: °[Mmm° so <sup>↑</sup>would it be you or

470 Deborah who's going to ass<sup>↓</sup>ess <sup>↑</sup>for=

471 Elsie: =<sup>↑</sup>I'll have a chat with <sup>↓</sup>Debor<sup>↑</sup>ah (0.2) I mean I think (.) I <sup>↑</sup>think it pr- might be me

472 that one as I sort of team an assessment if there's a possibility of individ<sup>↓</sup>ual (1.2)

473 ehm <sup>↑</sup>so yeah (0.4) I mean Su- Suzan<sup>↓</sup>na mentioned it to <sup>↓</sup>me and <sup>↑</sup>er (0.4) I said I'd

474 probably (0.2) look at that (.) so <sup>↓</sup>yeah (.) you can put my name next to <sup>↑</sup>it

475 (0.2)

476 Sally: Thank you (0.6) right Ara<sup>↑</sup>bella (0.4) B<sup>↑</sup>N  
 477 (0.6)  
 478 Ron: Or <sup>↑</sup>ABN=  
 479 Sally: =ABN Ha H[a ((*laughs*))  
 480 Ron: [even (.) hmm hmm hmm ((*laughs*)) (.) <sup>↑</sup>ah::m ((*banging sound*)) (3.0) not a lot  
 481 of information <sup>↑</sup>there erm (0.2) re AB<sup>↓</sup>N whose date of birth <sup>↓</sup>is the ninth of the third  
 482 (.) eigh<sup>↓</sup>ty fi:<sup>↑</sup>ve (0.6) <sup>↑</sup>dear doctor thanks for seeing this sixteen year <sup>↓</sup>old <sup>↑</sup>girl  
 483 (0.2) who has told me that she has an <sup>↑</sup>un<sup>↓</sup>con<sup>↑</sup>trollable <sup>↓</sup>violent <sup>↑</sup>temp<sup>↓</sup>er (0.2) she:  
 484 has lost <sup>↑</sup>many frien:ds through <sup>↑</sup>this (0.2) and broken many <sup>↑</sup>objects (0.4) whilst  
 485 <sup>↑</sup>throwing things around in a <sup>↓</sup>rage (0.6) she acknowledges that this is her own <sup>↑</sup>fault  
 486 (0.4) but <sup>↑</sup>would like some <sup>↓</sup>help in con<sup>↓</sup>trolling herself (.) I th<sup>↑</sup>ink that there might  
 487 <sup>↓</sup>be: in inverted commas anger <sup>↑</sup>management cour<sup>↓</sup>ses (0.2) ru:n <sup>↑</sup>via your dep<sup>↑</sup>artment=  
 488 Sally: =Mm Mmm Mmm <sup>↑</sup>noho= ((*laughing*))  
 489 Ron: =Oh no [they're <sup>↑</sup>no:<sup>↓</sup>t (.) and if so I would be <sup>↑</sup>grateful if she could be ref<sup>↑</sup>erred

490 Sally: [Noho haha ha ((*laughing*))

491 Ron: to one (0.4) °but there aren't°

492 (0.4)

493 Sally: ↑Well there's no mention of a mental heal[th [↓[problem .hhhhhhh shall I: hu- which

494 doctor is ↑it

495 (Val): [No

496 Ron: [No none there

497 Elsie: [No

498 Stella: [Well I can't see anything

499

500 (.)

501 Elsie: Ring=

502 Sally: =N[o::: shall I [ring ↓up

503 (Ron): [Ring

504 Milton: [Ring

505 (0.4)

506 Milton: The other issue is that she's only sixtee↓:n

507 Sally: [Yes

508 Milton: [is she still at schoo↓:l (0.2) and [she maybe err

509 (Val): [Mm

510 Sally: [It doesn't ↓sa::y d[oes °doesn't say°

511 Ron: [Not there at ↑all

512 (0.6)

513 Milton: She may be eligible ↓for (0.2) I uh child psychiatry [and ↑they may take [that sort of

514 thing o↑[:n °so ↑we don't know°

515 Sally: [Yeh

516 Elsie: [Mmmm

517 [yea:h

518 (0.4)

519 Elsie: °Especially at that ↓age yo-°

520 (3.1)

521 Sally: °Right° (0.2) well ↑let me have (0.6) have that one (2.8) ((*banging sound*)) °(ooh I'm

522 sorry) (2.2) and next° and then the ↑la:st one is (0.4) that's (.) one of your (0.2)

523 f[i:les ↑Ron

524 Ron: [Mm mmmm yes (0.2) ↑EC↓ee=

525 Sally: =Mmm mmm ((*laughs*))=

526 Ron: =is eh::m (0.6) a young ↓woman (.) ↑well known to er myself and ↑Mil↓ton (0.2) who

527 (0.6) you ↑may have (0.6) heard a↓bout (0.4) eh:m (0.8) and with↑out going into lots

528 of (0.6) co[m]plicated (.) ↑de↓tail .hhh (.) eh::m (0.6) it would (0.2) be

529 Elsie: [Yeah

530 Ron: ↑u:se↓fu:l (0.2) to ha::ve (.) some ↑sort of assessment (0.4) about function and

531 occu↑pation and (0.2) all that sort of ↓thing=

532 Elsie: =Mmm mm=



533 Ron: =ehrm (0.2) ↑be↓cau::se (0.4) those are things th- that she struggles ↑with and erm  
 534 (0.6) phooo ((*exhales loudly*)) she's (0.4) she was asked to leave sch↓oo:l (0.4) ah:rm  
 535 she struggled with (.) with employment she's ↑stuck (0.2) erm (0.2) on the farm were  
 536 her parents are and would ↑li:ke to (.) you ↓know (0.4) go out and do ↑mo::re but it's  
 537 a question of what's she capable of and what is there (.) and (0.2) so on and ↑so  
 538 ↓forth ↑so (0.2) erhm (0.6) we though- (.) it might be useful to=  
 539 Elsie: =Mmmm=  
 540 Ron: =to have some sort of assessment of those ↑thi:↓:[ngs]  
 541 Elsie: [Mmmm so ↑she::'s (.) quite happy  
 542 with that idea ↓n  
 543 (0.2)  
 544 Ron: We[ll I'm ↑seeing  
 545 Elsie: [(knows that I'm me)  
 546 (0.2)

547 Ron: Well the ↑mum's certainly i↓:s hhei- ((clears throat)) is ↑very difficult to get (0.2)  
 548 a straight answer to a straight ↑quest↓ion=  
 549 Elsie: =Yeah=  
 550 Ron: =from her any↓way (.) bur I'm actually see:↑ing ↓the:m (0.2) ↑tomorr↓ow=  
 551 Elsie: =°Right°=  
 552 Ron: =so (.) ehm (.) yeah °I was going to sort of float the idea of=  
 553 Elsie: =Yea:↓:h .hh [an and maybe have a chat with her about whether she wants me to go  
 554 Ron: °[(----)]°  
 555 Elsie: along with ↑you or whether she's happy for m[e to contact her ↓cold or ↑what↓ever  
 556 Ron: [Mmmmmmm] Yeah i-  
 557 it may be difficult to get an answer to ↑t[hat bu:[t er  
 558 Elsie: °[Yeah° yeh  
 559 Clark: [The family don't (.) the family  
 560 don't allow home ↑visits do they ↓gen[erally

561 Ron: [.hhhhhhhhhh the ↑fa:mily ar- ar- (.) pretty well

562 her ↑fa::th↓er (0.2) he's (.) he's fairly stra::nge about (.) ehm (.) people

563 ↑visiting=

564 Elsie: =Mmmm

565 (0.2)

566 Ron: and they sometimes b::arricade (.) the drive↓wa[y n

567 Elsie: [↑Ooh dear

568 (0.2)

569 Ron: °`nd things like ↓that° (1.2) and Ihaha'd tehell you mohore dehet↓ail ((*laughing*))

570 (0.4) °er (.) you know (.) if you want°

571 (.)

572 Elsie: Yeh (0.4) yeah thas f[ine

573 Ron: [I mean I ↑don't know whether it would be likely you or or (0.4)

574 Debor↑ah or (0.2) well it[ 'll be ↓you

575 John: [hgm hgm hmmmmmm[mmm ((*sound of throat clearing*))

576 Elsie: [↑Well it'll be [me for our tea↓:m yeh ↓yeh

577 Ron: [Y- yeh yeh yeh

578 (0.4)

579 Ron: Yeah ok↓ay

580 (0.6)

581 John: Sally (0.2) I've got ehm (0.2) a ↑verbal referr↓al

582 (0.6)

583 Sally: Okay [nnnnnnnnnn

584 John: [actual↑ly

585 (.)

586 Sally: There's ↑also ss a message here from Ka↓:th .hh saying ah well I'll ↑nee:d to say the

587 na↓:me but anyway ↑Euan ↑Blessed called he's been ↑out of the ↓area GP asking for

588 continued ↑input

589 (0.2)

590 Elsie: °Mmmm°=

591 Sally: =Is that (.) meaningful to people

592 (.)

593 Clark: Well I've just ↑closed it ag↓ain on b[ehalf of me and Milt↓on

594 Sally: [Right

595 (Stella): [Mmmm

596 Clark: I mean I ↑saw the ↑mess↓age but=

597 Sally: =Okay it's jus-=

598 Clark: =problem was we'd have given him two in↓vites to come for a ↑joint ↓assessment and

599 hea[rd ↑noth↓ing

600 Milton [At lea::st

601 (0.2)

602 Milton: At ↑least ↓two

603 (.)

604 Clark: So:: [I sup<sup>↑</sup>pose I'm wondering what out of the <sup>↑</sup>ar:ea <sup>↓</sup>means (0.2) I mean <sup>↑</sup>last

605 Sally: °[Right°

606 Clark: time he was out of the ar<sup>↑</sup>ea he was actually in [<sup>↑</sup>j[ail so i- i-

607 Milton: [Mmmm

608 Sally: [Hhh .hh uhh huh rihaight=

609 ((*laughing*))

610 Milton: =There's a <sup>↑</sup>good chance that's what it means (.) st<sup>↑</sup>ill (0.2) that's what it meant

611 [<sup>↑</sup>this time ((*banging sound*)) as we<sup>↑</sup>:ll=

612 Clark: [I mean

613 Clark: =app<sup>↑</sup>arently he's come in last <sup>↑</sup>wee:k is that

614 (1.6)

615 Ron: [[(he's <sup>↑</sup>been to ja<sup>↓</sup>il and he's been in this <sup>↑</sup>town [last (week) ((*laughing*))

616 Milton: [[Was it <sup>↑</sup>him that came [was it <sup>↑</sup>him that came <sup>↓</sup>in

617 (0.2)

618 Clark: Yea::↓:h saying that the GP was keen for him to be referred ↓again

619 (0.4)

620 Milton: Well we'lll ↑wait until °we hear from° the ↓GP↑ee=

621 Clark: =Yea:h i[h- it ↑sounds [like ad↓min-

622 Milton: °[↑That's what ↓I↑'d do°

623 Elsie: [But that that GP has rung

624 (0.6)

625 Clark: Al↑right cause it sounds like ad↓min ts sent him away (.) to get re-referred by G↑P so

626 has that ↑happen[↓ed

627 Sally: [So we can leave ↓it I've

628 (0.6)

629 Clark: So we haven't ↑had anyth↓[ing

630 Elsie: [Wasn't ↓that (0.2) didn't you say the G↑P was ↓asking

631 (0.2)

632 Sally: It just ↑sa:::ys GP asking for continued ↑in↓put (.) but there's no (.) referr↓al

633 (0.4)

634 Clark: ↑What Clark said was that ↑he came ↓up and said the GP was °(keen) for him to be seen°=

635 Elsie: =[ [Mmmm

636 Clark: =[ [Yeh ↑that's the message that's in the ↑b[ook from ↓last week it's ↑whether it's

637 been

638 John: [Hgm hmmm ((clears throat))

639 Clark: added ↓to (0.2) since ↑then

640 (1.2)

641 Elsie: °We need Kath to ↑clarify then°

642 (.)

643 Sally: °Mmm°

644 (1.2)

645 Clark: What do you think we ought to ↑do↓: cause I'm I mean I'm=



646 Milton: =↑I woul[d lee-

647 Clark: [at this ↓stage it's ↑assess↓ment isn't it=

648 Milton: =↑I would leave it at the ↑moment ↓until the GP (0.8) re-re↑fe:rs=

649 Clark: =°Mmm°

650 (0.4)

651 Elsie: But we ↑need to clari↓fy whether that

652 (0.2)

653 Elsie: [[G:: P:: has ↑ru↓:ng=

654 Clark: [[Yeh ↑I'll

655 Clark: =I'll cla[ri↓fy with ↓Kath

656 Elsie: [cause I mean if the ↑GP's ru:ng and thin[ks that we then ign↓ore

657 Sally: [↑You're going to clarify=

658 Clark: =Y[eah I'll clarify with ↓Kath

659 Sally: [Okay thanks Clark

660 (1.0)

661 Sally: ↑Right=

662 Stella: =Can I just go back ↓to: (.) page ↑eight Sally Ma[rilyn Ros↓ted

663 Sally: [Yes ↓please

664 (0.4)

665 Clark: Y[eah

666 Sally: [Ye:ss=

667 Stella: =erm (.) ↑Cynth sent the fi↓:le (0.2) over t- ss (0.6) sent the inform↑ation over to

668 East ((*Sister CMHT*)) but they've not yet re[sponded to (0.2) whether it's for them or

669 ↑u::s

670 Ron: [.hhhhh uhhyg hhhugn hhhguh hhhguh hhgun

671 ((*Coughs*))

672 (0.4)

673 Sally: Marilyn ↓R[osted so we're going tu:: leave it ↓on the=

674 Stella: [Errr yea::h she just

675 Stella: =Yeah=  
676 Sally: =Ok↓ay=  
677 Clark: =It says on the↓:re they're going to discuss ↑it=  
678 Stella: =Yeah  
679 (.)  
680 Clark: =la[st  
681 Stella: [so it['s ↓gone to them=  
682 Clark: [the ↑eighteenth  
683 Clark: =yeah=  
684 Stella: =so  
685 (1.0) ((*sound of rustling paper*))  
686 Sally: Well I'll leave it ↓there (.) for the moment=  
687 Stella: =Mmm mm  
688 (0.2)  
689 Sally: E:rm and ↑John you said you've got some[↓one

690 John: [Ye:ah .hhh ehm (.) th- I mean the ↑reason this  
691 ↓err a sort've ↑verbal refer↓ral is cause the GP didn't want (0.2) actually to ↑wri:te  
692 a refer↓ral hmm ((laughs)) ts .hhhh err and it's ↓on (0.2) Mark ↑Sparrow  
693 (0.8)  
694 Milton: Uh  
695 (.)  
696 Sally: Do we want to put it on ↑there ↓then  
697 (.)  
698 John: E[rr y-  
699 Sally: [I guess we ↑do=  
700 John: =Yes hghghg ((clears throat)) I'm (.) not going to be ↓able to give you (.) all his  
701 ↑details ↓I'm afraid  
702 (.)  
703 Sally: How do you ↓spell (0.2) °Sparrow=

704 John: =Err S[ P A double-R O W I think=

705 Sally: [S P A R°

706 Sally: =Okay

707 (1.2)

708 John: An it's (.) it's an ↑odd requ↓est really (0.2) ehm (1.2) be:↑ca:↓use I got ↑rang by  
709 one of the GP's at his ↑pract↓ice (0.4) er asking for our ↑help (.) ↓really and ↑this  
710 is a gentleman I saw about eighteen ↑months ago who's er (0.2) Glas↑wegian ((*sound of*  
711 *paper turning*)) he's had a (0.2) very traumatic ↑upbringing (.) in the sense that he  
712 was ehm (.) subject to a lot of (.) ↑physical and emotional abuse (0.2) in his ehm (.)  
713 ↑early days (1.2) he's ↑in a relation↓ship (0.4) wi:th ↑another ↓lady and they (.)  
714 with a lady rather and they eh ↑six child↓ren (0.4) errr various ↑ag↓es (0.6) er  
715 ↑a::ll I think (.) from different ↑part↓ners (0.6) a::nd (.) I ↑sort of g:et a sense  
716 that (.) life at home is ((*sound of paper turning*)) relatively chaotic at ↓one level  
717 (0.2) ↑he's a ↑lo::ng contact with the services he was surtf previously seen at the

718 Shadwell Un<sup>↑</sup>it and was em (0.6) labelled (0.2) as havin:g (.) thought to be suffering  
719 from (.) errr sort of recurrent chronic (0.4) der recurrent depressive <sup>↑</sup>epis<sub>↓</sub>odes  
720 (0.6) ((banging noise)) err (0.2) a::nd (0.6) an<sup>↑</sup>other problem of his is (.) that he  
721 has ((sound of paper turning)) difficulty managing (.) ang<sup>↑</sup>er (0.4) a::nd hee abuses  
722 <sup>↑</sup>cannabis (0.6) a::nd <sup>↑</sup>I saw him (0.2) in clinic (.) as a follow-up fro:m docto:r  
723 (0.4) err s- san- Santia<sub>↓</sub>go (.) Santia<sub>↓</sub>go saw him (.) <sup>↑</sup>previous<sub>↓</sub>ly .hhh (0.2) a:nd err  
724 he <sup>↑</sup>came to one (0.6) clinic and ws (.) was <sup>↑</sup>very very intimidat<sub>↓</sub>ing and he <sup>↑</sup>never  
725 particularly came <sub>↓</sub>back n .hh he was <sup>↑</sup>saying all sorts of <sub>↓</sub>things like the (0.2)  
726 previous doctor had made this referral without his consent and it was <sup>↑</sup>all (.) all a  
727 bit crazy <sub>↓</sub>really (0.4) hahaha ((laughing)) I mean I've (.) I (0.4) found him very very  
728 intimidat<sub>↓</sub>ing (0.2) er (0.4) sort of made a <sup>↑</sup>mental (0.2) note that I wasnun't  
729 <sup>↑</sup>nehehever ((laughing)) going to see him outside of the <sup>↑</sup>hospital <sub>↓</sub>en<sup>↑</sup>vironment (0.6)  
730 ehm (0.2) he <sup>↑</sup>does have a <sub>↓</sub>forensic history (although) (.) with details that I can't  
731 tell you at the <sup>↑</sup>moment (.) now the <sup>↑</sup>problem at <sup>↑</sup>pres<sub>↓</sub>ent (.) is (1.2) that the <sup>↑</sup>GP<sub>↓</sub>ee

732 he's been ↓seeing (.) has gone off ↑sick (1.2) a::nd (.) the GP i:s the GP ↑fourth  
 733 dohown ((*laughing*)) on page ni↑:ne (0.4) .hh err (0.4) uh hguh uh hguh ((*coughs*))  
 734 (0.6) a::nd (0.8) I I ↑can't tell you e:x↑a:ctly why the GP has gone off sick cause it  
 735 felt difficult to (0.6) to actually ↑ask (0.4) b[ut I ha-  
 736 Milton: [When you ↑say fourth down [on page  
 737 nine there's a ↑bla::nk fourth ↓down=  
 738 Elsie: [Nnn huh  
 739 huh ((*laughs*))  
 740 (.)  
 741 John: =Nur one two three ↑four=  
 742 Clark: =(Oh fo[ur u::p)  
 743 John: [no ↑FOURTH from the bot↓tom=  
 744 Milton: =Four[th  
 745 John: [I'm sorr↓y .hh ahhg hughh ((*coughs*)) (.) fourth from the bot↓tom

746                    (.)

747    Milton:    No I ↓see

748                    (.)

749    John:       Right well ↑this G↓P has gone off ↓sick wi:th (.) as ↑reading between the li↓:nes (.)

750                   some mental health ss difficul↓ties and be↑fore he went off ↓sick (0.4) he ↑ha::d what

751                   the practice are describ↓ing as an ↑innappropriate cont↓act (.) with (0.2) ↑Mister

752                   Sparr↓ow=

753    Elsie:       =°MS°

754                   (0.2)

755    John:       the ↑inappropriate contact be↓ing (0.4) that the G↓P was ↑rather ↑stra:nge with him

756                   and was asking him sort of ↑really weir:d ques:t↓ions .hhh like for example ↑one of

757                   the questions he asked him was (0.2) you know he fi- he filled this glass of ↑wa:ter

758                   and he put this glass of water in front of the patient and says ↑WHAT'S ↓THAT (0.4)

759                   you know and there's th- there were just a ↑couple of odd things that happe↓ned (.)



760 now ↑basically (1.2) I'm ↑not so sure how well the practice have ↑handled ↓this but  
 761 err  
 762 (0.4)  
 763 Milton: (he was seeing him for ages wasn't ↑he)=  
 764 Clark: =I ↑thought it was a one man ↑band ↓was ↑it  
 765 (0.2)  
 766 John: Well (.) I ah thee ↑lady: doctor who spoke to me (0.2) I do- I I ↑think it is sin↓gle  
 767 but this is (0.2) presumably a lo↓cum=  
 768 (Clark): =Mmm mm=  
 769 John: =↑doc↓tor=  
 770 Milton: =I ↑think he has some ↑li:nks with erm=  
 771 John: =Ah hguh uh hguh=((*loud cough*))  
 772 Milton: =°medical centre or err you know (---)° ((*recording level drops after cough*))  
 773 (0.8)

774 John: Anyway (.) ↑difficulty ↓is that erm (0.2) ↑since the incident the ↑patient is saying  
775 that he's increasingly disturbed (0.2) he's been using more ↑cannabis to manage  
776 the ↑problem .hhh a::nd you know it's ↑all because of this doctor and he wants some  
777 ↑help (0.6) eh[:m

778 Ron: [hguh hguh huhh= ((coughs))

779 John: =the ↑practice I think (.) are ehm I mea- when ↑I spoke to ↓this (.) err (0.4) dur  
780 other doctor (.) the doctor making the referral she was (0.2) she was talking in  
781 terms of post traumatic ↑stress ↓disorder which of course is (0.2) ↑wholly  
782 inappropriate diagnosis (0.6) ehm but you know the impression I:: got really was  
783 that somehow the whole affair had got ↑quite blown out of proportion (0.6) err (0.4)  
784 because ih it was a a once off incident I mean ↑having ↓said (0.2) ↓that it's not  
785 clear to me what the ↑impact (0.6) of this particular (.) consultation with this  
786 patient ↑wa:↓s (0.2) although if I'm honest I feel quite ↑jaundiced about (0.2) about  
787 ↓tha:t (0.4) ah cause I (.) I th- I ↑personally think this patient is quite

788 man<sup>↑</sup>ipulat<sup>↓</sup>ive (0.4) eh::m (0.4) <sup>↑</sup>THE::Y wanted (0.2) to err to <sup>↑</sup>make (0.2) a  
 789 refer<sup>↓</sup>ral for an it a a <sup>↑</sup>re::assessment (.) ehm (0.4) of his mental <sup>↑</sup>health <sup>↓</sup>needs  
 790 because <sup>↑</sup>they fee<sup>↓</sup>:l (.) that he nee:ds someone (.) to <sup>↑</sup>talk <sup>↓</sup>to about his <sup>↑</sup>incid<sup>↓</sup>ent  
 791 (0.6) ehmm (0.6) I mean <sup>↑</sup>I wiz (.) in between the taking the refer<sup>↓</sup>ral I mean I (.)  
 792 I (0.4) I mean duh I din' know really how we (.) how we'd b:est (.) addr<sup>↑</sup>e::ss <sup>↓</sup>that  
 793 (0.2)  
 794 Milton: °Mm°=  
 795 John: =Eh::m (.) <sup>↑</sup>you <sup>↓</sup>know I did ss- <sup>↑</sup>say to the <sup>↓</sup>GP you know did the <sup>↑</sup>practice (.) you  
 796 <sup>↓</sup>know given that it's an <sup>↑</sup>o:dd (0.4) an odd <sup>↓</sup>erm (0.2) oc<sup>↑</sup>currence really at <sup>↑</sup>one  
 797 lev<sup>↓</sup>el .hhh you know had the practice taken any ad<sup>↑</sup>vice and they'd <sup>↑</sup>taken advice I  
 798 think from the <sup>↑</sup>health authorit<sup>↓</sup>y (.) who'd suggested that they make a ref<sup>↑</sup>erral <sup>↑</sup>our  
 799 <sup>↓</sup>way (.) and <sup>↑</sup>I suggested (.) <sup>↑</sup>you know I wond<sup>↓</sup>ered (.) whether the:y (.) wanted to  
 800 comm<sup>↑</sup>ission some <sup>↑</sup>short <sup>↓</sup>term <sup>↑</sup>counselling <sup>↑</sup>private<sup>↓</sup>ly (0.4) er for this chap if  
 801 that's (.) [you know if they really feel that it's something that they've

802 (Sally): [Mmm mm

803 John: ↑cau:↓:sed (0.8) I ↑also asked them if they ↑wanted (.) ↓to:: (.) ↑you know go through

804 with him ↑he's had meetings with the erm (0.6) with the ↑practice mana↓ger (.) er

805 which is pretty standard when this sort of thing ↑happ↓ens (.) I think he's had a two

806 ↓hour (.) two hours of ↑meetings with practice ↑manag↓er (0.6) a::nd errrm (1.2) he

807 ↑doesn't actually want to make a compl↓aint against the GP (.) ↑my sort of feeling

808 about that is that (.) the GP's probably given him (0.2) a quite a reasonable

809 ↑se:rvice actuall↓y=

810 Milton: =↑that GP ↓ehm (0.4) from other ↓patients I ↑under↓stand he used to spend (0.2) or

811 ↑does spend a lot of ↑ti:↓:me ↑wi[th them you ↓know they do sort of v↑a:lue ↓that

812 John: [Yeh yeh

813 Milton: that he [.hh (.) he ↑gets very inv↓o↑:lved in their ↓problems and m[akes all sorts of

814 John: [yeh

815 Sally: [Mm

816 Milton: sugg<sup>↑</sup>estions n=

817 John: =I mean <sup>↑</sup>my (.) m[y my f::<sup>↑</sup>antas<sup>↓</sup>y about this what's happ<sup>↓</sup>ened <sup>↑</sup>is (0.2) that the

818 Milton: [ (-----)

819 John: re[ason this patient <sup>↑</sup>might be dis<sup>↓</sup>turbed (.) is that the patient

820 Milton: [Mmmm

821 John: <sup>↑</sup>mi:ght (0.2) be con<sup>↓</sup>cerned that he's made (0.2) the doctor go (0.2) <sup>↑</sup>bonkers mm=

822 (0.2)

823 Milton: =Mmmm=

824 John: =fo[r want of a better expr<sup>↑</sup>ess<sup>↓</sup>ion you know or duh of o[r dis<sup>↑</sup>turbed the doctor

825 (Stella): [Mmmm

826 Milton: [And th-

827 John: the [doct<sup>↓</sup>or's

828 Milton: [and there might be some

829 (0.6)

830 (Sally): Mmm=

831 Milton: =ba<sup>↑</sup>sis in <sup>↓</sup>that

832 (0.2)

833 John: Yeh no there could <sup>↑</sup>certainly be some basis in <sup>↓</sup>that (.) that's that's I mean that's

834 <sup>↓</sup>why (.) it's (c[ome to this)

835 Milton: [Has he left you with <sup>↓</sup>very uncomfortable f[eelings

836 John: [He wiz he left me feeling

837 ve::ry ve::ry dis<sup>↓</sup>turbed (.) he's <sup>↑</sup>e::qually the most dis- (.) he's <sup>↑</sup>e:qually left me

838 with the most <sup>↑</sup>difficult feelings I've had since I've joined this <sup>↑</sup>team

839 (0.2)

840 (Val): °Ah°=

841 (Milton): =h h h h=

842 Sally: =[ [Mmmmm

843 Stella: =[ [Mmmmm

844 (0.4)

845 John: °He's a hor- (0.4) horrible ↓character°

846 (.)

847 Milton: °Mmm°=

848 John: =°.hh huh .hh ((*laughs*)) (0.2) for want of a better word° .hh[hhhhh

849 Sally: [Mmm

850 (0.2)

851 John: ↑SO ehmm hhh (0.4) what I ↓said (0.4) ↑I'd ↓do is I'd bring it back to the te[↓:am

852 Sally: [Mmmm=

853 (Val): =Mm=

854 Elsie: =[ [Mmm

855 John: =[ [Ehm

856 (2.4)

857 Clark: ↑Think↓ing the (0.4) ↑climate at the ↑mom↓ent ↑to:: (0.2) ha- not have something in

858 ↑WRIT↓ing to:: res↑pond ↓to ↑you know (.) ss the fact the conversation took place on

859 the ↑phone .hhhh it not having a written re↑[fer↓ral ↑from that [doctor ↑[does

860 Milton: [Mmmm

861 Sally: [Ye::s

862 Val: [Mmmm

863 (.)

864 Clark: make it slightly ↑dodgy doesn' ↓it

865 (.)

866 John: hugh huh ((*coughs*)) well ↑these are the ↓things we should dis↑cuss [↓really=

867 Clark: [Yea::h

868 Milton: =↑Th[at's a good poi::nt (.) I ↑mean: (.) it ↑does sound as ↓though he needs a

869 Elsie: [Mmm

870 Milton ↓jo↑:int assess↓ment=

871 Elsie: =Mmm

872 (.)

873 Milton: a:nd ↑if they could se:nd us a written ↑re-referral .hhh ↑not necessarily spelling out

874 the ↑de::tails (0.4) ehm (0.6) you ↓know (.) but (.) you could jus- (.) they ↑could



875 just say something like the patient was left as we discussed over the phone the  
 876 patient has been ↓left with dis↑turbed feelings following an encounte:r ↑you know=  
 877 John: =Mmm yeh=  
 878 Milton: =something like tha↑:t (0.4) and ↑then we could sor[t of  
 879 John: [Without going into the de↓[tails  
 880 of it but then make a [wri- make a written referral nonethe↑less=  
 881 Elsie: [Mmmm  
 882 [mmm  
 883 Elsie: =[ [Yeh=  
 884 Milton: =[ [Yes=  
 885 Sally: =Yea=  
 886 Milton: =( [and)  
 887 John: [hguhuh= ((*coughs*))  
 888 Milton: =I mean ↑that's a very good point ↓Clark (0.6) and ↑the:n ehhrm=  
 889 John: =↑what are your con↓[cer↑ns

890 Milton: [we need to arrange I think a ↑joint assess↓ment with two (1.0)

891 two suitable peop↑le and you can discuss who that might ↑be=

892 John: =I mean ↑I do[n't mi:↓:nd (0.2) eh (.) being part of ↓that=

893 Milton: [Ehm

894 Milton: =Ye::a:h (0.2) I mean ah ↑I I (.) I don't mind really ↑see::ing him if you know what I

895 ↓mean ↑you know ↑ehm=

896 John: =Ah ↑that's

897 (.)

898 Milton: I ↑suppose you could ↓say you could say there are er (.) transcult↑tural iss↓[ues that

899 I might have a

900 (Ron): [°hmhmhm°

901 hhhhhhhh .hhhhh[h ((*laughs*))

902 Sally: [hm h[m ((*laughs*))=

903 John: [I think you might have ↓a=

904 Milton: =an infohormed ↑viehew oh[on but ehm= ((*laughs*))  
 905 Sally: [hmm hmm ((*laughs*))  
 906 John: =Yes=  
 907 Milton: =Err=  
 908 John: =I mean I ↑think pa::rt of (.) I mean I have ↑s:o:me reserv↓ation about seeing ↓him  
 909 we- to be ↑quite honest as ↑soo::n as the GP (.) mentioned his na↓:me=  
 910 Milton: =Yeah (Mark)=  
 911 John: =I just ↑felt (.) I just felt that ↓erm=  
 912 Sally: =Mmm=  
 913 John: =hhh (0.2) I I ↑suppose I think I'm very ↑prejudiced against him actuall↓y (1.2) and  
 914 at ↑some level (0.6) you ↓know I think a ↑joi:nt assessment would be a ↑good idea  
 915 because ehm (0.6) would be interesting for me to hear from someone ↑else (0.6) you  
 916 know someone else's accou:nt of how they ↑fel[t  
 917 (Val): [Mm [mmmm

918 (Stella): [Mmmmmmmmmmm

919 (Elsie): [Mmmmmmmmmmm

920 John: you know w[hat he w[as a<sup>↑</sup>bou:t really (0.6) because he in<sup>↑</sup>duc ↓es

921 (Val): [mmmmmm

922 (Elsie): [mm

923

924 John: <sup>↑</sup>VE:RY <sup>↑</sup>punishing <sup>↑</sup>stuff in ↓me I just (0.2) you know I just (0.8) an an and <sup>↑</sup>fear↓ful

925 stuff in me as well I just think you know <sup>↑</sup>get ↓out of my <sup>↑</sup>space you ↓know

926 (.)

927 (Val): Mmmm=

928 Milton: =But he <sup>↑</sup>was he <sup>↑</sup>was err quite in<sup>↑</sup>timidating ↓was <sup>↑</sup>he=

929 John: =He <sup>↑</sup>was quite intimidating and in fact [when I

930 Milton: [In <sup>↑</sup>what way was ↓he err=

931 John: =He wiz he wiz r<sup>↑</sup>oa:::r<sup>↓</sup>ing and <sup>↑</sup>shou::t<sup>↓</sup>ing (0.2) and I <sup>↑</sup>think one one of the things  
 932 that was <sup>↑</sup>diff<sup>↓</sup>icult was (1.4) you know I'd been <sup>↑</sup>set up <sup>↓</sup>to experience him I think  
 933 (0.4) as intimidating be<sup>↑</sup>fo::re I <sup>↑</sup>met <sup>↓</sup>him because the=  
 934 Milton: =I think I remember (-----reviewing) him=  
 935 John: =Pardon=  
 936 Milton: =Sorry (he only bumped into him)=  
 937 John: =because the: (0.4) the: <sup>↑</sup>outpatients staff said you <sup>↓</sup>know that he'd often <sup>↑</sup>pa::ce in  
 938 outpatients and he'd often be (.) quite de<sup>↑</sup>ma::nding you know if his app<sup>↑</sup>ointment  
 939 wasn't on ti<sup>↑</sup>::me n (0.6) you know so the <sup>↑</sup>who::le [thing sort of  
 940 Milton: [Mmmmm  
 941 John: felt [very cranked <sup>↑</sup>up .hhh I mean ah it <sup>↑</sup>wasn't <sup>↓</sup>really till after seeing him I  
 942 Elsie: [Mmmm  
 943 John: mean <sup>↑</sup>he he did make ig n exc<sup>↑</sup>eptional <sup>↓</sup>impact on me I have to say because (0.2) I  
 944 <sup>↑</sup>tended <sup>↓</sup>up on the basis of <sup>↑</sup>see::ing <sup>↓</sup>him for half an <sup>↑</sup>hou<sup>↓</sup>:r <sup>↑</sup>wri::t<sup>↓</sup>ing over two and

945 a half pages of ↑no:tes on ↓him (0.2) bec- you know just (.) just trying to get my  
 946 ↑H:EAD a↓round (0.4) th- t[h- what was going ↑on ↓really .hhhh (0.4) a::nd (0.2) the  
 947 Milton: °[Mmm°  
 948 John: ↑other the thing that really ↓struck me ↑most about him ↓wa::s (0.4) something he said  
 949 to me which ↑didn't of course dawn on me writin' the (0.4) in the account but (.)  
 950 occurred to me ↑a::fterwards (0.6) he said that he'd ↑a::lways mahn- er ma:naged in  
 951 life by ↑b:ullying ↓people=  
 952 Milton: =M[mmm  
 953 John: [that that was his ↑modus operan↓di (0.6) and it ↑wasn't until ↓afterwards that I  
 954 thought to myself well ↑that's ex↑a::ctly what's happened with me to some ex↓tent=  
 955 Milton: =Mmmmm=  
 956 John: =that he's ↑come across actual↓ly as ↑very intimidating and ↑bully↓ing (0.8) and I  
 957 ↑mean that's what ↑ha:ppens I think ↓I (0.6) ↑you know I (0.6) put my ↑foot ↓down  
 958 ↑real↓ly at one level (0.2) an (.) an stood my [↑ground with him and con↑fronted

959 Milton: [Mmmmm

960 John: some of his behav↓iour .hhh which ↑could I ↓think (0.6) pot↑entially be therapeut↓ic

961 cause I ↑think it's=

962 Milton: =So having ↑done ↓that might make you the best person to ↑see him ↓again if you know

963 what I mean ↑but=

964 Elsie: =Mmm=

965 John: =↑Yeh I mean I du (.) I ↑think (0.2) ↑you ↓know ↑one I wouldn't want to see him out of

966 a fairly secure-ish en↑viron↓ment (0.2) [↑simply because (0.4) you know I think in

967 Milton: [Mmmmm

968 John: ↑o::rder to put my (.) foot ↓down with him I (.) I would ↑nee::d to feel [personally

969 quite con↑[tai::n↓ed=

970 Milton: [Ye::s

971 (Val): [Yeh

972 Sally: =Mm=

973 (Val): =[ [Yeh

974 Milton: =[ [Mmmmm=

975 John: =err (1.2) ↑you ↓know and to put some stuff back to ↓him (1.0) ehm (2.2) but he ↑is

976 err (1.2) °he is ehm quite a tricky character really°

977 (0.4)

978 Milton: So we'd ↑have a ↓choice between ↑two:: of us seeing him ↑he:↓:re (1.0) °maybe you n

979 (1.0) ((turning of pages)) Clark or ↑Ro:n°=

980 John: =He's ↑not great with ↑trans↓port actu[al↓ly

981 Milton: [Or

982 (0.6)

983 Milton: O::r eh::m (0.6) the ↑Gener↓al's a bit more ↑diffi↓cult ↑isn't ↓it (0.6) to arrange a

984 ↑joi::nt ↓assessment=

985 John: =Y[eah

986 Milton: [I suppose it (.) ↑could be don[e by some↓body



987 John: [That's where he's traditio↓nally been see[n because

988 Milton: [Mmmmmmm

989 John: he's (0.6) he's ↑often had difficulties making appointment because they don't have

990 ↑tra:ns↓port

991 (2.8)

992 Milton: Ri::ght=

993 John: =I mean I ↑think you ↓know typ- (0.4) un↑for- (.) you know (.) un↑fort↓unately I have

994 ↑a:no:ther (.) pa:tient who comes to see ↓me who is (0.4) ↑this next ↓door ↑nei:gh↓bour

995 (0.4) and ↑of[ten (0.2) has ehm hgm hgm ((coughs)) (0.6) ↑you know complained

996 Milton: [Mmmmm

997 John: about noi↑::se ↓from next ↑door and the fact that the children are ↑up (0.6) af- (.)

998 ↑all hours of the ni:ght an=

999 Milton: =Mmmmm=

1000 John: =you know I (.) I ↑I:: (0.6) felt un↑comfort↓able enough I mean I pro↑crasti↓nated  
 1001 about it for a ↑whi:↓:le (0.4) but wi- (.) ↑in the ↓notes there was a a a letter for  
 1002 social ↑services reg↑arding the ↓children (0.8) a:nd it just I ↑couldn't get in out of  
 1003 my ↓h:ead (0.4) a:nd I (.) I ↑left it for a ↓while because I thought no (.) you know  
 1004 you ↑can't (0.2) just (0.2) you ↓know you you ↑don't know why you're jumping ↓into  
 1005 (0.4) to get the social services in↓volved (0.4) so I've ↑left it for a ↓while (0.4)  
 1006 but e↑ve::ntual↓ly (.) I just ↑couldn't put (.) the thoughts of (0.2) this man  
 1007 bullying children out of my mind so I ↑actually spoke ↓to (0.6) er=  
 1008 Milton: =Mmmm  
 1009 (.)  
 1010 John: a ↑social wor↓ker (0.4) this particular social ↓worker ↑about him (0.6) aga↓i::n (0.4)  
 1011 ehm (1.0) ↑simply (0.8) ((*turning papers*)) you know sort off ↑kno::wing that they  
 1012 wouldn't do anything a↑[bout ↓it=  
 1013 Val: [Mmm

1014 Val: =But

1015 (0.2)

1016 John: err but ↑simply (0.2) ↑you ↓know (0.4) thinking that if if they ↑recorded something

1017 and it was part of an ↑accu::mulation of ↓things ↑then .hh maybe that was the right

1018 way to ↑manage ↓it .hhh ((sniffs))

1019 (.)

1020 Milton: I mean ↑you and ↓I↑:: could ↓see him jointly at the Gener↑al

1021 (0.8)

1022 John: °Ehhhr yes (1.2) ↑could ↓do°

1023 (3.6)

1024 Sally: .hhh in terms of this ↑li:st ↓though do we ↑actually want to wa↓:it until we get

1025 [a ↑written re↑fer↓ral befo:re it ↑goe:s on ↓he[re

1026 Milton: [Mmmmm

1027 John: [Well I' [ll ask

1028 Sally: [cause ↑that sounds more

1029 app<sup>↑</sup>[ropri<sub>↓</sub>ate doesn't ↓it

1030 John: [Yeh I'll ↑ask them (.) I'll ask them t[o ↓do that

1031 Sally: [I'll ↑take it off ↓here (0.4) I

1032 won't put it on here at ↓[all

1033 Clark: [I mean ↑given that that referr<sub>↓</sub>al was dis<sup>↑</sup>cussed with the

1034 ↑health ↓authority (1.2) and it was ↑their sugg<sup>↑</sup>estion ↓al↑most (0.6) °mmmm°=

1035 Elsie: =Mmm[mm mmmmmmmmm

1036 John: [.hh I mean I ↑think I think the GP's (0.4) the the ↑G↓P whos (.) ↑spoke to ↓me

1037 ↑he:r reservations ↓wer::e (1.0) that she you know ↑quite right<sub>↓</sub>ly I think ↑you know

1038 (.) she was dealing with a SICK (0.2) err err a ↑sick coll<sub>↓</sub>league and didn't ↑want that

1039 necessarily (0.6) ↑hu:gelly in the publi[c do<sub>↓</sub>main and I mean ↑that's understand[able

1040 (Elsie): [Mmmmm mmm

1041 (Sally): [Mmmmmmmmm

1042 Clark: [Yeh

1043 John: on one ↓l[evel [.hhh but ↑I (0.2) ↑you ↓know ↑part of me thought well ↑it's you ↓know

1044 (Val): °[mmmm

1045 Clark: [°Yeh°

1046 John: it's (.) it's (.) just the way it ↑is and it's una↑voidable and there is ↑levels at

1047 which you can (0.2) ↑say ↓things you know and ↑err (0.2) an ↑I think it's reasonable

1048 to say that the doctor's gone off ↑sick=

1049 Elsie: =Mmmm=

1050 John: =you k[now say n[o ↑mo:re=

1051 (Stella): [Mmm

1052 (Sally): [Mmm

1053 Elsie: [Mmmmm

1054 Val: =Mmmm=

1055 Elsie: =Well abso↓[lutel[y

1056 Milton: [Mmm

1057 John: [which is what I ↑so:[:rt of ↓said (0.2) you know but (0.2) I said

1058 (Val): [Mm yeh

1059 John: I'd I'd brought it=

1060 Sally: =°Mmmm° s[o ↑you're but you're going to go back and get it=

1061 John: [to↑day

1062 John: =Yeh=

1063 Elsie: =Mmmm=

1064 Sally: =Ok↓ay .hhhh well ↑shall we go back ↓to:

1065 (1.2)

1066 Sally: [[be↑ginn↓ing

1067 Milton: [[↑How ↓do you f↑ee::l about that plan because ↑we're being ↓very mis↑focussed (.) an

1068 I know ↓you

1069 (.)

1070 Sally: =Mm[m mmm ((laughs))

1071 John: [No I fe==

1072 Milton: =This err sort of generated quite a lot of=

1073 John: =No I'll be o<sup>↑</sup>[kay about <sup>↓</sup>that=

1074 Milton: [Mmm

1075 Elsie: =Mmmm=

1076 John: =err (0.6) I I MEAN MY <sup>↑</sup>reservations about seeing him are mo- (.) are <sup>↑</sup>mo::re really

1077 about being (0.6) err about being level <sup>↑</sup>hea::ded with him <sup>↓</sup>really

1078 (.)

1079 Milton: Mmmm=

1080 John: =and (.) <sup>↑</sup>you <sup>↓</sup>knowmm (.) I <sup>↑</sup>only saw <sup>↓</sup>him (.) actually as it <sup>↑</sup>happened I only saw him

1081 <sup>↑</sup>once=

1082 Milton: =<sup>↑</sup>Ah <sup>↓</sup>right=

1083 John: =Eh:m <sup>↑</sup>but=

1084 Milton: =He ↑resonates for a long time afte[rwa[rds

1085 Sally: [Huh hee ((laughs))

1086 John: [Oh ↓no he ↑did and i[n fact ↑recent↓ly the

1087 Sally: [Uh huh ((laughs))

1088 John: DVL↑A sent me ↓forms about him (.) [an[d (.) you know and I ↑could have filled ou-

1089 Milton: [Mmmmmmm

1090 Elsie: [Mmm

1091 John: in these ↓forms and my ↑ve- (.) my (.) an I ss I I ↑actually e↑ventually sent the

1092 forms back to the DVL↓A saying I ↑haven't seen him for ages send them back to the G↑p=

1093 Milton: =Mmmm=

1094 John: =.hh but my ↑impulse actually was to say to write some (.) a note on the ↓form saying

1095 (0.6) ↑this man as far as ↑I'm con↓cerned was ↑h:eavily using cannabis and you should

1096 ask about these ↑quest↓ions (0.4) but (.) ↑you ↓know I was ↑quite concerned that I was

1097 ↑rea::lly (0.2) you ↓know



1098                   (.)

1099   Milton:   Mm [mmm

1100   John:       [↑punitive [talionic sort of ↑stuff=

1101   Sally:                   [hm hm ((*laughs*))

1102   Milton:   =Mmmm=

1103   John:       =you ↓know s↑o:

1104                   (1.0)

1105   Milton:   Ok↓[ay

1106   John:       [He: he's a ↑trick[y character for ↑me:: any↓way

1107   Elsie:                   [Mmmmmhhhh

1108                   (1.2)

1109   Milton:   °Right°

1110                   (.)

1111   John:       But ↑I'm happy with that as an arrange↓ment

1112                   (1.2) ((*sound of shuffling papers*))

1113 Sally: Ok<sub>ay</sub> well ↑going back to ehm (1.6) allocation for ass<sub>ess</sub>↑ment=  
 1114 Elsie: =Mmmm=  
 1115 Sally: =↑Page seven we've got ↑[George Jones who can only be offered (.) an assessment on a  
 1116 ↑Mon<sub>day</sub> (0.8) a[hm  
 1117 Elsie: [Mmmm  
 1118 Milton: [Eh::m  
 1119 (0.2)  
 1120 Sally: and ↑he ↓is (0.6) he is the guy wh (0.2) ↑fifty five year old depression panic attacks  
 1121 anx<sub>↑iety</sub> (0.8) requesting some ehm (0.6) be<sub>↑havioural</sub> therapy anx[<sub>iety</sub> manage<sub>↓ment</sub>  
 1122 from the G<sub>↓p</sub>  
 1123 John: [nnhuh huh  
 1124 ((coughs))  
 1125 (1.4)  
 1126 Milton: I'll err (1.6) for ↑out-patients J<sub>↓C</sub>↑ee and B<sub>↓W</sub>↑uu

1127 (.)

1128 Ron: °Hang on (0.4) (a min[ute)°

1129 Sally: [Hang on a min↑[ute

1130 Milton: [Eh:::[m

1131 Sally: [Ehm ↑hang on a minute

1132 (0.4)

1133 Sally: H[uh huh ((*laughing*))

1134 Milton: [So

1135 (1.2)

1136 Milton: J↓C↑ee is (0.6) ehm (1.2) o- (.) from South Fel↑ton hhhh ((*laughs*)) (.) halfway

1137 do:↑:wn

1138 (1.4)

1139 John: °J↓C°

1140 (1.2)

1141 Sally: There we ↓go

1142                   (.)

1143   Elsie:     Nur==

1144   Clark:     = [[Next to next to each ↓other=

1145   Milton:     = [[ (Then next)

1146                   (1.2)

1147   Milton:     =And BW (is the o[ne with the -----)

1148   Sally:                   [And BW is the one is the one who's being seen at Shipstone Roh↑oad

1149                   .hhh= ((*laughs*))

1150   Milton:     =(Is the one there o↓kay)

1151                   (0.4)

1152   Sally:     Yea:h

1153                   (.)

1154   Sally:     [[I mean I'll talk t- s-

1155   John:       [[You guh   you gonna make some enquiri[es about ↓that anyway

1156 Sally: [I'm gonna ↑talk I'll ↑talk to Sheila↓a because

1157 it [seems rather str↑a::n↓g:e

1158 Milton: [Well we just need to check we ↑just need to check the addr↑ess (0.6) °mm°=

1159 Sally: =Yeah

1160 (0.6)

1161 Stella: Going ba[ck to ↓yours Sally I'll take (0.4) take

1162 Milton: [(From my point of view)

1163 (0.4)

1164 Sally: You'll take (0.4) yeah=

1165 Stella: =G↓J=

1166 Sally: =O::↑kay ((*Rustling paper*))

1167 (0.2)

1168 Milton: The ↑only ehm thing we ↑mi::ght want to [che:::ck with BW is [tha:t erhm

1169 Elsie: [Here Stella

1170 Stella: [Ooooooh ta

1171 (0.6)

1172 Milton: the ↑person ↑seeing him might ↑pu:ll ↑ou:t if it emerges that (0.2) his address is

1173 out↓side (0.2) our ↑remit

1174 (1.0)

1175 Sally: Well she ↑wou:ld (.) yes (.) cause we wouldn't have any ↑op[t↓ion

1176 Milton: [So THAT (0.4) that might

1177 be a (0.2) that might be a sh[a↑hame ((*laughs*))=

1178 Sally: [Mmmm

1179 (0.8)

1180 Sally: Well ↑yes=

1181 Milton: =It might be ↓best to leave sleeping dogs li↑::e (in that way)=

1182 Clark: =Weh the gee- (.) y↑[eah the GP's ↓right so ↑something's ↓not

1183 (Elsie): [(We- the GP's)

1184 (0.6)

1185 Sally: There's something very ↓o::d[d isn't there

1186 Milton: [I mean I:↑'LL get the address ↑checked and if [it's in my

1187 area then ehm I::'ll send an app↑oint↓ment (0.4) but ehm=

1188 Elsie: [Mmmm

1189 Clark: =Al↑right cause ↑some of Ribbledon I[s actually in the ↑ci↓ty

1190 Elsie: [Mmm the c- that's what I ↑won[dered

1191 [yeah if it was over ↓the=

1192 Milton: [It is

1193 Ron: [Ri::ght

1194 Milton: =But it ↑maybe that they've made a mis↓take (0.4) and if that's the case then=

1195 Clark: =Eastcliffe

1196 (0.2)

1197 Milton: we ↑don't want her pulling ou:t

1198                   (.)

1199 Sally: No=

1200 Clark: =[ [Don know'f I got mah my ↑map book up↓stairs

1201 Milton: =[ [You see (.) you see what I mean before [↓ehm=

1202 Sally: [Yeh

1203 Clark: =Yeah

1204                   (1.6)

1205 Clark: hhhh huh .h[hh ((*laughs*))

1206 Milton: [So

1207                   (1.6)

1208 Milton: R↓ight

1209                   (.)

1210 Sally: So did you say ↑you're going to check the add↓ress=

1211 Milton: =↑I:'LL ch[eck the address and everything n (.) I I'd just ↓leave it with the

1212 Sally: [(Get it ye::s oka:y

1199 Sally: No=

1200 Clark: =[[Don know'f I got mah my <sup>↑</sup>map book up↓stairs

1201 Milton: =[[You see (.) you see what I mean before [dehm=

1202 Sally: [Yeh

1203 Clark: =Yeah

1204 (1.6)

1205 Clark: hhhh huh .h[hh ((*laughs*))

1206 Milton: [So

1207 (1.6)

1208 Milton: Right

1209 (.)

1210 Sally: So did you say ↑you're going to check the add↓ress=

1211 Milton: =↑I:'LL ch[eck the address and everything n (.) I I'd just ↓leave it with the

1212 Sally: [ (Get it ye::s oka:y



1213 Milton: psychologist at the ↓moment °[you know (0.2) ↑I'll get the address ch[ecked°

1214 Sally: [O↓kay

1215 Elsie: [↑Ee might have

1216 ↑mo:ved as you say he might'v[e (----) ((*Sound of rustling papers*))

1217 Sally: [Yeh

1218 Val: Ugh huh mm=((*coughs*))

1219 Sally: Yeh (0.2) .hh ↑eh:m and we're sa:y↓ing (0.2) let's have a look (0.6) ((*sound of*

1220 *rustling papers*)) going ↓do::wn (0.6) ehm=

1221 Elsie: =Well Karen Hu°[stings°

1222 Sally: [J::::=

1223 Elsie: =M[mm

1224 Sally: [I was looking at J (0.4) at the ↓top (.) JW↑uu=

1225 Elsie: =°JW°=

1226 Sally: =Ehm is the: ↑thirty five year old who's in↑volved with ↓probation (.) ↑and Phoenix  
 1227 House ↑substance abuse .hhh and there's concern about mental ↓health issues and  
 1228 they're requesting ↑TH::ERAPY and Clark suggested that perhaps we need to talk to the  
 1229 prob↑ation ↓officer so ↑someone needs to (0.4) [pick that up (1.2) e[h:m  
 1230 Elsie: [Mmm  
 1231 Clark: [Yeh I go- (.) I  
 1232 think he's been referred be↑fore  
 1233 (0.2)  
 1234 Sally: Do you=  
 1235 Elsie: =Mmmm=  
 1236 Milton: =uhg huh= ((*coughs*))  
 1237 Elsie: =[[↑Maybe the name rings a ↓bell  
 1238 Clark: =[[Maybe he didn't attend or something yeah  
 1239 (5.2)

1240 Sally: Any offers on that ↓one so I guess: (.) we- it maybe it maybe needs li↑a:ison (.)

1241 initially

1242 (10.2) ((*turning of papers*))

1243 Milton: I ↑think there ↑is ↓only JW LS (.) and ↑GJ to ehm (.) ↑allo↓cate

1244 (.)

1245 Elsie: °Mmm°

1246 (.)

1247 Milton: For assess↓ment

1248 (1.2)

1249 Val: °G[J°

1250 Stella: [G↑J I've done ↓[that ↑I've got that ↓one=

1251 Sally: [WHAT

1252 Milton: =↑You've g[ot Ge↓J=

1253 Stella: [is that

1254 Sally: =↑Ye:[s

1255 Milton: [Right=

1256 Sally: =Ye:s (.) ↓ye[:s= .hhh jus- ah huh= ((*laughs*))

1257 John: [GJ

1258 Clark: =Okay well ↑I'll assess (.) ↑I'll as[sess J↓w=

1259 John: [JJ

1260 Sally: =O::↓kay=

1261 Milton: =I mean if (.) if there ↓ar::e (1.0) ehm

1262 (3.0) ((*sound of rustling papers*))

1263 Sally: °Where's it gone°= ((*whispers*))

1264 (Elsie): =°nh[hhh nnhhhh°

1265 Stella: [mmm mm

1266 (.)

1267 Clark: °(----)°= ((*whispers*))

1268 Milton: =T's o↓kay

1269 (4.0) ((*sound of rustling paper*))

1270 Sally: So: the ↑next one is outside our ↓area=

1271 Stella: =Mmm mm=

1272 Sally: =Ehrm (1.2) okay we're ↑leaving th- (0.2) that on the ↓list (0.4) erm (0.4) so the

1273 next one is L (1.2) L↑↓ (1.2) this is the twenty four year old mother of (.) two who's

1274 ↑very isolated sev↑ere depression (0.6) anxious ↑fears people are watching her and

1275 talking about her (.) some suicidal ideation but sounded like no intent (0.6) ehm

1276 ↑history of self har↓m (1.2) and an abusive ↑fath↓er

1277 (1.6)

1278 Milton: I mean ↑she may end up coming the way of outpatients but (0.2) ih they're ↑wanting her

1279 picked up fairly ↑quick↓ly so .hhh (0.2) I would ↑guess if somebody ↑can pick her up

1280 (1.2) in the next (0.4) ↑week or ↓two and the::n ehm (0.2) if necessar↓y (.) °she can

1281 be ehm°

1282 (1.2)

1283 Ron: Pick er <sup>↑</sup>u::p (.) [as in a ehm

1284 Milton: [Mmmmmmm oh we'll assess

1285 Elsie: [<sup>↑</sup>For assess<sub>↓</sub>m[ent

1286 Stella: [Assess=

1287 Sally: =[ [Assess<sub>↓</sub>ment=

1288 Ron: =[ [Yeah

1289 Ron: =Yeah (0.2) erm (0.2) well I can <sup>↑</sup>assess her in the next ehm (1.2) °four weeks°=

1290 Sally: =Okay (.) thanks <sup>↑</sup>Ron (0.6) eh::m and then the <sup>↑</sup>next two are out patients and <sub>↓</sub>then

1291 <sup>↑</sup>Elsie's [going to <sub>↓</sub>see=

1292 Elsie: [Mmm mm

1293 Elsie: =Mmm mm=

1294 Sally: =G<sup>↑</sup>B and then (0.6) A-hay ((laughs)) ABN (.) I'll ring up the G<sub>↓</sub>P

1295 (.)

1296 Elsie: Mmm=

1297 Clark: =Six[teen

1298 Sally: [Ehrm and the next one's El↓sie=

1299 Elsie: =Mmm ↑mm=

1300 Sally: =So is that ↑i[t=

1301 John: [Can I (.) can I just ment↓ion=

1302 Sally: =yeah=

1303 John: =at the top of the ↓page (0.2) I'd like to refer PG (.) back to the ↑tea:↓:m actual↓ly

1304 (0.4) I [saw him (.) I saw h[im at the ↑hos↓pital (0.6) and he was sort of previously

1305 Sally: [(Right)

1306 (?): [Ahhhh ((Yawn))

1307 John seen by (0.6) ehm

1308 (0.4)

1309 Ron: Fred=

1310 John: =[↑Fre:d=

1311 (Milton): =[ [Fred  
1312 (.)  
1313 Clark: Oh he's in a <sup>↑</sup>General <sup>↓</sup>bed  
1314 (1.2)  
1315 John: Sorr<sup>↑</sup>y=  
1316 Clark: =He was in General <sup>↑</sup>Hosp<sup>↓</sup>ital=  
1317 John: =Yeah ye[ah he's had he's had <sup>↑</sup>physical <sup>↓</sup>problems but he's ehm  
1318 Clark: [Yea::h mmmmm yeah  
1319 John: [he's be<sup>↑</sup>com:e  
1320 Clark: [that's when he was referred befor[e  
1321 John: [He's become <sup>↑</sup>low in <sup>↓</sup>mood again really and I <sup>↑</sup>think  
1322 (0.8) ehm (0.4) I think he could benefit from (0.6) ehm (.) further sup<sup>↑</sup>port=  
1323 Sally: Oka<sup>↑</sup>y=  
1324 John: =err from the tea<sup>↓</sup>:m



1325                   (.)

1326   Ron:       And ↑that address isn't right ↓though is ↑it

1327                   (0.6)

1328   John:       Errr (0.2) ↑n:o: I don't think it is actuallly (.) off the top of my ↑head=

1329   Clark:       =No it ↑[is↓n't

1330   John:       [HANG ON=

1331   Clark:       =Yea::h

1332                   (.)

1333   John:       No I don't think it ↑is cause he's no ↓longer=

1334   Ron:        =Mmmm==

1335   John:        =I'm sure he's (0.6) I'm ↑sure he's no ↓longer there=

1336   Ron:        =N↑o I'm I'm sure ↑Fred err (.) helped him to ↓mo::ve

1337                   (1.4)

1338 Clark: Fred's dis↑cussions ↓about him a ↑lot of his problems are ↑social care ↓related as  
1339 ↑we:ll (0.2) er=  
1340 Milton: =°Mmmm°  
1341 (.)  
1342 John: uhuh HGHGHHGHGHM ((clears throat))  
1343 (1.2)  
1344 Clark: °Yeh°  
1345 (.)  
1346 John: Y:e:↑s: (.) that's right (.) I think that that there there ↑is err sort of mental  
1347 health (.) er component ↑in ↓it  
1348 (0.2)  
1349 Clark: But I do- (.) I remember when he discharged ↓him it was (0.2) it was (.) ref- (.) he  
1350 re- (0.8) I know he was referring him to social ↑servi↓ces  
1351 (1.2)

1352 John: Y[e::s

1353 Clark: °[ (----)° ((low mumble))

1354 (0.8)

1355 John: I mean (.) he's ↑currently on the ↓ward (.) an I suggested that they have a review of

1356 his (0.6) social ↓needs before he goes ↑ho↓:me (.) cause ↑they are (0.6) they are

1357 fairly ↓pressing (0.6) he's ehm (0.8) I mean he's ↑probably [known to most people

1358 (Clark): [Mmm

1359 John: he's in his ↑fift↓ies he had a ↑CVA two years ago (0.6) leaving him with err (0.6) and

1360 he's a ↑lo::ng history of depr↑:e::ss↓ion and some alcohol abuse as well in the past

1361 (.) re↑lationships with the family are pretty much none existent he's quite socially

1362 isolated at ↑home (0.6) but he manages in a (.) in a mo- (.) in a modified

1363 environ↓ment he si mangaging to cook and all that sort of stuff but he ↑is quite

1364 socially isola↓ted (1.2) ((rustling paper)) err he's not got particular social ↑money

1365 problems as ↓such (0.8) ehm he's become sort of dep↑ressed in the last five to six

1366            ↑wee:ks and was ↑started (0.6) on an anti depressant and then there ↑after he admitted  
 1367            to hospital in a ↑cute retention of ↑ur↓ine (0.4) and that's how he's wended his way  
 1368            to: Joan Rook ((*general hospital ward*)) at err ↑Harborough  
 1369            (.)  
 1370    (Sally): °(Rig[ht])°  
 1371    John:            [for rehab reall↓y (0.6) urr (0.4) an he's got ↑marked exp- ↑VERY marked  
 1372            expressive dys↑phas↓ia (.) I mean one of the one of my gripes when I saw him on the  
 1373            ↑wa:::rd was that err (1.8) that ↑you ↓know he was (0.2) he was just ↑s:itting there  
 1374            doing noth↓ing (0.4) really (.) ehm (.) a::nd I just ↓felt (.) I mean maybe there ↑is  
 1375            nothing can be done for someone but (.) ↑I just felt that the ward hadn't tried very  
 1376            hard to engage ↓with=  
 1377    Elsie:            =Mm[mm  
 1378    John:            [his his communi↑cation difficul↓ty (0.6) ehm (.) you know they hadn't got a f- a a  
 1379            picture board or ↑anything like that (.) err so ↑he was just sitting ↓there doing

1380           ↑nothing and (.) feeling very frustrated and (0.2) exasperated by it (0.4) ehm (.) I  
 1381           was ↑actually asked to see him previously when he was on ↑She::rwood ward when he was  
 1382           (0.2) much more ↑PHYSICally unwell (0.6) and he told me to bog off ↓really within two  
 1383           minutes an (.) wouldn't they ↑hadn't ↑told him they were sending a psychiatrist and he  
 1384           was ↑FURious=  
 1385   Elsie:     =Mmm=  
 1386   John:     =So it became untenable for me t- (.)to ↑stay (0.2) but on ↑this occasion he was  
 1387           actuall:y (.) ehm ↑quite co-operative (0.4) ehm (0.4) despite (.) having some  
 1388           symptoms of depression objectively he doesn't loo:k terribly depressed (0.4) he's  
 1389           been on Fluoxetine or three or four wee:ks (0.4) ehm (0.4) ↑he:: was err saying that  
 1390           he would like more help (.) that he'd had from before I mean that was his (0.2)  
 1391           subjective (0.4) err (0.6) ↑throw at it really (0.6) err I ↑think (0.2) at some level  
 1392           he'd valued (0.2) he'd valued err (0.4) Fred=  
 1393   Clark:     =Mmmmm=

1394 John: =Going in=  
 1395 Clark: =Yeah=  
 1396 Ron: =.hhhh ↑i- (.) if my memory ↓serves me ↑right↓ly ↑wouldn't he be eligi↓ble for (0.8)  
 1397 whatever British ↑Le:gion (.) ehmm might be able to offer him actuall↑y (0.6) I mean  
 1398 I'm not quite sure ↑wha::t that might [be but you know they do a whole ↑host of stuff  
 1399 ↑don't ↓they  
 1400 Elsie: [Mmm  
 1401 (0.4)  
 1402 John: °Yea:h°  
 1403 (1.2)  
 1404 Ron: I think he'd (.) be ↑eligib↓le  
 1405 (1.2)

1406 John: I mean it ↑could be that (.) he it ↑could be that he had a sort of SH:AR:P (0.2)  
1407 in↓put (.) maybe just (0.2) two or three sessions (0.4) with someone just to pull some  
1408 things to↑geth↓er (0.4) and to monitor his his err (.) mental state for a whi::le

1409 **END OF TAPE SIDE ONE**

1410 **START OF TAPE SIDE TWO**

1411 John: And he's saying (0.2) he says that he's ↑lo:nely

1412 (0.2)

1413 Elsie Mmm

1414 (0.2)

1415 John: but then on the ↑other hand he says that (0.2) at one level he's quite content to be  
1416 on his own .hh=

1417 Elsie: =Mmm=

1418 John: =He's not particularly chasing up company of other ↑peop↓le (0.6) ehm (0.6) so ↑you

1419 ↓know so there's a ↑bit of a (0.2) an inbuilt ↑paradox ↓there

1420 (0.4)

1421 Elsie: Befri[ending scheme (0.6) might be the way ↑in

1422 John: °[Yeah°

1423 (0.4)

1424 John: Yea:h=

1425 Elsie: =.hh cause it .hhh but it's (0.2) it's=

1426 Ron: =He ↓won't [accept [that cause it takes for↑ever n he'd sit on the waiting list

1427 for↑ever=

1428 Elsie: [one

1429 Stella: [About three years wait↓ing

1430 Elsie: =Mmm=

1431 Val: =What about the [↑stroke ↓club

1432 John: [Mmmm

1433 (0.6)



1434 John: I mean I ↑did ask (0.2) I did I didn't know about ↓that but I did ↑ask ↓the:m (0.2) I  
 1435 did ask (0.2) that his social needs would be (.) re↑vie::wed  
 1436 (.)  
 1437 Elsie: Mmm °well they ↑would ↓be won't ↓they°  
 1438 (.)  
 1439 John: .hhh hhhum  
 1440 (0.6)  
 1441 Elsie: (Write to Cheshire) volunteers if you want m to get out and ↑do: something that was  
 1442 ↑leisure related i- i- but i- (.) it's (0.2) .hhh (0.2) you al↑ways need somebody to  
 1443 co-ordi↓nate something like that you see and it depends how  
 1444 (0.4)  
 1445 Elsie: [[much they do (for you)  
 1446 Clark: [[That's what ↑Fred was struggling with  
 1447 (0.2)

1448 Elsie: Mmmm=

1449 Clark: =[ [I mean <sup>↑</sup>that went on for quite a <sup>↑</sup>time=

1450 Stella: =[ [Mm

1451 Elsie: =Mmmm=

1452 John: =<sup>↑</sup>How was Fred struggling (<sup>↑</sup>just say)=

1453 Clark: =Well <sup>↑</sup>trying to get his social care <sup>↓</sup>needs addr<sup>↑</sup>essed because it was sort of over at

1454 Loughborough social <sup>↑</sup>services he was [struggling to get a ref<sup>↑</sup>err<sup>↓</sup>al (.) succ<sup>↑</sup>ess<sup>↓</sup>ful

1455 Elsie: [Mmmm

1456 Clark: referral (0.2) <sup>↑</sup>over <sup>↓</sup>there (1.2) err (1.2) an I mean that's how it sort of closed

1457 with <sup>↑</sup>us that he was (.) a<sup>↑</sup>gain referred over to °Harborough social <sup>↑</sup>services°=

1458 Elsie: =Mmm=

1459 John: =.hhhhh Right I was[n't sure how it was closed

1460 Val: [So what sort of social needs I'm not (0.2) I don't feel very

1461 clea:<sup>↓</sup>:r (0.8) about

1462 (0.6)

1463 John: Well ↑really I think he's just ehm (1.0) he's very ↑ISOLated and he not particularly

1464 having now ↑he's a he's ↑slightly ambivalent about ↓that=

1465 Val: =↑Mmm↓mm=

1466 John: =or he [so or so it comes across to m:↓e

1467 Val: [yeah I hear ↓that

1468 (0.4)

1469 Clark: =Ye[h

1470 John: [ehm but (.) you know he's I suppose ↑my feeling was that he'd he'd ↑found himself

1471 in ↑hospital agai↓::n (0.4) I I mean ↑one (.) ↑one of the things the last time he

1472 found himself in hospit↓al ↑possibly ↑I think out of a response to just feeling

1473 ↑impotent to a ↑who:le load of t[hings ↑happening to ↓him=

1474 Val: [Mmmm mm

1475 Milton: =↑Whats his self ↓ca:re ↑like John °I mean°=

1476 John: =It's ↑fi::[ne f[ine [at the mome↓nt .hhh °wu°

1477 Elsie: [Mmm mmm it is

1478 Milton: [Mmm

1479 Sally: [(-----)]

1480 (.)

1481 John: You ↑have to bear in mind he's in ↑hos↓pital but the ↑last time he was in hospital he

1482 wouldn't co-operate with it at ↑a:ll

1483 (.)

1484 Milton: Mmm=

1485 John: =He was ↑actually err mm ehm (1.4) ↑managing his self care with ↑some assistance but

1486 not a ↑lo:t:=

1487 Milton: =And what about (.) his (.) the ↑house (.) care in the ↑house=

1488 John: =.hh I I don't ↓know what that's like=

1489 Milton: =I mean pre<sup>↑</sup>sumably (0.4) they need to organise a (0.6) you know home assess<sup>↑</sup>ment and  
1490 [er  
1491 Elsie: [Mm  
1492 John: [I I mean I <sup>↑</sup>think they will I think they will <sup>↑</sup>do: <sup>↓</sup>that=  
1493 Milton: =Mmm=  
1494 John: =I <sup>↑</sup>hope they will do <sup>↓</sup>tha:t (0.2) that was [one of the recommendations (.) I ma[de  
1495 <sup>↑</sup>to them  
1496 Milton: [Mmm  
1497 Elsie: [Yea:h  
1498 we need that re<sup>↑</sup>port really don't we (.) if they've done an OT home visit and <sup>↑</sup>stuff  
1499 (5.1) ((*sound of turning paper*))  
1500 Clark: Yeah mean it'd be worth <sup>↑</sup>checkin (.) how involved social services were=  
1501 Milton: =Well e[:  
1502 Clark: [eh after his la[st contact with <sup>↑</sup>us

1503 Milton: [ex↑actly it sounds like they ↓need to be in↓olved ↑you ↓know=

1504 John: =Ye:s=

1505 Clark: =Yeah

1506 (0.4)

1507 Milton: °Assessing the ↑home°=

1508 John: =.hh I mean ↑I (0.2) I just ↓felt o- you know ↑he (0.4) o- (.) ↑one of the reasons he

1509 caused ↑worr↓y cause he had a ↑liaison psychiatry assessment at HG↑H ((*local General*

1510 *Hospital*)) (0.4) .hh was because I p- (0.2) my th- ↑sense of ↓it as best I could ↓was

1511 that (.) because he's ↑VERY hard to communicate ↓with actual↑y (.) his his dysphasia

1512 is ↑very ↓bad .h[hhh and (0.6) it was ↑just impossible really to communicate

1513 Val: [Mm

1514 John: with him I was trying to guess what he was saying and he was doing this and getting

1515 increasingly frustrated it was ↑very hard for ↓him=

1516 Elsie: =↑But they could address ↓that as you ↑sa:y (0.6) °they could°=

1517 John: =but (0.4) he was (0.2) ↑one (0.2) the sense ↑I ↓get is that he ↑goes (0.6) you ↓know  
 1518 when ↑he's ↓pulled out of his own environment and he's ↑overwhelmed by ph:ysical stuff  
 1519 happening and ↓he's ad↑mitted to ↑one hospital and then he's (0.4) adm- (.) admitted  
 1520 to this wa:rd you ↓know .hhh and the ↑sense I ↓got from him case I ↑ASKED him some  
 1521 direct questions about ↓this .hhh you know I so- sort of said to him it must be (.) it  
 1522 must have been very ↓difficult for ↓you that you know you were from A to [B[ and he  
 1523 Val: [Mmmmm  
 1524 Elsie: [Mmmmm  
 1525 John: was he was ac↑knowledging this you ↓know (0.4) ehm (0.2) and I ↑think it does (0.4) it  
 1526 it does bring out suicidal ↑thinking with him and it ↑makes ↓him (0.6) it ↑amplifies  
 1527 the fact that he's got thi:s (0.2) ↑stroke p[roblem and it's rea:lly dis↑abling and I  
 1528 think  
 1529 Elsie: [Mmm

1530 John: ↑mo:st of the time he ↑lives with ↓that (.) he's ac↑cepted it (0.2) but when ↑physical  
 1531 things like this ↑happ↓en=

1532 Val: =Yea:h=

1533 John: =it just ↑amplifies all his limitations and how helpless h[e is etcetera etcetera

1534 Elsie: [Mmmm

1535 John: .hhhh and I think he ends up feeling (0.4) err sui↑cidal .hhh I ↑think what was (1.0)  
 1536 i- (.) the ↑time scale was difficult to det↑er↓mine but it ↑see::ms like he was  
 1537 becoming depressed be↑fo::re he went into hospital ev[en although (0.2) you

1538 Val: [Mmm

1539 John: know they're pretty=

1540 (Sally): =Mmmm=

1541 John: =↑almost co-temper↓ous I suppose at some ↑level .hhhh ehm  
 1542 (.)

1543 Val: Where is he ↓now



1544 (1.2)

1545 John: .hh he's (.) in (.) ↓hospital he's on Joan Rook ↓Ward

1546 (1.2)

1547 Clark: (Lockin him away)=

1548 John: =Har↓borough (0.2) no- t- er community hos↓pital=

1549 Val: =Right ↑okay

1550 (1.0)

1551 John: Errrr

1552 (0.4)

1553 Milton: So ↑what you're saying is his home support's inadequ↓ate because he's (ended [up

1554 [being) admitted to hospi↑tal=

1555 John: [Yeah

1556 Elsie: [Mmmm

1557 John: =I mean I ↑think I ↑agree y[ou know I think I think

1558 Val: [Or ↑ar::e or are you saying ↓that

1559 (.)

1560 John: Sorr<sup>↑</sup>y=

1561 Val: =That home support's inadequate

1562 (0.8)

1563 John: I'm s[aying that the ho<sup>↓</sup>:me I'm <sup>↓</sup>saying that the home sit<sup>↓</sup>uation it's timely to

1564 Elsie: [Needs ass<sup>↑</sup>essing really does<sup>↑</sup>n't <sup>↓</sup>it

1565 John: have a review of <sup>↓</sup>it

1566 (0.2)

1567 Elsie: Mm[mm

1568 John: [That's what I'm sa[y<sup>↓</sup>ing (0.8) I <sup>↓</sup>think=

1569 Val: [Yes

1570 Elsie: =Mmm mm=

1571 John: =Ehrr (0.4) you know in the light of him (0.6) <sup>↑</sup>really just (0.4) presenting to

1572 services <sup>↑</sup>albeit <sup>↓</sup>for <sup>↑</sup>PHYSICAL <sup>↓</sup>reasons (0.2) on the <sup>↑</sup>whole=

1573 Val: =(Has he ↑[real[ly)

1574 Elsie: [Mmmmmmm

1575 John: [But his ↑mental state has also changed re[centl↓y (0.4) so (.) you

1576 Val: [Mmmmm

1577 John: know (.) how well he'd manage at ↓home I think does need [a

1578 Elsie: [Mmmmm=

1579 John: =does need a rev[↑iew

1580 (Clark): [Mmmmm

1581 (.)

1582 Val: [ [Mmmmm

1583 Elsie: [[.hhh you see at ↑some poi↓:nt (.) I'd be happy to get involved and co-↑work with

1584 someone but I [↑don't wanna be mopping up stuff that the OT's at Harborough ↑hospital

1585 Val: [Mmm

1586 Elsie: should be doho↓ing= ((*laughs*))

1587 (Ron): =°(Mmm [no)°

1588 Val: [N[o and ↑likewise I need to [(feel) so it's like I I'm just sort of ↑puzzling

1589 John: [Uhh huh ((*laughs*)) .hh hguh hguh ((*coughs*))

1590 Elsie: [Yea↑:::h

1591 Val: as to (0.6) ↑how (0.4) what sort of proc↓ess this (.) this should t[ayKe=

1592 Elsie: [Mmm

1593 John: =W[ell ↑I was I wha I ↓mean

1594 Val: [You know any- any↓way

1595 (.)

1596 John: Before ↓I came to the meeting today what I was thinking to myself was that what this

1597 (0.2) you know what (.) the ↑REA::s↓on I'd be asking (0.4) maybe one of the CPN's to

1598 get re-engaged was ↑more ↑more to more to ↓ehm (0.4) in a focussed way monitor his

1599 ↑mental ↓state (0.6) ↑no[t necessarily to take on the ↑mantle=

1600 Val: [Mmm

1601 Clark: =But I=

1602 John: =of everything ↓el[se

1603 Clark: [I'm ↑just refl↑ect↓ing: how ↑Fred ↓felt=

1604 John: =A- at what ↑happen[ed

1605 Clark: [Fred fel[t ↑left with him

1606 John: [You ↑see I didn't kno↓:w that [when I saw him

1607 Clark: [Be↑cause he got this

1608 psychiatric ↑lab↓e[1 Fred felt left .hhh and felt (0.4) really

1609 Elsie: [Mmmm nobody else

1610 Clark: strugg↓led to get his ↑other

1611 (.)

1612 Elsie: Mmmm=

1613 Clark: =err needs and issues add↑ressed

1614 (0.2)

1615 Sally: T- [and is there no role for ↑medical psycholo↓gy (1.2) ↑in all ↓this

1616 Clark: [more than you'd ↑think

1617 (0.4)

1618 Elsie: ↑Well

1619 (0.4)

1620 Sally: ↑N[:o

1621 Elsie: [It ↑sounds very ↑practical to be ↓ho[n↑est

1622 (Stella): [It does=

1623 Elsie: =doesn't ↓it=

1624 (Stella): =Mm=

1625 Elsie: =Ehm

1626 (0.4)

1627 Clark: °Yeah°

1628 (0.2)

1629 Elsie: You ↓know (0.2) .hh with all due res↑pect but the you ↓know ih it's ↑often a sort of  
1630 ↑ta:lking type approach I mean it ↑sounds like it's ↑ver↓y ↑practi↓cal=  
1631 Milton: [But ↑if  
1632 John: =[ [We- from a psych↓ia-  
1633 Milton: =[ [But ↑if if [if they're saying ↓that i- (0.2) I mean it ↑sou:nds as though  
1634 Stella: [Yeah  
1635  
1636 Milton: they (0.6) err (0.4) with the psych↑iatric input as such on the ↓va::l↑ue of  
1637 antidepressants so forth is (0.4) [minimal  
1638 John: [Minimal  
1639 (.)  
1640 Milton: Ne- ne::glib↓le .hhh=  
1641 John: =Y[eh  
1642 Milton: [and ↑really it's about the home support=

1643 John: =Y[e:s

1644 Milton: [and how he's handled and all ↑that sort of ↓thing .hhh no::w ↑if Fred was feeling

1645 that (0.2) ↑you ↓know the OT's and Social Services overest- (.) weren't (.) sort of

1646 taking living ↑serious↓ly .h[h[h ↑who:: is the best perso[n in the team to liai:se

1647 (0.4) a↑bout ↓that

1648 John: [Mmm

1649 (Stella): [Mmm

1650 Sally: [Mmm

1651 Milton:

1652 (0.6)

1653 Val: It ↑strikes me that the whole thing needs ↑somebody some↓where and I'm not sure

1654 Val: ↑w[h:↓o and that's the bit I'm ↑struggling ↓with (0.2) needs to look a:t ↑what's

1655 (John): [Hhhhhh ((*laughs*))

1656 Val: happening at home (0.4) what services are in [(on ↓that) ↑what he can do what



1657 Milton: [Yeah

1658 Val: he  $\uparrow$ can't  $\downarrow$ do (1.0) be $\uparrow$ cu::se (0.6)  $\uparrow$ you know th[ere are certain things that

1659 Milton: [Ye:s

1660 Val: I wouldn't deal with isol $\uparrow$ ati $\downarrow$ on

1661 (0.2)

1662 John: Ye::s

1663 (.)

1664 Val: yu  $\uparrow$ know

1665 (0.6)

1666 Val: [[See I  $\uparrow$ think that

1667 John: [[You see  $\uparrow$ I was

1668 (0.2)

1669 John: I felt quite  $\downarrow$ cross when I went to the ward at  $\uparrow$ one  $\downarrow$ level=

1670 Val: =M[mm

1671 John: [because (0.4) ↑you ↓know they at ↑one level the mental health thing felt like a bit  
 1672 of a red ↑he:rr↓ing but ↑[you ↓know un↑fortunately what happens is ↑someone presents  
 1673 (Milton): [Mmmm  
 1674 Val: [Mmmm  
 1675 John: like this ↑so:me (0.6) enth↑usiastic (0.6) °b- b-° ↑house ↓officer puts them on an  
 1676 antidepressant and ↑SUDDenly it's a psychiatric ↑problem=  
 1677 Elsie: =↑But he's had a [str↓oke and he's got dysph↑asia it's a ↓common ↑thing  
 1678 Clark: [We- he's got a psychiatric ↑history I think that's wh[y it  
 1679 [bounces  
 1680 Val: [Well  
 1681 to be fa↓::ir eh[::  
 1682 John: [hguh hguh hmm ((coughing))  
 1683 Clark: [Why it hea[ds in this dir↑ect↓ion yeh

1684 John: [He ↑actually (0.4) he he ↑wasn't (1.0) you ↓know I I've  
 1685 ↑only met ↓him tw↓i:ce (0.4) and he was re↑MARKably beTT↓er this time than when I saw  
 1686 him the last ↓time (0.6) and he ↑did look relatively self ↑car↓ing (0.4) he ↑did have  
 1687 he ↑did have ehm (0.4) a good affective ↑range (.) I would have said objectively he  
 1688 didn't ↑loo:k particularly depressed (.) .hhh ehbm (1.6) but ↑you ↓know that that  
 1689 still doesn't mean that this process hadn't happen↓ed=  
 1690 Elsie: =Mmm=  
 1691 John: =before I ↑got there sort of stu[ff ↑you ↓know .hhh err (.) and (1.4) ↑you  
 1692 Val: [Mmm  
 1693 John: know I ↓said to the ↑ward cause the ↑ward were s- ↑basically when ↑he arrived at the  
 1694 ward ↓first he wasn't eating and he wasn't drink↓ing (1.0) and th- that ↑worried ↓them  
 1695 (0.6) and they felt he was with[drawn and de↓pressed  
 1696 Val: [This has ↑happen↓ed be↑fore hasn't ↓it=  
 1697 John: =but with↑in a day of being in hospital he was a[cc↑epting fluids he was ↑more

1698 Val: [°Think so°

1699 John: co-operative he was co-↑operative with er er all the other ↓things

1700 (.)

1701 Val: Mmm=

1702 John: =and ↑I said to the ward ↑look you know ↑ho:w (0.6) ↑how would you ↑dea↓:l with some

1703 one who was ↑awkward on the ↓ward (0.4) who didn't have a mental ↑illness (.) because

1704 pres↑umably that's a ↑problem (0.2) for ↓you (0.4) and the:: staff nurse said t- ↓me

1705 sh- said (0.2) I've only ↑bee::n here twohoho weeks oh ho g[ohhod [huh heh heh .hhh

1706 tear your hair ↓out sort of ↑stuff ((*laughs*))

1707 Val: [Oh God

1708 Sally: [Mmm mm ((*laughs*))

1709 (.)

1710 (0.2)

1711 Elsie: Mmm [mm

1712 Val: [I[t's=

1713 John: [Ehm but ↑it=

1714 Val: =Sorry=

1715 John: =a- an I ↑spoke to ↓the: (.) I ↑spoke to ↓the (0.2) err doct↓or (.) on (.) you know

1716 who's ↑managing the ↓ward and I ↑made it clear what ↑I ↓felt ought to happen which is

1717 that (.) there should be a THO:ROUGH review if his home situa↓tion .hhh and they

1718 needed to do that prio[r to discharging him (0.2) that his ↑mental (0.4) health

1719 Elsie: [Mmmmm

1720 John: stuff was (.) wa[s a ↑sma::ll part of the equation .hh he seemed to be ↑relatively

1721 Val: [Think that's right

1722 John: well to me (0.2) °on the basis of how I'd seen him be↓fore°

1723 (.)

1724 Sally: But it's who's ↓going to do that re↑vi↓ew .hh=

1725 Val: =Rig[ht (.) let's just

1726 Elsie: [Now they ↑sh[ould do that on the ward

1727 Sally: [(If he's in) hospit[al that's organised through the ↑hospital

1728 Val: [You see Sally ↑that's what I'm say↓ing now I've

1729 sort of=

1730 John: =[ [Mmm

1731 Stella: =[ [↑Yeah

1732 (.)

1733 Val: Got my ↑head round ↓it=

1734 John: =I ↑gue[ss though I mean there's an ↑iss↓ue of whether we:

1735 Val: [That's right he needs ↓a=

1736 John: =whether we pick it up at ↑all=

1737 Sally: =Yeah

1738 (0.2)

1739 Val: Ex↑act↓ly=

1740 Elsie: =Mmmm

1741 (.)

1742 Sally: If ↑that should happ[en th[rough the ↑hosp↓ital

1743 Elsie: [Mmmm

1744 Stella: [It's ↑not for ↑here it should happen through ↑the↓m

1745 ↑sure↓[ly

1746 Val: [Yeah

1747 (1.2)

1748 Val: I ↑think he needs an AD↓L ((*activities of daily living assessment*)) and then we've (.)

1749 an an a ↑home (0.2) assessment (1.8) in the hospital

1750 (0.2)

1751 Elsie: From ↑th[em

1752 Val: [Which ↓they will ↑do=

1753 Elsie: =↓Yeh

1754 (0.6)

1755 Val: Prior to discharge=

1756 Elsie: =and they should th[ink

1757 Val: [THEN=

1758 Elsie: =°Mmmm°

1759 (0.2)

1760 Val: ↑you ↓know (0.2) a proper assessment can be made of .hhh any ↑social nee::ds (0.6)

1761 et↑cetera etc↓etera (.) ahm (.) ↑you ↓know

1762 (0.6) ((rustling of paper))

1763 Elsie: Mmm

1764 (1.2)

1765 Clark: [ [Mmm

1766 Val: [[That's what needs to ↑ha[pp↓en you know we ↑CAN'T

1767 Clark: [Ah supp- ah s-

1768 (0.2)



1769 (Stella): °Mm[m°

1770 Val: [can't leave this poor chap because (0.4) you know he falls between (.) sort of

1771 ↑[sto↓ols=

1772 (Stella): [Yeah

1773 Elsie: =[ [Yeah

1774 John: =[ [Mmm well that's wha[t's happening ↓a bit an

1775 Val: [bu:t eh:::m it's like ↑how do we (0.2) actually

1776 (1.2)

1777 Clark: It almost feels li[ke if we allocate to CPN

1778 Val: [↑manage ↓this but I th↑ink that's the way to ↑[go isn't it ↓he

1779 needs=

1780 Elsie: [Yeah

1781 Elsie: =Yeah cause ↑they've requested a psychiatric assess↓ment ↑you done ↓it you've ↑said

1782 (.) his depr↑ession's not the mai[n is↓sue=

1783 Val: [Mmmm

1784 Val: =[ [That's ↓right=

1785 Stella: =[ [Mmmm

1786 Elsie: =his ↑physical ↓stuff and his social isolat↓ion and his [occupation needs are his

1787 Val: [Yeah ↑mm

1788 Elsie: [main thing but that's all to do with the stroke and the dysphasia back to ↑y[ou for

1789 Stella: [Mmm

1790 Val: [Yeah

1791 Elsie: ↓now

1792 (.)

1793 Clark: Mmmm=

1794 Val: =Y[eah

1795 Stella: [cause I sup↑pose the concern ↓is getting the CPN ↑ba::ck who=

1796 Clark: =That ma[kes it ↑less likely that this other stuff wi:l[l be ach↑ieved

1797 Stella: [looks as though th've weighted toward::ds mental <sup>↑</sup>health a<sub>↓</sub>gain

1798 Elsie: [You end up [sorting it all

1799 [<sup>↑</sup>ou::t weren't you=

1800 Clark: [Yeh

1801 John: [I mn <sup>↑</sup>that that was=

1802 Stella: =Yeah=

1803 John: =that was his re<sub>↓</sub>quest pres<sup>↑</sup>umably at some le[vel he en<sup>↑</sup>joyed having Fred <sub>↓</sub>visit=

1804 Stella: [Cause he's had m

1805 Clark: =Yeah=

1806 John: =Eh::m

1807 (Stella): °Mm°

1808 (0.8)

1809 John: You know I don't nee- (.) I don't <sub>↓</sub>feel we necessarily have to <sup>↑</sup>wei:ght (0.2) tha::t

1810 (.) hea:vi<sub>↓</sub>ly (0.4) you <sup>↑</sup>know (0.4) °<sub>↓</sub>w[e::ll°

1811 (Stella): [Mmm

1812 Sally: [↑I mean it doesn't sound that app↑ropr↓iate

1813 (0.4)

1814 (John): hhhhhhhhhhhh=

1815 Sally: =And b- i- ↑are the hospital going to sort something ↑ou:t I mean that's that's the

1816 ↑quest↓ion isn't ↑it ↑sure↓ly (0.2) and if you've ma[de a request that ↓they (0.4)

1817 John: [Hgggggh ((*clears throat*))

1818 Sally: that there be (0.4) ↑some sort of rev↓iew (0.4) is it up to them to ↑do that=

1819 Val: =They ↑don't (0.2) t[hey shouldn't just simply discharge him well that never ever

1820 happens in ↓theor↑y=

1821 John: [Well what I ↑could do what I could ↓do

1822 John: =Wh[at I ↑could ↓do

1823 Elsie: [Mmmm mmm mmm mm mm= ((*laughs*))

1824 Sally: =So h[ow how we going to ensure that that happ↓ens

1825 Val:            [↑You ↓know it's only ↑fair to them if they if their seen to have nee↓:ds=

1826 Sally:        =Yes

1827                (0.2)

1828 Val:        Ar:e ass↑essed before they're discharged

1829                (.)

1830 Sally:        Yes

1831                (.)

1832 Val:        ↑home

1833                (1.6)

1834 Sally:        So could y[ou get back to them J↓ohn

1835 Val:                [Every↓body

1836                (.)

1837 John:        Y[eah

1838 Sally:        [And ehm

1839                (2.0)

1840 John: I mean in a ↑s:ense I ↓suppose what I feel (I) need is (0.4) I mean ↑I'd (.) I was↓n't  
 1841 quite aware of the t↑u:g (0.2) err (0.2) with F↓red (.) a[ctually (.) I was[n't (0.2)  
 1842 aware of ↓that  
 1843 Clark: [Yeah  
 1844 Sally: [Mmm  
 1845 (0.2)  
 1846 Milton: I mean ↑ONE thing is is that you're not sort of ↑le:ft with it in a ↓w[ay  
 1847 Elsie: [Mmmm=  
 1848 John: =Y[e[ah  
 1849 Sally: [Mmm  
 1850 Val: [Mmm=  
 1851 John: =I mean I ↑ca:n go back to them and say you know we're ↑not: ehm actual↓ly (0.2) err  
 1852 going to actively follow him up at home and the:re↑for:e  
 1853 (.)  
 1854 (Val): °Mm°

1855 (.)

1856 John: you know unless there are spec<sup>↑</sup>Ific mental health stuff the: <sup>↑</sup>vast majority of his

1857 stuff is [about social <sup>↑</sup>care and [social <sup>↓</sup>needs (0.4) <sup>↑</sup>a:nd (0.2) cause I <sup>↑</sup>think

1858 Val: [Mmm mm °(true)°

1859 Elsie: [Mmmm

1860 Sally: [Mmm

1861 John: it w- s- at <sup>↑</sup>some level I so:<sup>↑</sup>rt of feel that if we <sup>↑</sup>don't put a boundary down

1862 abou::t <sup>↓</sup>it

1863 (0.2)

1864 Elsie: Mm <sup>↓</sup>mm=

1865 John: =errr (0.6) you know if if <sup>↑</sup>we:: don't draw the li:ne (.) no one else will <sup>↑</sup>either<sup>↓</sup>er

1866 (0.8) an i- i[t's

1867 Clark: [Well it's <sup>↑</sup>dr[awn <sup>↑</sup>for us that's the prob<sup>↓</sup>lem

1868 Milton: [Mmmm it's ↑certainly worth trying

1869 any↓way [but .hhh I sup↑pose the only thing is if it does break ↓do:wn there ar::e

1870 Sally: [Mmm

1871 Milton: ↑you ↓know he does (round) to depression there's some sort of .h[hhhhh (0.4)

1872 John: [Yeh

1873 Milton: ↑e:xi:t (.) policy where we can (0.2) ↑become involved un[der certain cir↑cumstances=

1874 Elsie: [↑Mmmm

1875 Elsie: =Mmmm=

1876 John: =Yes .hhh well I ↑think I mean what I think we ↑could ↓do ↑is (0.4) ehm I mean what I

1877 ↑could ↓do: is I ↑could go back an I could say (.) I ↑could (0.2) you ↓know (0.4)

1878 ↑o:ff↓er (0.6) to ↑re:visit the situation in a cons↑ultative capacit↓y (0.6) later ↑on

1879 (.)

1880 Milton: [[Mmmmm

1881 Elsie: [[Mmm mmm



1882 (0.2)

1883 John: Eh::m

1884 (0.2)

1885 Milton: Ye::s

1886 (.)

1887 John: But in the <sup>↑</sup>mea::n time (0.4) say actually well (.) you <sup>↓</sup>know (0.6) w- I'm

1888 no[t I'm not planning <sup>↓</sup>to (0.6) [ehhm be (1.2)involved in a

1889 Milton: [That makes sense yeah yes

1890 Elsie: [Mmmmm

1891 John: ve:ry (1.2) in[volved <sup>↑</sup>way=

1892 Milton: [Yes

1893 Elsie: Mmm mm=

1894 Milton: =<sup>↑</sup>That makes <sup>↓</sup>sense

1895 (0.2)

1896 John: So I <sup>↑</sup>could <sup>↓</sup>do [<sup>↑</sup>tha:t

1897 Elsie: [Mmm

1898 (0.2)

1899 Milton: Mmm

1900 (0.4)

1901 Elsie: I'm ↑thinking about things ↓like you know if he en↓joyed having Fred ↑visit↓ing (.)

1902 .hh ↑doesn't have to be the mental ↑health be↓friending scheme there's a [be↑friending

1903 (John): °[Mm°

1904 Elsie: scheme that's open to ↑everyone based at Ron Short ↓House that ↑they can (.) refer

1905 ↓to=

1906 John: =Okay

1907 (0.6)

1908 Val: Mmm °(th[at's very useful])° mm

1909 John: [Okay thanks for that that's really helpful

1910 (.)

1911 Val: And as I ↓said ↑stroke cl↓ubs=

1912 Elsie: =↑Mmm [mm

1913 John: [(↑What's) the stroke ↓[club

1914 Elsie: [mmmmmm

1915 (0.4)

1916 Val: That's at ↓Ron Short ↑House and (is

1917 Stella: =↑Yea::h=

1918 Val: =[geared for people who have)

1919 Elsie: =[[(do loads of natio↑nal ↓things)

1920 (1.2)

1921 Val: have had strokes

1922 (.)

1923 Elsie: Sup↑port mee:tings=

1924 Val: =Yeah

1925 (0.2)

1926 Elsie: And [ehm

1927 Ron: [Mi ↑might be worth lo[oking into the British ↓Legion (a::ny[way) because=

1928 Val: [↑Big thing

1929 Elsie: [Mmmm

1930 Milton: =Mmm[m

1931 Ron: [from ↑what I remember Fred ↓saying he's a fairly sort of can:↑ta:nke↓rous sort of

1932 [chap

1933 Elsie: [Hmm hmm hmm [hmm ((*laughs*))

1934 Val: [Ye[a:h

1935 Ron: [but I ↑think he might sort of probably (0.2) get on better

1936 with th[e company of other similar ↑peop↓[le rather rah ha ther ((*laughs*))

1937 Elsie: [Muss [heee huh huh huh huh huh ((*laughs*))

1938 Ron: ↓more ↑than

1939 (.)

1940 Elsie: Yeah I [think it's a good idea

1941 Ron: [you know sort of little old ladies at the ↑stroke ↓club °([probably])°

1942 Elsie: [Yea:h

1943 (1.2)

1944 Val: Well we'll ↑take them away if he's ↑that ↓happy ((laughs))

1945 (.)

1946 Ron: Wel[l nn I'm ↑stereo↓typing like ↑mad but

1947 Val: [ha ha ha ha ahuh hu hu[h huh ((laughs))

1948 Elsie: [Mmmmmmm[m

1949 Stella: [No=

1950 (Sally): =.hhhh[hhhhhhhhhhhhhh=

1951 Ron: [Uh huh huh ((laughs))

1952 Val: =Huh ((laughs))

1953 (0.6)

1954 Val: Mmmmm=

1955 John: =Okay th↓anks

1956 (1.0)

1957 Sally: O↑kay is ↑that (0.4) is that everything on the ↓list (0.4) (an [uh)

1958 John: [ahuuu hugh hughnn=

1959 ((*coughs*))

1960 Elsie: =Apart from whether anybody can allocate (0.6) can take Ruby ↑Sty↓les cause ↑last week

1961 we said=

1962 Sally: =Yes:[::

1963 Elsie: [for allocation in the next two to three ↑we↓e:ks (.) ↓so

1964 (0.4)

1965 Clark: And Roy Sh↑il↓ton

1966 (.)

1967 Elsie: Mmmm (0.4) ↑whoops sorry (.) ↓names but °ss ↑yeah°

1968 (0.6)

1969 Ron: But isn't there ↑also BD↑L:↓: who (they're trying °to [saddle ss with°)

1970 (1.4)

1971 Elsie: [Tuhhhhh

1972 (.)

1973 Elsie: .hh [thss is

1974 Stella: [There's always ↑[pressure Ro:[n

1975 Elsie: [nnhuhhuh ((*laughs*))

1976 Ron: [Awwh=

1977 Stella: =[[She's still [on the ↑wa::[:rd at the min↓ute

1978 Elsie: =[[He's ↑struggling with ↓this

1979 Milton: °[Joan ↑Smith°

1980 Val: [Oh

1981 (.)

1982 Val: Ouh

1983 (0.4)

1984 Milton: °There's Joan ↑S[mith° ((*whispers*))

1985 John: [(Did I me[n]tion this-----

1986 Stella: [So is [(-----)

1987 Val: [The ↑file's been ↓found

1988 John: °[-----]° ((*whispers*))

1989 Stella: °[(Just send him ↑aw[ay])° ((*whispers*))

1990 Milton: [Ah

1991 (1.0) ((*turning paper*))

1992 Elsie: °(Anyway) the speech therap[ist can just help him°

1993 Ron: °[(Will Yvonne see ----[--)]°

1994 Stella: °[Mmmm°=

1995 Elsie: =°communica[te° ((*whispers*))

1996 Milton: [So::=

1997 Elsie: =not

1998 (0.2)

1999 Milton: eh[::m here are ↑three:

2000 Elsie: °[not fixed to dysphasia° ((*whispers*))



2001 (0.4)

2002 Milton: ↑Three CP↓N's here ↑one Roy Shilton

2003 (.)

2004 John: Therapis[t

2005 Milton: [↑one Ruby ↓Stiles and one c- sorry (.) BD↑L (.) huh hhh [hhh ((*laughs*))

2006 Stella: [And she ↑takes three

2007 on her o↑wn

2008 Ron: [And BDL ↑BDL will

2009 need (0.4) a whole ↑ho:[st of people

2010 Stella: [Ye::↑ah she'd take th- ↑team u[p she ↓will

2011 John: [O↓kay that's really help↓ful

2012 ↑thanks (2.0) at least I can ad↑dress ↓that ↑n[ow (0.2) and feel a bit ↑better about

2013 it

2014 Elsie: °[Mmmm (°---

2015 [-----spoonfeed the ward though°) ((*whispers*))

2016 Sally: [But are there any ↓offers for todū::h↑heh [to↓da:y .[hhhhh ahhh↑huh ((*laughs*))

2017 John: [(°Eh:::y°)

2018 Elsie: [(°I'd doubt if she wants to

2019 spoonfeed the ward (.) with that pat[ient that annoyed them)°

2020 Stella: [Well that's that's the (thi[ng she doesn't ↓need)

2021 Val: [↑Does she need ↓one

2022 (0.6)

2023 Milton: She ↑needs some↓thing

2024 (0.4)

2025 Milton: [[To keep out of ↑hosp↓ital

2026 Clark: [[Needs to be a cause ↑I took somebody off the waiting list two weeks ↓ago=

2027 Elsie: =Mm↑mmm=

2028 Ron: =Well ↑I took ↓somebody last w[ee:k you ↑kno:w

2029 Clark: [Sort of come back

2030 (0.2)

2031 Sally: hhhh[hh .hhh .hhh ((*laughs*))

2032 Clark: [from holiday and ↑Milto[n's nn

2033 Ron: [↑Jan Coll↓ett=

2034 Clark: =a↑lerted me to a couple of people as ↓well ↑so

2035 (0.2)

2036 (Sally): .hhhaaah=

2037 (Elsie): =Mm[mm

2038 Milton: [.hhhh hhhh=

2039 Elsie: =Mmmmm

2040 (.)

2041 Milton: ↑Who's ↓tha::t

2042 (1.2)

2043 Clark: B↓J hhhh  
 2044 (0.4)  
 2045 Sally: nn[huh (*laughs*)  
 2046 Milton: [↑B:↓J  
 2047 Clark: Hm (*laughs*)  
 2048 Sally: .hh[hh ↑Oh this is imposs[ible  
 2049 Milton: °[↑B:↓J°  
 2050 Val: [I ↑hate it when this is:  
 2051 (0.2)  
 2052 Milton: (°Who°)=  
 2053 Clark: =[ [↑Brian  
 2054 Elsie: =[ [↑Brian  
 2055 (2.2)  
 2056 Milton: O↑:↓:↓h (0.2) m- pu-

2057 (2.2)

2058 Sally: Nn huh ((*laughs*))

2059 (0.2)

2060 Milton: We've had him for (0.4) y<sup>↑</sup>onks

2061 (0.2)

2062 Clark: Yknow but he's been s:l<sup>↑</sup>ee:p<sub>↓</sub>ing

2063 (1.0)

2064 Milton: Ri:[ght

2065 Sally: [Humph ((*laughs*))

2066 (1.0)

2067 Val: So is he waking <sup>↑</sup>up [to [us <sub>↓</sub>then

2068 (Clark): [Mmm

2069 Ron: [So <sup>↑</sup>KE:: [l[ast <sub>↓</sub>week

2070 Val: [Right

2071 (Clark): °[Mmmm mmm°

2072 (0.6)

2073 Elsie: Mmmm

2074 (.)

2075 Milton: He's <sup>↑</sup>o:kay actua<sup>↓</sup>lly

2076 (2.1)

2077 Ron: °Wh<sup>↓</sup>o°

2078 (0.6)

2079 Clark: No dohoh ((*laughs*))

2080 (0.2)

2081 Sally: Ohh=

2082 Stella: =B<sup>↑</sup>J=

2083 Val: =Ay[s[ it i[s BJ's (already been)

2084 Stella: [(this is madness)

2085 Sally: [.hhhhhhhhhhh hehhhh hehhhhh huuuuh huuuuuh huuuuuuuh ((*laughs*))

2086 Clark: [Won't work Sally it's <sup>↑</sup>not going to work <sup>↓</sup>Sally

2087 (2.6) ((*sound of rustling paper*))

2088 Val: Bit like Ves<sup>↑</sup>uvius inni[t

2089 Milton: [Mmmmm

2090 (.)

2091 Sally: Ah [hhhh

2092 Stella: [M<sup>↑</sup>mm

2093 (0.6)

2094 Sally: .hh ok<sup>↑</sup>ay (0.6) well shall we <sup>↑</sup>jus- (0.8) look at admissions and dis<sup>↓</sup>charges (.) now I

2095 <sup>↑</sup>can't see how I can <sup>↑</sup>do <sup>↓</sup>th[is without actually reading [out <sup>↓</sup>names I'm going to have

2096 to=

2097 Elsie: [No you can't

2098 Milton: [I think we'll just have

2099 Milton: =Ah hguh ((*coughs*)) p[ass it

2100 Sally: [take them <sup>↓</sup>out=

2101 Milton: =Pass it <sup>↓</sup>around

2102 (0.8)

2103 Val: Do you want nnn

2104 (.)

2105 Sally: [[Ok↑ay

2106 Elsie: [[Mmmmm[mmmmmm (no::)

2107 Milton: [↑Just pass it ↓around

2108 (0.6)

2109 Sally: Did you want to do ↑that

2110 (0.4)

2111 (Stella): Mm↑mm=

2112 Sally: =↑Go on ↓then (1.2) ((*sound of rustling of paper*)) pass it ↓ro:und

2113 (.)

2114 (Val): Mmm=

2115 (.)

2116 Sally: =EH::M (0.6) do we want a break ↓now (.) for [ten min↓utes=



2117 John: [Mmm mm  
2118 John: =Yes please  
2119 (0.6)  
2120 Elsie: Yeah  
2121 (0.6)  
2122 Sally: O↓kay well lets come back (0.2) by tw[enty ↓to °pss°  
2123 Milton: [Mmm  
2124 ((*sound of rustling of paper*))  
2125 **TAPE SWITCHED OFF**  
2126 **TAPE RESTARTED**  
2127 Sally: Are we ↑going to start with ↑wa::rd round have we got some feed[back from the wa:↑:rd  
2128 Stella: [We ↑have  
2129 (0.4)  
2130 Milton: Mmmm  
2131 (2.6)

2132 Stella: Ehm ↑Colette Stephe:n↓so:n (.) had been ↑fine on the ward her mood is improving no  
 2133 sui↓cidal thou↑:ghts (0.2) and she feels that the ECT is (.) benefiting ↑her (1.2) ehm  
 2134 ↑so we've said that she did feel ↓be:tter the headaches were not too bad (0.6)em her  
 2135 ↑sleep was ↓okay but she was complaining of pins and needles in her ↑fingers (0.8) but  
 2136 the doctors thought that it was due to the (.) the problems in the ↑neck  
 2137 (.)  
 2138 Clark: I was ↑jus- ↓goona sss (0.2) I mean ↑I was ↓wondering if the (0.2) with her neck and  
 2139 ↓stuff whether ECT is (0.6) not contra-↓indica↓ted presumably ↑not ↓but  
 2140 (0.2)  
 2141 Milton: Well we we did ↓ehhm ask for a X-Ray and everything to show the anaesth[e↑tist so he  
 2142 was quite ↓happ↑y mm  
 2143 Clark: [Yeah  
 2144 ↑yeah  
 2145 (0.4)

2146 Clark: °Cou[ld it°

2147 John: [Well they ↑mo:d↓ify it ↑don't ↓they

2148 (0.2)

2149 Milton: Mm↓mm

2150 (0.4)

2151 Clark: Oh you

2152 (0.4)

2153 Stella: Put it in a differe[nt ↑place don't ↓t[hey

2154 Clark: [(In↑ertral)

2155 John: [No no n[o it's ↑modified with a::n=

2156 Milton: [No::

2157 Milton: =Mus[cle relaxant

2158 John: [with the muscle relax↓ant=

2159 Elsie: =Mmmmm[m

2160 Stella: [Mm[m

2161 John: [ss to (.) [to::

2162 Clark: [Yeah

2163 (0.6)

2164 Clark: Yeah I ↑just wondered cause she's (0.6) ↑you ↓know she's (0.2) always on doing with

2165 her ↑neck and ↓stuff

2166 (.)

2167 Milton: Mmm

2168 (2.0)

2169 Ron: I mean since ↓you last saw ECT they've started a↑naesthetising people when ↓th[ey're

2170 (↑i:ll) [hhhh hu:h hu:h hu:h hu:h hu:[h ((*laughs*))

2171 Elsie: [ .hh

2172 .hhh huh huh ((*coughs*))

2173 Clark: [↑Hehey (.) I worked in the ECT suite (some↑times)

2174 Ron:

2175 Elsie: [Well as ↑long as they transfer her ↓okay don't

2176 pull and twist [her neck when they ↑transferring her as ↑well

2177 Milton: [Clark was it your job to tighten the ↑straps hmm hm[m huh

2178 Ron: [Huh hh hh hhh hah=

2179 ((*laughs*))

2180 Milton: =(or to pull the tapes o[ff)

2181 Clark: [Mm mm mm ((*laughs*))=

2182 Stella: .hhhhh a[hem ((*clears throat*))

2183 John: [I mean ↑if it's a conce↓:rn ↑one of the things the anaesthetist can ↑d:↓o (.)

2184 is they can they can (0.8) ↑tournique an ↓arm so that (0.2) so that they (.) get (.)

2185 to l- look at the ↓response cause the only reason you don't ↑totally (.) [↓modify it

2186 (Clark): °[Mm°

2187 John: is because you (1.2) because you want to see (0.4) you want to see som:e external

2188 manifes[tation of the ↑fitting

2189 Clark: [Mmm yeh yeh

2190 (0.4) ((*sound of rustling papers*))

2191 John: an::d they could give a larger dose of Suximet<sup>↑</sup>onium ((*Suxamethonium is a muscle*

2192 *relaxant used in anaesthesia*))

2193 (0.2)

2194 Clark: Yeh

2195 (1.2)

2196 John: So (0.4) the an<sup>↑</sup>aesthetist just needs to <sup>↑</sup>know about it

2197 (0.2)

2198 Clark: Yeh

2199 (2.0)

2200 Stella: <sup>↑</sup>She'd been encouraged to wear a <sup>↑</sup>neck collar

2201 (0.6)

2202 Elsie: Wo::::=

2203 Stella: =[ [ (-----)

2204 Clark: =[[Wha- during ↑treat↓m[ent

2205 John: [Hgggh ((*coughs*))

2206 (.)

2207 Stella: [[Yeh

2208 Clark: [[Yeh

2209 (.)

2210 Stella: Wh[ich she ↑wasn't but she ↑said that she would and she was given weekend lea↑:ve .hh

2211 (Milton): [Yeh

2212 Stella: [Ehhhm Paul ↓Craig who's on the list has been ↑di:s↓charged bu- (0.4) I've ↑got a

2213 Clark: [Mm

2214 Stella: feeling that (0.4) di- ↑Fred see (0.4) [this ↓chap

2215 Elsie: [Mmm the name rin[gs a ↓bell

2216 Ron: [↑Doesn't ri[ng a bell with me

2217 Stella: [↑I: knew the

2218 ↑na::me for some reaso↓n

2219 (.)

2220 Milton: Mind you I don't know the ↓name °when° (0.4) OH I MIS[SED the ↓ward round ↑that's

2221 ↓right sss fff

2222 Stella: [Cause ↑you weren't a↑round last

2223 ↓week

2224 Milton: hh huh huh .hh [huh huh ((*laughs*)) I'll be ↑late next ↓Mon↑day as well so

2225 Sally: [huh huh ((*laughs*))

2226 (0.6)

2227 Milton: [[hhuh

2228 Stella: [[Okay

2229 (0.8)

2230 Stella: He wa[s admitt↓ed (0.2) em on the fiftee:nth of October via his GP for respite for



2231 Milton: °[(What a to do)°  
 2232 his famil↓y (0.8) and when you meet ↓him you can understand ↓it (0.2) he had a  
 2233 ↑hi:story of panic attacks over the past seventeen ↓years she was low in mood and was  
 2234 ↑constantly complaining of stomach ↓pain (0.2) and we ↑sa::w him (0.4) and he jus-  
 2235 he'd got all these notes written ↓down and he went over his family ↑histo↓ry (0.4) .hh  
 2236 and (0.4) ↑ee was relating everything to having irritable bow↓el  
 2237 (0.2)  
 2238 (Elsie): Hhhhhaah=  
 2239 Stella: =↑and stomach problems an (0.8) ehbm an he kept saying I ↑n:eed to get the ↑stress out  
 2240 and he kept ↑bu:rping in Suzanna's ↑face and it was (.) he w[e just ↑couldn't (.) get  
 2241 John: °[Huh huh° ((laughs))  
 2242 Stella: him out of the ↓ro↑o:m (0.2) .hhh ehbm (0.2) ee w- ↑did have a bit of a ↓sad ↑history  
 2243 his mum died when he was ↓three an is (.) ↑dau::ghter died when she was only ten  
 2244 months ↑ol↓d (0.4) the ↑second child was still ↓born (0.2) a::nd he's now just got one

2245 (.) surviving ↑daugh↓ter (0.2) he was in financial ↓problems n we were going to try  
 2246 and refer him down to the ↑day hospit↓al (0.4) but he's obviously g↑one (1.6) eh::m  
 2247 (.) ↑Cara Too::ne (0.4) she re↓mained ↑lab↓ile but she was ↑sleeping ↓well having  
 2248 thoughts of divorcing her ↑husba↓nd (1.0) eh::hm (0.6) she ↑said that she felt  
 2249 redundant at ↑ho:me tht her daughter didn't need her ↓anymore (0.6) and she ws (0.4)  
 2250 ↑really quite up↑set it was the anniversary of her daughter's ↑death and her daughter  
 2251 w[ould have been (.) nine↑tee:n

2252 Elsie: [Mm

2253 (0.2)

2254 Milton: Yeah she had a (1.2) ((*loud bang*)) a ↓baby died very yo↑ung (0.6) or was still↑born

2255 (0.4)

2256 Clark: Mm[m

2257 Stella: [Yeah .hhhh eh::m (0.2) ↑saw her she just said that she was up and ↓down she ↑looked

2258 really ↑ti↓:red (0.2) .hh and she's query to try Sodium ↑Valpor↓ate ((*anti-*

2259 convulsant)) and she was going on leave on ↑Thursday °for° four ↑hours (0.4) .hhhh ↑Jan  
2260 Brierly is still ↓waiting for ↑nursing ↓ho↑me (.) ehm she's (0.2) ↑still awaiting  
2261 this long assessment by a dietician fr problems ↑swallow↓ing (1.0) ((*sound of paper*  
2262 *turning*)) ehm ↑Irene Johnson's a ↓lot brigh↑ter she'd had a day on leave and a day of  
2263 night leave which had gone very we↑ll (1.2) ehm but she takes on other patient's  
2264 prob↓lems (.) bit of a (.) an agony aunt reall↑y (0.6) ehm we ↑saw her she said that  
2265 she felt that she was making ↑good ↓progress ↑leave was very goo:d ann she felt that  
2266 she was reattaching to her ↑child↓ren (0.2) .hh and she was going to consider taking  
2267 weekend ↓leave (1.2) Sharon Has↑tings (0.6) was con↑tinu↓ing (.) to self ↓harm (0.2)  
2268 and had not been given the dress↑ings (0.8) .hh ehm (0.6) a ↑lot of discussion about  
2269 ↑boundary ↓setting with Sharon in preparation f::or going to JB↑U (0.4) we ↑saw her  
2270 she said that she felt up and do↓wn (0.2) even though she was socialising more with  
2271 the ↑pati↓ents (0.8) she was having some ↓leave (.) on ↑Sun↓day (0.8) ehbm she told us

2272 that her parents ↑we:ren't visiting the ward and she's due t[o start back (---) next

2273 week

2274 John: [.hhhhhhhhhhhhhhhh hgrm

2275 hmmm ((*sniffs and clears throat*))

2276 (1.2)

2277 Stella: ↑John Carlton's not very ↓well (0.2) ↑at ↓all (0.8) ehm (0.2) appearing very troubled

2278 on the ↓wa::rd (0.6) tactile hallucinations an he was (0.6) seen pulling his ↑toes

2279 saying (0.2) get off get ↓off and he'd got ↑blisters ↓on his ↑toes so he was ↑really

2280 quite dis↑tressed I don't know what he'd been ↑do↓ing (0.4) .hh (0.4) ehm but he'd

2281 still he'd (.) he was ↑constipated as ↓we:↑ll (0.6) and he'd got tummy pain and he was

2282 vomiting (0.2) [as well but he's ↑very troub↓led (0.6) depot's not doing anything ↑yet

2283 Elsie: °[↑Oh dear°

2284 (0.2)

2285 Milton: M[mmm

2286 Stella: [.hhh ehbm ↑Kelly Greer we hara section one one seven meet↑ing (.) and all support  
 2287 systems set up ↑again in ↑place she was discharged on Fri↓day  
 2288 (1.0) ((*banging sound*)) an that was ↓it  
 2289 (1.2)  
 2290 Sally: Oka↑ay well I g[uess we need ↑t-  
 2291 Milton: [Few things to say about ↓Kelly↑y ehbm (.) the ↑coun:sellor phoned me  
 2292 up to say that she was worried cause Kelly was talking about ehbm (1.2) feeling  
 2293 suic↑idal and so ↓forth and ehbm (0.2) the ↑message I got from the counsellor wa:s (.)  
 2294 ↑you ↓know that she felt a bit out of her (0.2) d↑e:pth err (0.2) ↑her time was unable  
 2295 to con↑tain it all that (----)=  
 2296 Stella: =Mm[mm  
 2297 Milton: [.hhh ehbm (.) a::nd ↑she was very keen that Kelly should go to Southlands an all  
 2298 the ↓rest and that she was worried that Kelly wasn't ready for (0.2) .hhh and she was  
 2299 ↑wanting an individual mee↑ting with (0.6) ↑me: and so ↓forth (0.4) a↑long with ehbm

2300 (0.2) some other wo:rker (0.4) duyuh remember there were two of them  
 2301 that [came an I got that one °can't actually remember which one was which°  
 2302 Stella: [Yeh yeh  
 2303 (.)  
 2304 Stella: Ah ha  
 2305 (.)  
 2306 Milton: Eh-hm and I can't remember (.) who: the other one was °was it Sheena Sayers or  
 2307 something or Jean[nie or I don't remember it°  
 2308 Stella: [She's something t- d- yeah with educatio[n  
 2309 Milton: [Nnyeah=  
 2310 Stella: =th- other one  
 2311 (.)

2312 Milton: A::hm .hhh a:nd the ↑two: of them wanted a ↓meet↑ing (0.2) a ↑sma::ll meet↓ing rather  
 2313 than a ↑big meet↓ing and I ↑said that (1.0) you would co-ordin↑ate meet↓ings (1.2) .hh  
 2314 and so they ↑may (.) she ↑may ↓well get in touch ↑with: ↓yo[u  
 2315 Stella: [Yeah=  
 2316 Milton: =a↓bout ↑that  
 2317 (0.2)  
 2318 Stella: There was a ↑message for me to ring her ↓on ↑Fri↓day but it's ↑nevr a ↓quick ↑phone  
 2319 ↓call with (0.4) Sue ↑is ↓it=  
 2320 Milton: =NNNO (0.2) no it ↑didn't fe[e]l °↓that productive when ↑I spoke to her°  
 2321 Stella: [↑I'll give her a ↓ring  
 2322 Milton: [so° (0.2) I ↑had a feeling that id↑eally she'd ↓like to (0.2) pull ↑out reall↓y=  
 2323 Stella: [Mm  
 2324 (.)  
 2325 Stella: =Mmmm=

2326 Milton: =err we- I ↑put that to ↓he:r (.) ↑you ↓know th[at I ↑wondered (.) if: she wa:s

2327 Stella: [Mm

2328 Milton: sort of .hhh envisaging withdraw↑ing as it were and ↑she: ehm (0.6) said that she felt

2329 that (.) she couldn't meet Kelly's ↑nee:ds you ↓know (0.2) n I mean ↑having said that

2330 of course it was ehm (1.0) it was ↑rea:lly when she went on l↑ea::↓ve that (.) Kelly

2331 started breaking down ↑wasn't ↓it [so she's (↑clearly) quite im↑portant °you know° ehm

2332 Stella: [Yeh Mmm mmmmm mmm

2333 Milton: .hhh an I ↑think pulling out would be a (0.6) difficult ↑pro↓cess but (0.4) ↑one of

2334 the issues for ↑me is that a meeting as ↑you say would be very ↓time ↑consum↓ing with

2335 her (0.2) you ↓know ehm (0.4) so I'm ↑not so sure how quickly that °could be ar↑ranged°

2336 (0.6)

2337 Stella: I'll ↑give her a ring ↓in

2338 (0.6)

2339 Milton: °At some stage°=



2340 Stella: =°↑soon (.) something li[ke that°

2341 Clark: [hurm h[urm ((*coughs*))

2342 Milton: [The ↑other thing is arranging the ↓South↑lan::ds ehm

2343 (0.2) referral I ↑think it needs I think it needs to be discussed ↑with ↓Kelly just so

2344 that it's (0.4) she's got s:↓ome K K KG .hhh [some degree of cohuh↑mmitment ((*laughs*))

2345 Sally: [Hmm hmm ((*laughs*))

2346 Milton: .hhh to it (0.2) err=

2347 Stella: =I mean [s[he's ↑mentioned that to ↓me be↑fore but I was ↓jus:::- (0.4) ↑very

2348 Milton: [do you know what I ↓mean mmm

2349 Stella: aware as usual ↓that (0.8) KG has ↓got ↑e:verybody (0.4) in↑volved and may[be she's

2350 got (0.2) to many ↓people

2351 Milton: [Mmm

2352 (0.4)

2353 Milton: Mmm

2354 (.)

2355 Milton: [[Well it ↑may be an opportunity for those too many people ↓to (1.0) ↑you ↓know (0.4)

2356 Stella: [[You know and err

2357 Milton: be ↑less in↓volved if she was in some sort of ↑system

2358 (0.2)

2359 Stella: Mmmm

2360 (0.6)

2361 Milton: that (.) [that was both therapeutic ↑a:nd contain↓ing cause I su↑ppose there's a

2362 Stella: [mm

2363 Milton: ↓split ↑between where the therapy takes place and where the con↑taining takes place at

2364 the °↓moment mm (0.8) (and ↑if we do some (1.0) did ↑take take it up with her it would

2365 be f↑ine)° (0.4) the ↑ONLY problem ↓with South↑lands referring people here there is

2366 that it was ↑all (0.2) you ↓know (0.2) there's ↑always uncertainty over it's fut↑ure

2367 isn't there you know °you never°

2368 (0.4)

2369 Elsie: There's a ↑whole new package come ↓rou[n[d ↑is[n't there so:: it['s

2370 (Milton): [Mm

2371 Stella: [Yeah I've seen it

2372 Milton: [They h↓a::v[e but

2373 Stella: [Yeh

2374 Milton: at [t[he ↑same ti::me they the Trust's in some (.) so much in the re:d and

2375 Elsie: [(we haven't got it yet)

2376 Clark: [(It's so deflating)

2377 Milton: (---- disord[er's) is the first thing people ↓talk a↑bout (0.6) (of all the things)

2378 Val: [Hmm

2379 Milton: isn't ↓i[t when err (0.2) when that °happ↑ens so° (1.0) .hh ehm (0.2) we'll just

2380 Stella: [Mmm

2381 Milton: have to ↓wait and ↑see (0.4) but (0.2) I ↑guess we ↓ought to (0.4) push ↑ahead (3.8)

2382 prob[ably

2383 Sally: °[Right°=  
 2384 Milton: =(°with°)  
 2385 (.)  
 2386 Sally: Anything ↑els[e on the ward round °(-----)° ((barely audible mumble))  
 2387 Milton: [(°the request°)  
 2388 (0.8) ((sound of rustling of paper))  
 2389 Stella: No  
 2390 (0.4)  
 2391 Sally: O↓kay well ↑shall we move on to the waiting ↓list  
 2392 (0.4)  
 2393 Milton: ↑There's one issue from the ward round ehm ↓sorry but (0.6) which affects ↑Ron which  
 2394 is that (0.6) CMcG hhhuh ((laughs)) [ehm has been found a ↓place  
 2395 Sally: [nhuh ((laughs))  
 2396 (0.2)

2397 Ron: Oh right h[is [(brother's house) huh huh .hh ehm((laughs))

2398 John: [Eh huh huh huh ((laughs))

2399 Milton: [.hhhh Ah ha hah .hhh ((laughs)) he has been found a place in Great

2400 ↑Wisbor↓ough=

2401 Ron: =↑Ah right that's good ↓news

2402 (0.4)

2403 Milton: It (0.2) well it is but (.) h[e says he wants to stay with our

2404 Ron: [Is he gonna ac↑cept

2405 (0.2)

2406 Milton: ↑Ye::s he's he's ↑going on Fri↓day .hhh b[ut he ↑says he wants to stay with our

2407 ↑te:↓am

2408 Ron: [Ahh

2409 (0.6)

2410 Milton: [[(proably just -[-----[-----) and to so

2411 Clark: [[I think we just trans↑fer him ↓don't ↑we

2412 Sally: [If he (-----huh)

2413 Elsie: [↑Transfer to

2414 Milton: fo[rth so (.) we'll we'll ↑need to

2415 Elsie: [another CPN ↓though ↑don't ↓you yeah=

2416 Milton: =If ↑that's an issue we'll just need to addr[ess (↑it) (0.6) ↑then maybe in the next

2417 Ron: [Mmmmmmm

2418 Milton: few ↓months we'll be able to a[ddress that once he's settled

2419 Elsie: [Mmmm

2420 Milton: in↑[to the ↓place (.) °you know °

2421 Ron: [Mmmm

2422 (0.4)

2423 Ron: ↑We:ll I was una↓ware that he was ↑so ↓ehm (0.4) kindly disposed to↓wards [us

2424 Elsie: [Uh huh huh

2425 huh ((*laughs*))

2426 (0.2)

2427 Clark: [[He should be transferred shouldn't he

2428 Ron: [[(When I used to say 've you beat your ↓mum) he used to tell me to ↑eff ↓off

2429 (0.4)

2430 Milton: Ye::s

2431 (.)

2432 Ron: uh uh ((*laughs*))

2433 (.)

2434 Milton: Nnn huh [huh huh huh huh((*laughs*))

2435 Elsie: [Well he obviously feels safe t[o (----[-----)

2436 Ron: [hmmmmmmmm ((*laughs*))

2437 Sally: [hm mm mm mm mm [mmm mmm ((*laughs*))

2438 Milton: [huh huh ((*laughs*))

2439 (0.2)

2440 Elsie: .huhuh= ((*laughs*))

2441 Sally: =Hmm (1.6) ok[ay

2442 John: [I'm sure I'm <sup>↑</sup>sure you're allowed to say the f-<sub>↓</sub>word in (.) full if you

2443 want t[o

2444 Ron: [Nn [huh huh huh huh= ((*laughs*))

2445 Sally: [Tuh huh ((*laughs*))

2446 John: =without breaching confide[n<sup>↑</sup>tiality [.hhhhhhhhhhhhh hhhh ((*laughs*))

2447 Milton: [But <sup>↑</sup>if you <sub>↓</sub>were (.) if you were dri<sup>↑</sup>:ving to GW

2448 Sally: [Huh ((*laughs*)) .hh hh .hh=

2449 Sally: =[ [huh huh ((*laughs*))

2450 Milton: =[ [err <sup>↑</sup>would that help your

2451 (0.6)

2452 Ron: (Mo[ney)

2453 Milton; [<sup>↑</sup>M

2454 (.)

2455 Sally: Heh hah h[ah hah hah hah



2456 Milton: [more (↓FF) in your L↑C hhhhh [.hhhh .hhhh .hhhh ((laughs))

2457 Ron: [Well I I get I get plent↓y of that sort of

2458 thing these day[s act↑ually ↑anyway .hhh[h ehm

2459 Milton: [Alright

2460 Clark : [We ↑should be looking to ↓transfer his care

2461 over ↑th[e::re

2462 Ron: [Yea::h=

2463 Milton: =Yes we ↓sh[ould

2464 Clark: [Yea::h=

2465 Ron: =And in fact what the ↓Trust gives me for ↑petrol doesn't ↓cover what I ↑u::se so ↑you

2466 ↓know (0.6) think I'd be a bit reluctant to be dr↑iving all the way to GW ↑nd

2467 ↓back [and ↑when you mention the fact it'd take half a ↑day

2468 Elsie: [Eurh huh huh ((laughs))

2469 (Sally): [hhhh huh huh

2470 (0.2)

2471 Milton: Just to be [(thrown) to Fff (on the [way) hhh huh huh huh hey ((laughs)) I think tht

2472 Ron: ] (And) yeah

2473 Elsie: [Yea::h yeh ha ha ha ((laughs))

2474 (1.0)

2475 Sally: Huh=

2476 Milton: =hhhh hhh hhh hhh= ((laughs))

2477 Sally: =↑Ri::ght

2478 (1.2)

2479 Sally: The waiting ↑list

2480 (0.8)

2481 Elsie: Oooer= ((yawning sound))

2482 Sally: =Cause I've got fou:r (0.2) to take ↓of[f because of course they've been al[located to

2483 Paul

2484 Elsie: [Mmmm

2485 Stella: [Right

2486 (0.6)

2487 Stella: Ok[ay

2488 Sally: [So I I mean I've disch==

2489 John: =Hgmmm ((*clears throat*))

2490 (0.2)

2491 Stella: Shall we [do the bad bit ↑first ↓then put somebody ↑on

2492 Sally: [em do that yes

2493 (0.2)

2494 Stella: (unless)=

2495 Sally: =0:↑:h

2496 (0.4)

2497 Stella: We- it's (0.2) Ruby ↑Sti↓:les whose=

2498 Sally: =Need[s to go on [then=

2499 Milton: [RS yeh

2500 Stella: [Oh

2501 Milton: =Mmm=

2502 Elsie: =She's on=

2503 Stella: =[[She isn't

2504 Clark: =[[ (She's dead old) (0.4) yeah yeah she's

2505 (.)

2506 Clark: [[Near the top of three

2507 Stella: [[Do we ↑need to

2508 (0.4)

2509 Stella: Do we need to ↑say anything about it ↓though (0.6) because (0.4) I [↑think

2510 Milton: [Eh::m

2511 (0.4)

2512 Stella: You left it ↓there Elsie thinking we're gonna forget

2513 (0.4)

2514 Elsie: Well we ↑do: don't ↓we[:: we sort of ge[t to ↑this point and we say ↑ooh yes we were

2515 Stella: [about her

2516 Milton: [That that ↓is ↑the ↓worry

2517 Elsie: supposed to allo[cate this (↑month)

2518 Clark: [Is it ↑going to be a CP↓N

2519 (1.4)

2520 Stella: It ↓is

2521 (0.4)

2522 Clark: I mean [I sup↑pose on the ear↓lier discussion ↑I'm sort of thinking that the

2523 Elsie: [And then

2524 Clark: CPN's need to have a discussion (1.0) about ↓it

2525 (1.0)

2526 Milton: Yea↓::h (0.2) I mean it ↑does sort of need to be somebody who's sort of (.) light on

2527 their ↑feet if you know what I ↓mean (1.2) hhh hhh hhh ((*laughs*))

2528 (0.6)

2529 (John): Hmm

2530 (0.4)

2531 Clark: Uh uh (.) that narrows it down a bit doesn' it

2532 (.)

2533 Milton: hh hh= ((*laughs*))

2534 Clark: =°does it° (0.4) it (0.2) yea::h I mean I

2535 (0.4)

2536 Stella: We'll have a ra[ce later on

2537 Clark: [so she come off

2538 (0.4)

2539 Clark: I mean she can come off the lis[t at the other end

2540 Stella: [She's off th-

2541 (0.4)

2542 Elsie: Y[eh

2543 Stella: [Page n[i[ne then)

2544 Clark: [Yeah

2545 Sally: [So she can come off on pa[ge ni[ne say

2546 Elsie: [Mm

2547 Clark: [But with I ↑think the CP↓N's have to have a

2548 discussion generally about err

2549 (0.4)

2550 Milton: Mmm=

2551 Clark: =allocation of ↑wo:rk (.) [how we g[onna

2552 Stella: [Yeh

2553 Ron: [Nn nn I ↑see that BD↑L's name doesn't appear on

2554 there °(↑ei[th[er)°

2555 Milton: [(Yeah where)

2556 Stella: [↑Ron will you ↑stop bringing her ↑u:p=

2557 Ron: =↑Why::: why she's got a [↑morbid facina↓tion (huh huh)=

2558 Stella: [She wi- I ↑re-

2559 Stella: =she'll be ↑on ↓there before you can b:link an then you'll be ↑sorry  
 2560 (0.6)  
 2561 Milton: No she ↑will be ↓on there we think  
 2562 (0.2)  
 2563 Ron: Mm mm  
 2564 (1.6) ((*sound of rustling papers*))  
 2565 Milton: Mm[mmmmmm  
 2566 Stella: [Scarily ther[e  
 2567 (Sally): °[Mm hmm° ((*laughs*))  
 2568 (1.6)  
 2569 Stella: Eh::m but the one ↑to:: go on is (0.8) P↑s  
 2570 (0.8)  
 2571 Milton: O[h yes  
 2572 Elsie: [Mmm  
 2573 (.)



2574 Elsie: Mmm

2575 (0.2)

2576 Stella: So ↓Mil↑ton

2577 (0.8)

2578 Milton: P↓S should go ↓on (0.2) ↑d[efinitely

2579 Stella: [(You fool)

2580 (0.2)

2581 Sally: And th[at's on pa:::ge (0.4) ↑ei[ght (.) [isn't ↓it

2582 Stella: [No

2583 Milton: [Yes

2584 Clark: [And he's al↓ready=

2585 Sally: =I th[ough- EQ needs to be in ↓bold (0.2) °on the waiting list (0.4) yeah°=

2586 Clark: [(that) ↑just needs mov↓ing ↑yeah

2587 Clark: =An ↑that's for CP[↓N

2588 Stella: [ (°-°) =

2589 Sally: =Yeh=

2590 Clark: =°Yeh°=

2591 Elsie: =Yea::h=

2592 (Val): =°Uh huh°=

2593 (0.6)

2594 Sally: [[Eh::m

2595 Stella: [[So ↑that's one (.) that's the bad ↓news

2596 (0.4)

2597 Clark: [[°(Is it)°

2598 Sally: [[An I suppose i- I mean and in ↑theory we we we ought to be discussing (0.4) the

2599 person at the top of the ↑waiting list (0.2) each me[eting

2600 Stella: [Aren't ↑we gonna wait ↓for it's

2601 L↓R: [and we're gonna wait for Kathryn (0.2) to come ↓back be[cause she got a a

2602 Sally: [Yeh right

2603 Elsie: [Mmm mmm

2604 Stella: bar↓gain to=

2605 Sally: =Yeh=

2606 Stella: =sort out ↑with (0.8) Mil[ton

2607 Sally: [Yeh

2608 (0.4)

2609 Sally: Fair enough=

2610 Milton: =Sorr↑y

2611 (1.2)

2612 Stella: L[R

2613 Sally: [Kathryn

2614 (0.4)

2615 Stella: A[t the ↓top

2616 Milton: [Yeah ('ve got that)

2617 (0.2)

2618 Stella: (of) (0.2) Kathryn Ryder's got a bar<sup>↓</sup>gain to sort out with you when she comes back

2619 (.)

2620 Milton: What does <sup>↑</sup>that mean sort of (0.4) filling out of H<sup>↑</sup>C:: or someth[ing like <sup>↓</sup>that

2621 Stella: [No:::

2622 (John): [[No that's right

2623 Milton: [[N[o .hh .hh hu huh huh huh huh huh huh .hhhhh huh huh huh huh= ((*laughs*))

2624 Stella: [Not <sup>↑</sup>that dram[atic uh huh huh huh huh ah huh ((*laughs*))

2625 Sally: [Uh huh huh huh huh huh ((*laughs*))

2626 John: =That's a <sup>↓</sup>no is it hh [hh hhhhhh ah ((*laughs*))

2627 Elsie: °[Mm°

2628 (1.2)

2629 Milton: Can I have some fore<sup>↑</sup>warning of this <sup>↓</sup>ba:rga[in

2630 Stella: [↑No:: it's o↓kay (0.2) it's ↑nothing to

2631 worry about

2632 (0.2)

2633 Sally: Hsh huh huh ((*laughs*))

2634 (.)

2635 Ron: Why you being so ↑ca:gey (ab[ou[t it)

2636 (Milton): [Mmm mm ((*laughs*))

2637 Stella: [Well you see it's for ↑K[a:th↓ryn to say really

2638 ↑int↓it's

2639 Clark: [↑Kathryn's not here is she n

2640 (0.2)

2641 Elsie: Mmm=

2642 Milton: =O↓kay

2643 (0.4)

2644 Sally: .hh w- right well ↑half way down ↓page ↑two (0.2) ehbm (0.4) you've got (1.2) ehbm ↑RMR  
 2645 ↓an [then ↑ET °and then° J↓C

2646 Stella: [Oh hang: ↓on  
 2647 (0.6)

2648 Stella: RM↓R (1.4) E↓T=

2649 Sally: =But ↑this for three (.) three in a ↓row  
 2650 (.)

2651 John: Oh [yeah yeah [yeah yeah yeah I've got you=

2652 Stella: [J↓C

2653 Sally: [Yeh

2654 Sally: =Ehm which are all (.) can all come off the ↓list because they've been allocated to  
 2655 [↓Paul an then over the ↑pa:ge (0.4) ((*sound of rustling paper*)) .hh the ↑second  
 2656 Stella: [Brilliant

2657 Sally: one down (0.4) ↑S↓L (.) ↑also allocated to Paul (.) .hh I ↑don't know whether a- all  
 2658 these people have come or you ↓know but neverthe↓less=  
 2659 John: =Mmmm=  
 2660 Sally: =they've come off the ↑li↓:st if he's (.) pi[cked them ↓up  
 2661 Stella: [Okay  
 2662 John: [Mm  
 2663 (2.0)  
 2664 Sally: [(An that's)  
 2665 John: [(An I'm ↑curious to see whther ET will come or ↓not actually=  
 2666 Sally: =I ↑think he was offered an appointment last Thurs[↓day but I don't know whether she  
 2667 ↓came=  
 2668 John: [Yeh okay  
 2669 John: =Yeh okay (1.2) ((*sound of rustling paper*)) can ↑I ment↓ion (0.2) ehm (.) one two three  
 2670 four ↑five down N↓C (2.2) eh[:m I kno- (0.2) she's o- (.) she's ↑on the list I'm

2671 Sally: [Oh yes

2672 John: just: conscious that I ↑saw ↓her actually Milton I want you to ↓pay attention to this

2673 if you don't ↑mind (0.4) ha ha= ((*laughs*))

2674 Milton: =Just a ↓second

2675 (0.2)

2676 Sally: Tuh hu[h hu[h huh huh huh huh ((*laughs*))

2677 John: [(Right)

2678 Elsie: [Mmmmmmm

2679

2680 (0.2)

2681 John: Eh::r

2682 (0.2)

2683 Milton: Right ↑[eh:::m

2684 Sally: [uh huh ((*laughs*))

2685 (2.2)



2686 Clark: South Derbyshire Ho↓tel

2687 (.)

2688 (Elsie): °Yeh°=

2689 John: =Ugh hugh hugh mmm ((*coughs*))

2690 (1.0)

2691 Sally: O::[h that (-----)

2692 Milton: [Is ↑this ↓the the (↑arreg[ates com↓pany)

2693 John: [No no no no no

2694 (.)

2695 Milton: [[No

2696 John: [[No this is something el[se

2697 Milton: [A::h just a ↓second ↑will you=

2698 John: =Yeh it's okay

2699 (4.6) ((*Rustling papers*))

2700 Sally: One two ↑anyway ↓we've ↑just about got the list on (.) back on to one pa↓:ge (0.2)

2701 [or maybe not

2702 Elsie: [Yeah

2703 (0.2)

2704 Elsie: I th<sup>↑</sup>i::[nk

2705 Sally: [(Take <sup>↑</sup>four off and put it back on <sup>↓</sup>the[re)

2706 Elsie: [Mmmm

2707 (2.0)

2708 Esie: I <sup>↑</sup>think I'm gonna have to put some back <sup>↓</sup>on but I'll (0.4) I'll do it y- uh (.)

2709 <sup>↑</sup>somebody who was (.) on for the anx- ((*banging noise*)) (0.2) sorry (.) [no (.) no

2710 John: [Yeh no go on=

2711 Elsie: =no=

2712 John: =go on=

2713 Elsie: =who was <sup>↑</sup>on for the anxiety management <sup>↓</sup>group (0.6) [and didn't respond to all my

2714 (Milton): [(NRM Gardner)

2715 Elsie: ↑lett↓ers an I ↑closed ↓it an the GP's just written bur'ee was saying ↑oh he was under  
 2716 the impression you'd (0.6) ehm (.) put him on the waiting list for ↑January but he'd  
 2717 ↑n:e:ver re↑sponded to any of my ↑lett↓ers .hhh (0.4) so I ↑think I'll have to do the  
 2718 ↓courtesy of ↑putting him back ↓on (1.4) ehm and then (0.6) nn you ↓know he'll have to  
 2719 respond to th wr- write him a ↑letter telling him have to respond in ↑Jan↓uary when  
 2720 he's ↑offered a ↓place  
 2721 (0.8)  
 2722 Elsie: [[So ↑I will  
 2723 Sally: [[So where is he uhuv- [do you want to do it next week ↓or  
 2724 Elsie: [it'll be  
 2725 (0.2)  
 2726 Elsie: Er:: well I'll ↑put it on inbetween ↓ti[me I'll find the dat[es the exact ↓dates 'n  
 2727 ↑things .hhhh=  
 2728 Sally: [Okay [o:kay

2729 Sally: =°Mm hmm [mmmm°

2730 Elsie: [Yeah

2731 (0.4)

2732 Sally: And ↑just before we go ↓on can I say that I (.) I've rung (0.2) Dr ↓Ring about the ehm

2733 (0.6) ↑that sixteen year ↓old (.) the re↑fer[ral .hhhhhh and they will ring

2734 Elsie: [↑Oh marvellous

2735 Sally: ↑back (0.6) so I'll r::ush out (0.2) cause it's (.) if we can deal with it today it's=

2736 John: =Mmm=

2737 Sally: =preferr↓able

2738 (0.2)

2739 John: Okay

2740 (1.2)

2741 Sally: But ri↓:ght (.) back to you ↑John=

2742 John: =Ehr N: (.) ↑N:C five ↓down ↑yeah

2743 (0.4)

2744 Milton: Page

2745 (0.2)

2746 Elsie: Mm[m

2747 John: [Page [↓two=

2748 Sally: [Two=

2749 Elsie: =Mmm

2750 (1.0)

2751 Milton: O::h ↑yes

2752 (.)

2753 John: Yeh (0.4) eh:::m (0.6) °th- th-° ↑this lady came into my↓::: (0.4) outpatients [last

2754 week (0.4) eh::m=

2755 Milton: [Right

2756 Milton: =I thought she was going to see Suz↑ann↓a but

2757 (.)

2758 John: [[Well

2759 Milton: [[well no cause there was a <sup>↑</sup>ti::me thi[ng (.) (she could only make Wednesday)

2760 John: [↑Suzanna couldn't get (.) there's was a

2761 <sup>↑</sup>who:le load of reasons why she couldn't <sup>↓</sup>come (.) but sh[e <sup>↑</sup>did come last week

2762 reall<sup>↓</sup>y=

2763 Milton: °[Yeah°

2764 Milton: =Mmmmm

2765 (0.2)

2766 John: and eh::m (0.4) I sup<sup>↑</sup>pose the r::eason I'm f::lagging her up <sup>↓</sup>really is just to

2767 (0.4)

2768 Milton: Mmmmm=

2769 John: =just really to have (0.2) some conversation about her be<sup>↑</sup>cau::se (.) she was ehm=

2770 Milton: =Ye:s

2771 (0.4)

2772 John: .hh she was qui- ↑quite con↓cerning to me ↑reall↓y

2773 (.)

2774 Milton: Ri::ght ah hah=

2775 John: =eh::m she:'s a: ↑y:oungish woman for other peop[le °w- w-° who don't know ↓her (0.4)

2776 Milton: [Mmmm

2777 John: who's got quite a: (.) a lot of emotional ↓problems an:: fair (0.2) amount of

2778 emotional abuse early o:↓:n (0.4) err whose (0.8) ↑quite socially isolated really

2779 although she's got a number of ehm=

2780 Milton: Mmm=

2781 John: =different inputs from a health visitorrr'↓n

2782 (0.2)

2783 Milton: Can I ↑just say it's quite good that (.) somebody fr↑esh is looking after ↓her because

2784 her ↑father was a patient that I:: and Clark were very heavily in[volved ↑with

2785 John: [Ah right

2786 Milton: over a number of ↓years who who committed sui↑cide=

2787 John: =Yes about five years ↓ago

2788 (.)

2789 Milton: Ye::s=

2790 John: =T err (.) .hhh anyway she ↑came to her ↓outpatients (.) an::d err it was ↑quite

2791 difficult cause she was very very dist↑re::ssed and she found it very hard to stay in

2792 the room she's (0.4) she's very very shy and anxious of [meeting other

2793 Milton: [Mmmm

2794 John: people (0.4) she ↑strikes you as ehm (.) very dis↑turbed she told me she was sort of

2795 ↑full of ↓anger an (0.4) sort of sensed that the way she is feeling is very

2796 undes↑erved what's ↑slightly worrying about ↓her (0.4) is that she has care of a ↑tw:o

2797 year old ↑so::n (0.4) now the:: (.) ehm (0.4) ↑health visitor was:: (.) able to tell

2798 me that she:: (.) is (.) fairly appropriate with the son although the son is on the at

2799 care register at ↑risk (0.6) reg↓ister=



2800 Milton: =At ↑risk regis↓ter=

2801 John: =Yeh=

2802 Milton: =O↑::h

2803 (0.4)

2804 John: Err (0.2) ↑but you know that means that there's quite an amount of in↑volve↓ment

2805 really [with [day care and she's having some respite etcetera etcetera .hhh

2806 Milton: [Mmm

2807 Elsie: [Mmmm

2808 John: ↑eh::m (1.8) I mean ↑I just felt at the end of the day she's ↑very cha- (.) she's

2809 ↑very chaotic err (.) ↑gi:↓rl

2810 (0.4)

2811 Milton: Mmm sh[e's ↑very unassert↓ive an .hhh (.) ↑one of the things well she ha- (.) she's

2812 John: [who

2813 had a speech ↑impediment since she was about seven or ↑ei:↓ght (.) and that caused  
 2814 her to be very heavily ↑tea::sed at school↓:l=  
 2815 John: =Yeah  
 2816 (.)  
 2817 Milton: and she ↑lost all confid↓ence (.) and ↑then when she was about fourteen she discovered  
 2818 (.) kind of ↓drink and drugs and so ↓forth .hhh (.) that helped ↑give her confidence  
 2819 and also get (0.2) gave her some sort of ↑s:ta:tus by kind of being °the one who'd  
 2820 (.)  
 2821 John: Mm mmm=  
 2822 Milton: =(taken to it)° .hhhh (0.2) an::d she also went through a phase you know quite heavy  
 2823 promis↑cu::i↓ty which (0.2) ended up resulting in the preg↑nan[cy and  
 2824 John: [Ye::s

2825 Milton: what ↓not .hh (0.2) and ↑since that the:↓:n she's sort of gone back into her ↑she::ll  
 2826 reall↓y (.) and she's (-----).hh (.) when ↑I:: initially saw ↓her I I was asked  
 2827 to see her on a D::↑V:: and it was ↑ALmost impossible to find the ↑FLA::T=  
 2828 John: =Yeh=  
 2829 Milton: =because it was (0.2) .hhh up some st[a]irs at the back of some shops and it  
 2830 Elsie: [Mmm  
 2831 Milton: had a number that ↑you ↓know (0.2) [you couldn't see from the ↑road and all  
 2832 John: [Yeh  
 2833 Milton: the ↓rest (0.2) .hh and the ↑loc↓al (0.2) ↑child↓ren (0.4) of about ten or twelve  
 2834 ↑they were using it as a kind of ehm (.) .hh place to hang [↑o::ut and though she  
 2835 ↓didn't  
 2836 Ron: [.hhh hugh hugh ((coughs))

2837 Milton: leave the do<sup>↑</sup>o::r open for them to <sup>↑</sup>do that they'd sort of throw (0.2) <sup>↑</sup>stones at the  
 2838 <sup>↓</sup>win[dow you know (0.6) so she was <sup>↑</sup>very expl<sup>↑</sup>oi:ted and I think she that's probably  
 2839 why  
 2840 John: [Mmm  
 2841 Milton: she was moved (.) .hhhh to South Derbyshire (0.2) Ho<sup>↑</sup>te:l although she's <sup>↑</sup>since moved  
 2842 I believe (0.4) to (0.6) ehm (0.2) a more <sup>↑</sup>permanent add<sup>↓</sup>ress=  
 2843 John: =Yes she has (0.2) eh::[m and that  
 2844 Milton: [Ah:::::r so she was <sup>↑</sup>in a r- (.) she was in (.) you <sup>↓</sup>know  
 2845 (.)  
 2846 John: <sup>↑</sup>Wood<sup>↓</sup>coates <sup>↑</sup>Cres<sup>↓</sup>ent=  
 2847 Milton: =She was <sup>↑</sup>in a really <sup>↓</sup>helpless state and I <sup>↑</sup>think  
 2848 ((telephone rings))  
 2849 Milton: (that she might go)  
 2850 (0.4)

2851 Sally: (°Ka[thyn -----°)

2852 Milton: [the ↑fa:::ther (.) oh it's ↑not very nice (0.4)((*telephone rings*)) the ↑fa:::ther

2853 (0.4) wha- of the ↑o:lder ↓chil[d I think (.) ↑you know

2854 Sally: [Hello ((*answering telephone*))

2855 Milton: was ehm (0.2) quite sort of ab↑u:::si[ve to ↓her

2856 Sally: [Right I'll ↑come into I'[ll come into the

2857 ↓office ↓thank ↓you ((*answering telephone*))

2858 Milton: [critic- (0.2)

2859 over↑critical (1.0) so there are a ↑lot (.) °of° (.) ye- they're a ↑hu::ge number of

2860 iss↓ues an (0.2) I mean I ↑think social services needs to rem↑ai:n the pri:me ag↑en↓cy

2861 (.) to [be honest [you ↑know

2862 John: [Yeh .hhhh [I mean they ↑they are quite ↓heavily i:n↑v[olv↓ed

2863 Milton: [but erhhm (0.2) I

2864       ↑think she does ↓have seve:re anx↑i:ety doesn't ↓she (0.4) more than: (.) y:ou know

2865 well when ↑I saw her she had v[ery ↑severe anxiety=

2866 John: [Hugggh ((*clears throat*))

2867 John: =Mmmm

2868       (0.4)

2869 Milton: wh[ich was was ↑mainly related to going out the ↑hou::se but ih- it was ↑also you know

2870 John: [An-

2871 Milton: ↑social anxiety ↑a:nd agoraphobia as ↑well

2872       (0.2)

2873 John: Yes=

2874 Milton: =(E[h::m)

2875 Elsie: [Mmmmm=

2876 John: =I mean she ↑had th- what (0.2) was ↑tricky when I saw ↓her last week was that she had

2877 she had ↑something she wanted to ↑te:ll ↓me

2878 (0.2)

2879 Milton: Ri::ght=

2880 John: =but ↑couldn't tell ↓me=

2881 Milton: =ah:: °yeh yeh°=

2882 John: =an::d (.) ↑I was sort of stuck between this place ↓of (0.6) s- (.) trying to ↑want t-

2883 d- er (.) give her permission to say something if that's what she ↑wanted .hhh=

2884 Milton: Mmm=

2885 John: =but ↑also trying to:: give her permission (0.6) to:: (0.4) ↑not say something and go

2886 away feeling (.) hugely (0.2) eh::m (.) dist↑ressed reall↓y=

2887 Milton: =Mmmm=

2888 John: =at ↑one ↓level and to take some cont↑ro::l over=

2889 Milton: =Mm↑mm=

2890 John: =over (0.4) what she te- says and ↑doesn't say you know to give her .hhh ehm control

2891 over that ↑boundary reall↓y=

2892 Milton: =Mmm=

2893 John: =.hh ehm but she became inc<sup>↑</sup>rea:singly (.) anxious throughout the interview and in

2894 fact <sup>↑</sup>when I (0.6) <sup>↑</sup>when I <sup>↑</sup>sa::w her (0.4) <sup>↑</sup>when I sort of su- suggested a <sup>↑</sup>fo:llow

2895 up appointment she was saying .hhh oh well that's no <sup>↓</sup>use I'll be <sup>↑</sup>dead by then

2896 etcetera etcetera (.) and ehm .hh

2897 (.)

2898 Milton: Mmm=

2899 John: =and then I'd felt very very <sup>↑</sup>an::g<sup>↓</sup>ry I I <sup>↑</sup>felt like you know <sup>↑</sup>one level she'd made

2900 all this effort to come and en[gage but then felt somehow disappointed

2901 Milton: [(Sure)

2902 John: with the co[ntact

2903 Milton: [Was she bought <sup>↑</sup>up by:: the:: no

2904 John: [She was brought by C- Chlo<sup>↓</sup>e

2905 (0.2)

2906 Milton: Ye::s



2907 John: Y[eh

2908 Milton: [↑But .hh cause there's ↑been this huge ↓iss↑ue about her coming [↑up so you'd

2909 John: [°Yeah°

2910 Milton: ↑imagine she's make some sort of sta:↑::nd about it would↑n't ↓you

2911 (0.2)

2912 John: °Ye[ah°

2913 Milton: [because there's ↑been this issue about her being seen at ↑ho:me (0.8) an::d so she

2914 was ↑put on the waiting list only (.) you ↓know (0.2) only some- somebody (0.4) she'd

2915 be allocated to somebody who'd be able to wo[rk with her ↑here=

2916 John: [.hh hughh ((*coughs*))

2917 John: =Ye::s

2918 (0.2)

2919 Milton: and ↑then she wasn't coming to out↑pa[tients and so

2920 John: [Yeah <sup>↑</sup>I don't think she'll come agai<sub>↓</sub>::n (.)

2921 is pa[rtly what I'm (.) trying to <sup>↑</sup>say <sub>↓</sub>really .hhh eh::m

2922 Milton: [Ahh mmm It's <sup>↑</sup>possible isn't <sub>↓</sub>it=

2923 (0.2)

2924

2925 John: =<sup>↑</sup>Yeah I I I'd be sur<sup>↑</sup>prised actually if she comes again (0.2) er but w- (.) watch

2926 [watch this <sub>↓</sub>space

2927 Milton: [Ehm

2928 (0.2)

2929 Milton: Yeah

2930 (0.6)

2931 John: E[rr

2932 Milton: [Did <sup>↑</sup>you think it's pu- why why do you think she <sub>↓</sub>won't <sup>↑</sup>come <sub>↓</sub>again

2933 (0.2)

2934 John: .hhh err (0.2) ↑because I think (.) I think (0.6) ah I'd be ↑interested to see how how  
 2935 she deals with having come and been di↑stressed (0.6) eh::m (0.4) she ↑kept saying to  
 2936 the (0.4) a- (.) th- ha- it ↑seemed liked the health visitor had supported her ↓a lot  
 2937 to ↑co::me  
 2938 (0.4)  
 2939 Milton: Mmm=  
 2940 John: =ehr and she'd gone a↑long with that but I (0.2) I ↑so:rt of f- felt from her in- (.)  
 2941 ri- interaction with the health visitor that it was a ↑lot of persuasion and  
 2942 pr[ompting etcetera et↑cetera (0.4) and it had ↑got her here ↓onc:e (.) but I wasn't  
 2943 Milton: [Mmmmmmm  
 2944 John: entirely sure that it was going to get her here ↑again .hhh and I ↑think the other  
 2945 ↓thing that strikes me about her is ehm (0.6) that there's err an ↑i::ssue really of  
 2946 what to ↑do with her because she does↑n't strike me as someone with (0.4) a  
 2947 particularly ↑s::tri:k↓ing mental ill↓ne[ss

2948 Milton: [N::o indeed=  
 2949 John: =and=  
 2950 Milton: =mmm=  
 2951 John: =and (.) w- who medication's ↑not going to make a whole pile of ↑diff[erence  
 2952 Milton: [N:o:::  
 2953 (0.2)  
 2954 John: ↓to:: (0.2) and ↑really (.) th- th- ↑my view of her is that she's ↑someone who's going  
 2955 to need some long term support all ↑over the ↓place=  
 2956 Milton: ↑Oh yes  
 2957 (0.4)  
 2958 John: eh::mm (1.0) err and (0.2) you know in a ↑sense eh[:m  
 2959 Milton: [That's ↓true I mean the ↑only thing  
 2960 that might be (0.2) useful about coming back here is that at the ↑moment it's this

2961 hu:::ge ↑thing coming here ↑isn't ↓it it's this big ↑thi:ng (0.2) .hhh and ↑if they  
 2962 could be p- become a more sort of rout↑ine thing and not this big th↑ing=  
 2963 John: =Mm[mm  
 2964 Milton: [you know that that would help↓ful=  
 2965 John: =Ye::s=  
 2966 Milton: =because at the ↑moment the world comes to ↑he:r .hhh and the world's so overwhelming  
 2967 I ↓think that she can't go to [↑i:t=  
 2968 (---): [Mmm  
 2969 John: =Ye:s  
 2970 (0.6)  
 2971 Milton: and ↑if she does (0.4) ahm (0.4) even if she can come ↑here at ↓least tha- that would  
 2972 be quite a sort of=  
 2973 Clark: =Mmm=  
 2974 John: =Ye:s  
 2975 (0.2)

2976 Milton:  $\uparrow$ bonus but (0.2) of course (0.4) ((*banging sound*))  $\uparrow$ we: have a histor $\downarrow$ y in relation to  
 2977 her [ $\uparrow$ fa::ther who  $\uparrow$ killed him $\downarrow$ self [so that would be ((*banging sounds*))  
 2978 John: [No I know yeh  $\uparrow$ yeh  
 2979 Clark: [(Yeh it ws like that)=  
 2980 Milton: =that  $\uparrow$ is a big  $\downarrow$ thin[g=  
 2981 John: [She didn't talk about that at [a: $\downarrow$ ll=  
 2982 Clark: [(No:)  
 2983 Milton: =But  $\uparrow$ he was very anxious err for a  $\uparrow$ long time (was  $\uparrow$ in  $\downarrow$ tears)(.) but you see [he:  
 2984 Clark: [Yeh  
 2985 Milton: he was  $\downarrow$ dia- o- one (.)  $\uparrow$ one thing  $\downarrow$ just to  $\uparrow$ say about .hh the dad is that he was  
 2986 diagnosed as suffering from anx $\uparrow$ i::ety .hhh (.) severe anxiety .hhh (0.2) for a long  
 2987 time until he developed ahr (.) schizophr $\uparrow$ enia=  
 2988 John: =Alright  
 2989 (0.2)

2990 Milton: so ↑that's one of the things at the back of my ↑mi[nd that make me think we ought to

2991 Elsie: [Mmmmmmm

2992 Milton: keep some sort of eye on him you ↑know

2993 (.)

2994 John: =Ye::s (.) I mean she ↑threatens to sort of ↑ha:rm her↓self

2995 (0.4)

2996 Milton: °Mmm°=

2997 John: =as well an eh (.) the ↑contact was very ↓difficult because (0.2) you know al↑though

2998 I'd allocated an ↑ho::ur for ↓her (0.6) she ↑hardly said ↑any↓thing in the contact

2999 a[nd most ↑mo:st of the hour was actually prompting her to ↑sta::y

3000 Milton: [Yeah

3001 (0.2)

3002 Milton: Ye::s=

3003 John: =you know jus[t to tolerate the ↑space so (.) you ↓know (.) in ↑terms of getting

3004 Milton: [Ye:h

3005 John: actual ↑histor↓y was very ↑diffic[ult

3006 Milton: [If you ↑go to her ↑room err (.) she's ↑got a

3007 collection of (0.2) soft ↑toys and ↑dolls that sort of just (.) you ↓know ss=

3008 John: =Yea::h=

3009 Milton: =it not (.) it's ↑more a populat↑ion than a collecti[on

3010 John: [Well ↑that doesn't surprise ↓me

3011 (.) cause she she ↑just comes across as (.) as very very ↑young

3012 (0.4)

3013 Milton: °Mm[m°

3014 John: [EHM (.) I sup↑pose ↓one of ↑the ↓things I was puzzled about ws why is she ↑on the

3015 waiting ↓list (0.6) wait[ing list waiting



3016 Milton: [Ehm well the I ↑I had a feeling she'd be somebody who'd be  
 3017 able to do some ↑kind of ↓work at home and moni↑tor thin:gs you know cause (.) cause  
 3018 ↑I was rather doubtful that she'd be able to ↑come ↓here  
 3019 (0.2)  
 3020 John: °Ye:s°  
 3021 (.)  
 3022 Milton: so she's ↑actually on the waiting list for (0.4) it's a ↑sort of kina ↓Davina Smith  
 3023 ↑kind of situa[tion  
 3024 Stella: °[Right°=  
 3025 Milton: =you know=  
 3026 Stella: =mm mm=  
 3027 Milton: =I mean it's a bit ↓like the idea °of (0.4) of Davina ↑Smith (more or less)° (0.2) you  
 3028 know it's ↑building ↓up (0.2) it's ↑going in that direc[↑tion if you know what I  
 3029 ↓mean=

3030 Stella: [Mmmm

3031 Stella: =Mmm

3032 (0.4)

3033 Milton: Sorry Sally .h[h hh huh hhh hhh uhh hh ((laughs))

3034 Sally: [Mmmm

3035 (0.6)

3036 John: She's ↓drinking a bit at the mo[mment as ↑well which

3037 Milton: [Yeah I mean just ehm it's ju[st (basically)

3038 Clark: [Her ↑mum and dad used

3039 to drink to (cont[↑rol it)

3040 John: [which isn't help↓ing

3041 (0.6)

3042 Milton: Mmm=

3043 Clark: =Yeah (0.2) ↑that's what the mu[m and dad would ↓sa[y

3044 Milton: [But you see the ↑dad had this (.) gr↑ea:t anxiety

3045 Stella: [Mmm

3046 Milton: for many ↑years did↑n't ↓he and ↑the:n eh-hm .hhh (.) and then: he developed a

3047 psy↑chosis nn °(they [both) got a° bit ↑better (1.0) err but he (0.2) became

3048 Clark: [Mmm

3049 Milton: psychotic °(↑really)°=

3050 John: =.hhh ee ah=

3051 Milton: =fro- (.) ↑you know from his ↑point of view=

3052 John: =°Mmm° (2.6) .hhh I mean ↑I whu- I was thinking diag↑nostical↓ly she comes across

3053 actually as quite an emotionally un↑sta[ble

3054 Milton: [↑Oh ↓yeah=

3055 John: =person↑alit[↓y

3056 Milton: [Indeed yeah=

3057 John =↑ehhhm (0.6) you ↓know one of the things she says which is (0.2) you ↓know which my  
 3058 ↑heart ↓sank really when she said eh (.) that she doesn't know ↓who she ↑is (0.4)  
 3059 .hhh an I think you ↓know (0.2) I think that rea:lly says it ↑all abo[ut her  
 3060 Milton: [Mmmmmmm=  
 3061 Elsie: =Mmmm=  
 3062 John: =She ↑doesn't know who she is she ↑doesn't see a future for herself she sees herself  
 3063 ↑s:tuck with the ↓chi↑:ld  
 3064 (0.4)  
 3065 Milton: Mmmm[mm  
 3066 John: [that sh::e at some level (0.4) ↑loves but doesn't (0.2) doesn't really want  
 3067 because she knows that it cramps her (1.2) her (.) her style and she feels that it's  
 3068 happened too early in her life (0.4) and eh::m (0.4) it's it's ↑hard to know really  
 3069 how it's gonna pan ↑ou::↓:t=

3070 Milton: =Mmm (0.4) cause I ↑think the mother saw ↓somebody here as ↑well didn't she ↓at one  
 3071 stage (0.6) ↑El↑eri  
 3072 (1.2)  
 3073 John: °Not sure°  
 3074 (0.6)  
 3075 Clark: Hur[:: ((*clears throat*))  
 3076 Sally: [Mmm  
 3077 (0.2)  
 3078 Milton: I'm sure she ↓di[d actually  
 3079 Clark: [I remember (0.2) they both ↓used to=  
 3080 Milton: =I think she saw J[ane actually  
 3081 Clark: [although they weren't getting on ↓very well they both used to drink  
 3082 (0.6) to ↑manage the symptoms ↓really=

3083 John: =Yes (0.6) see ↑I think the out-↓patient (.) contact with her is going to be very

3084 ↑limit↓ed (0.4) ↑I [actually ↓think that ↑I think that she:: (0.2) you know

3085 Milton: [Mmm oh it will=

3086 John; she could (.) certainly ↑do:: with ↓someone=

3087 Clark: =Yeh=

3088 John: =more (0.2) more (0.8) o- on the ↑grou::nd ↓really=

3089 Milton: =Yeh=

3090 John: =↑even to do you know sort (0.6) of encouraging prompting ↑small little behavioural

3091 work bits of behavioural work n=

3092 Milton: =It's a ve- ve- very ↓lo:ng slow jo↑[:b really (you know)

3093 John: [It is I mean I (0.2) you know she:: she's going

3094 to need more (0.4) than just=

3095 Clark: =Mmm=

3096 John: =being seen at ↑outpatients=

3097 Clark: =But there's a s- (.) there a ↑social worker and a t- ↑health visi↓tor so it's sort of  
 3098 one=  
 3099 John: =Yeah=  
 3100 Clark: =he'd be on[e (less ↓post really)  
 3101 John: [And I ↑think there's (0.2) I think there's eh[m ho- I think ↑home↓start  
 3102 are in[volved as [↑well=  
 3103 Sally: [Mmm  
 3104 Clark [Yeah  
 3105 Sally: =Mmm=  
 3106 John: I [mean I ↑haven't had an opportunity to read all the notes of the ↑case ↓con[ference  
 3107 Clark: [Yeah  
 3108 Sally: [Mm mm  
 3109 John: so I ca- you know (0.2) I'm ↑not up to speed with ↓ev[erything  
 3110 Clark: [Are there some case conference  
 3111 ↑no↓:tes (0.4) (there)=

3112 John: =↑Just to (0.2) really alert every↓one but I've (0.8) [had (.) this ↑one in↑volvement  
 3113 Ron: [.hhhhhhhhhhh huh huh hugh  
 3114 ((coughs))  
 3115 John: with ↓her and she ↑does present as a sort of ↑slow grumbl↓ing yet ↑worry↓ing  
 3116 (.)  
 3117 Milton: Mm [mmmm  
 3118 John: [person with a young ↑chi::ld ↓really=  
 3119 (Stella): =Mm=  
 3120 Milton: =Mmmm=  
 3121 (0.2)  
 3122 Sally: So she's ↑on the waiting list=  
 3123 Milton: =Ye[a:h  
 3124 John: [Yea::h  
 3125 Sally [an:d an:[d  
 3126 John: [so she ↑should be o[f some conce↓rn to us really on the w[aiting list=



3127 Sally: [Right (-----)yeh yeh

3128 Clark: [Yeh

3129 Clark: =If the ↑CP↓N's ↑do need to ↓discuss some of these peo[p↑le she'd be one of [th-

3130 Sally: [It'll be yes

3131 Stella: [Yea[:h=

3132 Clark: =↑o[ne of ↓them so=

3133 Elsie: [Mmmmmmm

3134 Elsie: =Mm [mmmm

3135 John: [Yea:h

3136 (Milton): [Mmmmm)

3137 (0.2)

3138 Sally: Ok↓ay

3139 (0.2)

3140 Stella: So that th[at ↓comment can come ↑off can't it a↓bout a case conference in

3141 Elsie: [(Is)

3142 Stella: (una[bl[e-----waiting)=  
 3143 Elsie: [Yea::::h  
 3144 Clark: [Yeh  
 3145 Clark: =Yeh=  
 3146 Elsie: =It[s all old ↑stu[ff isn't ↓it  
 3147 Stella: [(Mmm)  
 3148 Sally: [(We ought to leave [that [off)  
 3149 Stella: [Yea:h  
 3150 Milton: [↑I think Benjamin ↑Jones can come ↓off  
 3151 cause we've ↑not seen him for about six months ((*sound of turning paper*)) no↓:w he's  
 3152 ↑not he's not come to ↓seve↑ral appointments (1.0) he ↑lives outside the ↑are:↓a  
 3153 (0.4)  
 3154 Ron: And he's not se[en his G[↑P either  
 3155 Milton: [I:'ve  
 3156 John: [Hmmm hm hm hm= ((*coughs*))

3157 Milton: =I've [err

3158 Elsie: [And ihht's ↓noh our G↑Phmhmhm= ((*laughs*))

3159 Milton: =and I've ↑written to the e:::r (0.4) ↑well er I mean ↑that's not his GP actually

3160 [it's ehm (.) Alpine House ↑now but (0.2) .hh I've ↑written to the GP saying he's not

3161 Sally: [°Right°

3162 Milton: come and we have to respect (0.4) ↑actuall[y to be honest ↓I w- I w-

3163 Ron: [.hhhhhhhhhhhhh hhhuh= hhhuhh ((*coughs*))

3164 (0.4)

3165 Milton: I was ↑slight↓ly unsure how to ↑handle ↓it ((*shuffling sound*)) cause the ↑G↓p you know

3166 he said he was f↑i:::↓ne (0.8) and ↑I write back to s[ay well he's not been coming to

3167 Elsie: [That's right

3168 Milton: appointments and we have to respect that and you c[an re-refer him the::n discuss with

3169 Elsie: [Mmm

3170 Milton: him (and he'll be re-referred) .hhhh and you ↑KNOW that he ↓is he ↑HAS had h:e ↑does  
 3171 have I thuink Schizo↑phren↓ia and he ↑has ↓had a couple of (0.4) (quite) admissions  
 3172 with som:e agg↑re[ssive kind of

3173 Ron: [If if ↑he::'s who I ↑th[ink he ↓i::s (0.4) ahm (0.4) I ↑seem to  
 3174 Milton: [(-----)

3175 recall ↓him dropping ↑into the de↓pot clinic one day with somebody else who was  
 3176 a↑ttend↓ing  
 3177 (0.4)

3178 Milton: Ye:[::s

3179 Ron: [and ↑having a chat with ↑Kath [and ↑sa:ying that he was ↑thinking of (0.4) ↓going

3180 Milton: [Mmmm

3181 Ron: to ↑Ital↓y to do (0.4) building (.) [(on hi[s [parents shop)

3182 Milton: [(-----)

3183 (Sally): [Hmm hmm hmm ((laughs))

3184 Clark: ['is ↑pa:rents (.) I think his parents have

3185 Ron: [(---his parents

3186 Clark: got [a business in ↓Italy or something=

3187 Ron: [an so

3188 Milton: =[[They we- his ↑pa:rents ha[d a home remo↑val business in ehm (.) ↑Gotham

3189 Ron: =[[Ri[ght yeah

3190 Elsie: [Ah I see

3191 Clark: [Yeah

3192 (0.2)

3193 Ron: Right

3194 (0.4)

3195 Milton: Yet he was ↑very (good) taking his medi↑ca↓tion ↑you ↓know (.) he he'd ↑learned

3196 his lesson and he ↑certainly didn't want to:: (0.2) ↑stop his medication again cause

3197 he was ↑quite ↓frightened of his agg↑ression (0.2) .hhh (.) but ahm (0.6) th- the (.)

3198 they ↑tended to he ↑tended to become ill in the context of relation↑ships breaking ↓up

3199 and (0.4) ↑you ↓know he's in a relationship °you know so he just err (very rarely)  
 3200 talked about that although (he ↑come to us the la::st one ↓right enough) (.) uh°  
 3201 (0.4)  
 3202 Clark: So would you close it ↑saying it's actually South East ↑Leicestershire ↓n[ow (proably)  
 3203 Milton: [I ↑think  
 3204 they could say ↓that except that ees (0.4) it's ↑just a slight ↓worry that that  
 3205 there's no:bid↓y (1.2) ↑you ↓know he's not attached ↑to any↓body=  
 3206 Elsie: =Mmmm=  
 3207 Clark: =Ye[ah  
 3208 Milton: [well that's the ↓slight ↑worry=  
 3209 Clark: =Yeh  
 3210 (.)  
 3211 Milton: .hhh I might I ↑think what I'll do is I'll just write to south east just to make them  
 3212 aware of his existence (.) you know

3213 (0.2)

3214 Sally: But you want to take him off thi[s ↓list (↑do yo[u)

3215 Milton: [Yeh

3216 Stella: [Can we just wri[te on ↑that ↓then

3217 saying why you've taken him ↑off=

3218 Sally: [(thank you)

3219 Milton: =ah hughh ((clears throat)) (0.2) eh::m

3220 (1.2)

3221 Stella: Where it says Toledo=

3222 Elsie: =Mm[mm

3223 Stella: [(Look) Toledo

3224 (0.2) ((sound of rustling paper))

3225 Elsie: Cause we (.) we need to err (0.2) get the stats together (0.2) ↑I WAS LOOKING at the::

3226 (.) lady second ↑down on the ↓list (0.6) and reading the stuff in the file and ehm

3227 wondering about taking (0.6) her ↓on ((*banging noise*)) (0.6) ehm I dn't know whether

3228 anybody there'd been any out↑patients con[t a c t any .hhhhhhhhhhhhhh

3229 Milton: [Who's ↑this

3230 (0.6)

3231 Elsie: E [de Coeurcey (0.6) Edwina de Coeurcey I'll have to say it then if

3232 Milton: [Yeh E::::D::::Ce:::: ↑ye[:s ehm

3233 Elsie: [Yeah

3234 (.)

3235 Milton: [[I [↑think she needs (0.4) a ↑bit of assess↓ment I mean °th- th- th-° (0.2) sh- she's

3236 Elsie: [[Does she

3237 Milton: the ↑sort of patient who ehm (0.4) comes to her out-↑pa↓tient[s u::su:a↓lly (0.2) o-

3238 Elsie: [She's still ↑coming yeh

3239 Milton: on her ow:↓n (.) and she ↑does come and she attends ver↑y ↑regularly ((*banging*

3240 *noise*)) °for appointments° (0.4) ehm and she ↑actually has quite a fu::ll li↑::↓fe=



3241 Elsie: =Mmm [mmm

3242 Milton: [eh::m .hhhhh I (0.4) I ↑just get this feeling that she's rather missed ↑you:t on  
 3243 something over many y↑ea:↓:rs because she's ↑not had contact w[ith the ↑serv↓ices .hhh

3244 Elsie: [Mmm

3245 Milton: a::nd she ↑lived with her parents and they've both ↓die::d and she's ↑on her own ↓now  
 3246 but she's ↑QUITE active in John Storer house and ↓so [forth .hhh (.) and 0.4) the

3247 Elsie: [Mmmmm

3248 Milton: the ↑only thing against ↑you becoming ↓involved is (0.4) and I ↑don't think it's a big  
 3249 thing a↑gainst ↓it but ↑she's (0.4) said she wants a CPN t- (.) discuss her  
 3250 ber↑eave↓ment=

3251 Elsie: =hhh Well I ↑READ that ↓st[uff but ↑the:n (.) I got the impression that's because  
 3252 she's only ↑kno:wn a CPN's=

3253 Milton: [Eh::m but there's ↑no reason  
 3254 ↓why it ↑nee::ds to ↓be

3255 Milton: =Exa[ct[ly

3256 Elsie: [↑be↓fore=

3257 Sally: [Ye:s

3258 Milton: =↑you ↓know (.) and eh I thi- I ↑think in a way .hhh (0.2) I ↑think in a way it's to

3259 do: (0.4) partly with what she's lost because of her ↑ill↓ne[ss

3260 Elsie: [Mmmmm[mm

3261 Milton: she ↑used to be eh[m

3262 (.) a post-graduate stud↑ent (0.6) I ↑think she was a ↓scientist or an econom↑ist I

3263 can't ↓remember ↑which .hhh (.) but she eh[m (0.4) she ↑wa:::s to::ld ↓you see (.) she

3264 be↑came ↓ill and she was told that she must stop studying and that she'd never work

3265 ↑agai:n you ↓see=

3266 Sally: =O:::h=

3267 Milton: =.hhh an::d hhh hhh .hhh ((laughing)) err (.) °↑this was be↓fore you know err twenty

3268 ↑yea::rs ago so°=

3269 Sally: =Mmmmm=

3270 Milton: =a::nd ehm (0.4) she sort of faithfully ↓did ↑that (.) and I ↑think she sort of °feels

3271 her life sort of came to a° ↑stop and I ↑think this is all pa:rt of (.) ↑you know=

3272 Elsie: =Mmmmm=

3273 Milton: .hhhhhhh [but at the same time she doesn't ↑rea:lly have the confidence to start off

3274 Elsie: [Mmmmm

3275 Milton: (0.2) anything (0.6) errrr anything more than so↑cial activi↓ties (.) .hhh and so

3276 ↑your thing would be very ↑appopriate cause it ↑might find her a way b[a:ck into

3277 Elsie: [(Could be)

3278 (Milton): ↑coll[ege or something ↑you ↓know ehm

3279 Elsie: [yeah yeah .hh

3280 (0.6)

3281 Elsie: ↑Okey ↓doke I['ll I'll ↑pick it up ↓then

3282 John: [.hhhhhhhhh hurghh ((clears throat))

3283 (1.8)

3284 Sally: °Okay° I've ↑just spoken to:: Doctor Twigg about the 16 y[ear old ↓gi[rl who

3285 Elsie: [Mmm

3286 Stella: [Mm mm

3287 Sally: incidentally .hhh was ref↑erred (0.4) by acci↓dent because the asked the receptionist

3288 to refer to ↑counselling in ↑Mel↓ton

3289 (.)

3290 Stella: Ahhh G[od by accident

3291 Sally: [Eh:m and and in add↑ition (0.6) in add↑ition is still is::t full time education

3292 at sch↑oo::l (0.4) so for ↑both rea[sons shouldn't co[me to ↑us

3293 Stella: [(-----we-----)]

3294 Elsie: [Shouldn't even 've ↑got here

3295 aw:::

3296 (0.4)

3297 Sally: Mmm

3298 (0.6)

3299 Stella: °Tha's good°

3300 (4.1) ((*sound of rustling paper*))

3301 Milton: (No::w)

3302 (2.1)

3303 Stella: So that's six off the ↑wai[ting list ↓then

3304 Sally: [Yes that's ↓good

3305 (0.6)

3306 Stella: °Mmmmm ↑mmm° (0.6) and just o[ne ↑on

3307 Sally: [S::o:

3308 **END OF SIDE TWO OF TAPE**

3309 **BEGINNING OF SIDE THREE OF TAPE**

3310 Sally: Is there ↑anyone (0.4) who people ↑urgently ne[ed to feed ↓back

3311 Stella: °[N:o°

3312 (.)

3313 Elsie: Mmm

3314 (0.6)

3315 Sally: Oka[y is there ↑anything on page ↓three (0.2) that we can s[ay anything ↑about

3316 Stella: [(Can't think)

3317 Elsie: [I think there was maybe

3318 one feedback ↓letter there which see if it's on page ↓three (0.4) no it's on the next

3319 ↓one

3320 (0.4)

3321 Sally: O↑kay (0.2) page ↑four

3322 (.)

3323 Elsie: Yeah=

3324 Stella: =Cn ↑sorry can you just put by (0.6) J↓u on three the third one up from the ↑bot↓tom

3325 (0.6)

3326 Sally: [[Yeh

3327 Stella: [[that I'm waiting for her to contact me at the end of (.) Oc↑tober (1.2) and that  
 3328 just (0.4) jolts ↑my ↓mind as [we:ll

3329 Elsie: [↑Mm mm  
 3330 (6.2) ((*sound of rustling paper and door opening*))

3331 Clark: Sorry (0.4) Sally ↑that (0.2) o- one we were discussing ↑earl↓ier is in the ↑cit↓y  
 3332 (1.2)

3333 Elsie: AAAAAAH (0.2) that's w↑[hy ↓then

3334 Clark: [Be::Wu::: (0.6) Stanstead C[ourt

3335 Milton: [Ri[:::ght (.) so (0.2) ↑if  
 3336 you could sugg↓est that the follow up appointment is made (0.4) if they could ehm (.)

3337 Elsie: [The one that was seeing  
 3338 wasername

3339 Milton: ↑put a little no↓::te  
 3340 (2.2)

3341 John:     ↑Sheila ↓Kennett (1.2) doe[s that ring

3342 Sally:                                 [Mmm yeh

3343                                 (0.6)

3344 Milton: Well ↑I'll come ↓out now hhhhh hhhhh ((*laughs*))

3345                                 (0.2)

3346 Clark:     Sorry=

3347 Milton:     =Yes=

3348 Clark:     =I th- (.) jus[t thou[ght you were going to come out

3349 Elsie:                                 [Yeah it needs a different ↑doctor then ↑doesn' it=

3350 Sally:                                 [↑O↓kay

3351

3352 Sally:     =It mak[es more sense

3353 Elsie:                                 °[Ah:::::::::: it's juss I mean they've got all that° extra ↓work ((*door closing*))

3354                                 that's ↓been ↑created ↓by just ↑pure administrative ↓stuff

3355                                 (0.2)



3356 Sally: °Ah iss juss°  
 3357 (0.4)  
 3358 Elsie: .hh[hhhhhh ((*exhales loudly*))  
 3359 Sally: °[ridiculous° (0.4) .hhh right so that's on page ↓three (0.4) shall we move ↓o[n  
 3360 Elsie: [Yeah=  
 3361 Sally: =Page ↓four=  
 3362 Elsie: =Page ↓four ↑two ↓down on pa[ge ↓fou::r (.) J↓M=  
 3363 Sally: [Yeh Yeh  
 3364 Sally: =Yeh=  
 3365 Elsie: =a::nd there's a feedback letter °w-° from John here ↓anyway sez that e::'s err  
 3366 cancelled it cause he's moved to ↑Bridgford (0.8) ahm so it's ↑been referred ↓on (0.6)  
 3367 by J[ohn  
 3368 John: [(°-----[-----°)=  
 3369 Sally: [On the list

3370 Elsie: =so that just needs (0.4) well it <sup>↑</sup>doesn' even need fi[l<sup>↓</sup>ing cause pre<sup>↑</sup>sumably

3371 John: [A:h yes

3372 Elsie: you'll 've put the or::[iginal in the notes <sup>↑</sup>anyway

3373 John: [original (this) letter ay lovely yeh=

3374 Elsie: =s[o we can <sup>↑</sup>actua<sup>↓</sup>lly=

3375 Sally: [Yeh

3376 John: =Yeah okay great yeah=

3377 Sally: =O::<sup>↑</sup>[kay anything else on page <sup>↓</sup>four

3378 Elsie: [Mmm

3379 (4.2)

3380 Sally: No (.) alright <sup>↓</sup>pa[ge <sup>↑</sup>five

3381 Elsie: °[Mmm°

3382 (3.6)

3383 John: Phewww ((yawns))

3384 (0.2)

3385 Sally: Uh huh ((*laughs*)) (1.6) uo:↓:h (0.2) page ↑SIX (0.6) I'll ↑get to one of mine at ↓this  
 3386 ↑rate (1.2) eh:::m (0.6) ↑no  
 3387 (0.6) ((*rustling paper*))  
 3388 Elsie: (°I'll have a look°)  
 3389 (0.4)  
 3390 Sally: There seem to be an ↑awful lot of ↑feed↓back (0.2) ↑letters that we haven't got'n that  
 3391 ca[se  
 3392 Elsie: [Well we need (.) we did a big request the other  
 3393 (.)  
 3394 Elsie: [[couple of weeks ↓ago and they came in a batch so we need to [write them ↑against  
 3395 Sally; [[I kno::w  
 3396 Sally: [Yeah  
 3397 Elsie: them [now a↑gain  
 3398 Sally: [↑yeah

3399 (1.0)

3400 Sally: So:: (4.0) ↑page ↓seven ↑shall I (0.2) do a feed↑back

3401 (0.2)

3402 Elsie: Yeah

3403 (0.6) ((*sound of rustling paper*))

3404 Sally: °might as ↓well° (1.6) ehbm (0.4) this is the ↑top of ↓page seven (0.4) G:↑E: (1.2) ehbm

3405 (6.0) ((*rustling paper*)) and this is to Doctor Cl- (0.2) ↑Cla:y eh:::m (0.6) ↑thank

3406 you for referring (0.4) Glenda to the ↑team saw her togther with her ↓husband (0.6)

3407 err assessment (.) Wednesday ↓tenth of Oct↑ober duh duh duh duh .hhh (0.4) ehbm I'll

3408 ↑read it ↓out it's easier (0.2) she i↑denified her problems as as having started

3409 earlier this year when her husband was diagnosed with ↑cancer (.) .hh and the

3410 management at her ↑workplace were extremely unsympa↑the↓tic (.) .hh at around the

3411 ↑same time her teenage ↑son was having treatment for ↓glaucoma (.) .hh there was a

3412 fear that he might lose his ↑eye↓sight (.) .hh a ↑request for time ↓off to ↑attend

3413 hospital appointments were treated unsympa↑theticall↓y (.) .hhh (0.2) and she was  
 3414 ↑close↓ly ↑question↓ed every time she ↑a:sked (.) .hh she was ↑also made to pay back  
 3415 ↑any time she had off by working extra ↑hours=  
 3416 Elsie: =Mmm=  
 3417 Sally: =.hh in ad↑dition she felt that she was being con↑tinually ↑picked on and told off by  
 3418 her boss for minor mis↑takes (.) .hhh she'd been working four ↑twelve hour shifts and  
 3419 ↑previously done (0.2 .hh little EXTra work on her days off by driving a VAN (.) for a  
 3420 friend delivery ↓firm (.) .hh and this work had lasted six ↑months (.) .hh she told me  
 3421 that she'd not ↑realised that by ↑doing this she'd be contravining a worktime  
 3422 dir↑ec↓tive (.) .hh she'd ↑finished this job by the time of her husband's ↑illness but  
 3423 when the company found ↑ou:t about it she was accused of (0.2) .hhh gross mis↑cond↓uct  
 3424 (.) .hh she told me that her im↑mediate boss had ↑ca:lled her into his office and  
 3425 ↑shouted at her for forty ↑minutes (.) .hh she said that ↑this had occurred at a time  
 3426 when she didn't know whther her husband was going to sur↑vi:ve (.) .hh and she'd just

3427 gone to ↑pie↓ces (.) .hh she became in↑creasingly anxious at work could ↑not cope with  
3428 raised voices and has found herself more and more ↑tear↓ful (.) .hh by ↑June she was  
3429 un↑able to carry on working and has been off sick ever ↑since (0.6) .hh ↑current  
3430 measures show ↑no evi↓dence of depression with a score of nine of the ↑Beck (.) .hh  
3431 er::m oh she did admit to some increased tearfulness and irritat↓ion (.) .hh ↑sleep  
3432 and appetite are ↑fi:↓:ne and there is not and never ↑has been any suicidal ideation  
3433 or self ↑harm (.) .hh ↑no evidence of psychotic phe↑nomena or of any other significant  
3434 mental ↑illness (.) .hh didn't judge her to be a risk to herself or ↑others (.) .hh  
3435 however as we ↑talked about the situation with her em↑ployers she became increasingly  
3436 dis↑tressed tearful (.) .hh and ↑shak↓ey and she also started to ↑stammer (.) .hh  
3437 described feeling of anxiety and ↑panic and said that these had been associated with  
3438 the ↑work situation (.) .hh but now ↑also occurred when she ↑talked about work or even  
3439 when she anticipated a work related conver↑sa↓tion (0.2) .hh she's ↑avoiding going  
3440 into ↑Harborough for fear of bumping into work ↑colleagues and will not answer the

3441 ↑phone (.) .hh be↑cause she says she's been rung ↑several times ↑from work (0.2) .hh  
3442 she's ext↑remely apprehensive about going ↑back but feels that she has no ↑choice  
3443 beciz ah((laughs)) after six ↓months (.) .hh she will only be eligible for ↑benefits  
3444 an ↑not half p↓ay (.) .hh as she previously ↑thought ↑OUTside the work area there her  
3445 life appears to be ↑fine ((*banging sound*)) husband has made a good re↑covery and she  
3446 told me that they have a happy and stable rel↑ationship as well as a good ↑social life  
3447 (.) .hhh at interview he seemed both sup↑portive and ↓under↑standing and agreed with  
3448 her description of ev↓ents (.) .hh she has ↑no problems in going ↑out as long as it's  
3449 not to ↑Harborough (0.2) or to meet people with whom she ↓worked (.) .hh she was ↑born  
3450 and brought up ↑locally the eldest of a sibship of ↑four described happy and normal  
3451 childhood with ↑no significant (.) .hh or traumatic ev↑ents and said she'd enjoyed  
3452 school made friends (.) .hh ↑left at seventeen married her present partner within the  
3453 year and they've been married for ↑seventeen years (.) .hh and have ↑four teengae  
3454 ↑child↓ren (.) .hh they've ↑not had any financial problems up to ↑now but an↑ticipate

3455       ↑difficulties (0.2) .hh if Glenda's money's reduced drastically after six months off  
 3456       ↓sick (1.0) I ↑didn't think feel she could (0.2) be said to have a significant mental  
 3457       ↑health problem and she's therefore outside the remit of the team (.) .hh I'd ↑also be  
 3458       ↑wary of giving her a psychi↑atric label as I wouldn't want to pathologise her  
 3459       ↑prob↓lems (.) .hh hoever she ↑certainly expressed anx↑xiety in the work situ↑ation (.)  
 3460       .hh and (0.4 ) and currently expresses (0.2) anticip↑atory anxiety when thinking and  
 3461       ↑talking about work (.) .hh it's ↑hard to see how she could easily re↑turn but I do  
 3462       feel that ↑counselling (.) .hh a↑wa:y from the work situation would be ↑helpful (0.4)  
 3463       .hh ehm (0.2) and she'd been ↑offered some counselling ↑through work and had ↑gone to  
 3464       see this guy (.) .hhh in a ↑very tiny off↓ice (0.2) with ↑no windows and it wiz ↓dark  
 3465       (0.2) .hh and (0.2) he'd ↑listened to her (0.4) and then she'd ↑asked him if he'd got  
 3466       ↑any qualifi↑cations as a ↑counsellor .hh and he said none whatso↑ever I'm just here  
 3467       to ↑listen .hh=  
 3468       (Milton): =hhhh[hh



3469 Sally: [so (0.2) ↑not ↓surprisingly she didn't hahave ↑MUCH ehheem (0.2) ↑[confidence in  
 3470 him mm mm hh .hhh= ((*laughs*))  
 3471 Clark: [Mmm mm  
 3472 ((*laughing*))  
 3473 Milton: =(Well th[ey have that)  
 3474 Sally: [Hah hah hah ((*laughs*))  
 3475 (0.2)  
 3476 Milton: They ↑have this thi::ng [↓ehm (.) that they get very pre↑cious about in Har↓borough  
 3477 Sally: [Huh hah hah ah:::::  
 3478 Milton: (which I've not) come across called the liste↑ning ↓service .hhh and ehm (0.6) the  
 3479 (0.6) th- the ↑liste↓ners (.) have been very prominent in what used to be called the  
 3480 (.) standing (1.0) huh th- huh standing comm↑ittee ((*laughs*)) (0.2) for mental ↓health  
 3481 .hh an ↑we:n (0.2) we talked ↑a↓bout (0.4) counsell↑ing ↓services they were ↑very

3482 resistant ↓to: .hhh (0.4) ehm counselling services which were coming ↑into

3483 ↓Harborough °(though they would'v'e been here actually sixteen years ago [about° with

3484 Sally: [↑Really

3485 Milton: Jeremy in↓volved and everything .hhh and they were saying we are ↑liste↓ners 'n' (.)

3486 you know [it's °sort [of°

3487 Elsie: [Mmm

3488 Sally: [Oh ((*laughing*))

3489 (0.4)

3490 Milton: Eh:m

3491 (.)

3492 Sally: Weh ↑she was very ↑ang↓ry and i- (.) and I me[an it in↑creased her ↑anger .hh (0.2)

3493 Milton: [Mmmmm

3494 Sally: obviously ab[out the ↑company and about the way they've ↑treated her

3495 Elsie: [Mmmmm

3496 (0.6)

3497 Sally: [[Eh::m

3498 Milton: [[Ye::s so is this in <sup>↑</sup>Harbor<sub>↓</sub>ough or err=

3499 Sally: =It's it's (.) it's fo- th- ehm (0.2) she works for 3<sub>↓</sub>M

3500 (.)

3501 Milton: Right [mmm

3502 John: [Mmm

3503 (0.4)

3504 Milton: S[:o:

3505 Sally: [and it's j[ust somebody who'd been not surprisingly very <sup>↑</sup>angry

3506 Milton: [<sup>↑</sup>Mmm

3507 Sally: about the way she's been <sup>↑</sup>treat<sub>↓</sub>ed=

3508 Milton: =Ye::s=

3509 Sally: =.hh so I said I I I ↑fe:lt that she that counselling ↑away from the work situation  
 3510 would be ↑helpful and in particular .hh (.) it ↑might enable her to get in touch with  
 3511 and express her ↑feelings of ↑anger [towards the company for the way in which she's  
 3512 Milton: [.hhhhhhhhh hugh huh ((coughs))  
 3513 Sally: been ↑treat↓ed (0.4) .hh and then I ↑put I wonder if you've access to counselling  
 3514 through the PC↓G (.) .hh if not I suggested that Glenda they could ↑contact the  
 3515 ↑Nottingham or Leicester counselling centres (0.2) .hhh although there might be quite  
 3516 a wait for in↓put .hh (.) I've arranged a ↑further session with me in Nov↑ember to  
 3517 monitor anx↑iety and [see and see what progress has been made with regard to her  
 3518 Elsie: [Mmm  
 3519 Sally: employ↓ers (0.4) ((sound of rustling paper)) and ↑actually ↑I ended up feeling really  
 3520 ang↑ry (0.6) ehm on her be↑ha:↓lf and I guess it was perhaps ↑HER ha-anger as wehell  
 3521 ((laughing)) cause she couldn't ex↓press ↑it .hhh (0.2) cause she just felt that she

3522 didn't have any (0.6) any safe way of ↑doing that at ↓work cause she'd (.) lose her  
 3523 ↑job  
 3524 (0.2)  
 3525 Milton: Mmm (2.0) I mean I ↑don't ↓know if ↑you ↓know anything about this liste↑ning bus[iness  
 3526 Elsie  
 3527 Elsie: [It's  
 3528 linked with the ↓Bap[tist ↑Chu::rch (0.4) it's↑been going yea::rs  
 3529 Stella: [Mmmm  
 3530 Elsie: t[hey they were (0.6) I ↑think they started off origin↓ally (.) within they  
 3531 Milton: [Mmm  
 3532 Elsie: ↓own ↑chu:rch  
 3533 (0.4)  
 3534 Milton: Cause ↑Jean Naylor describes herself as a listener °does↑n't ↓she°  
 3535 (.)

3536 Elsie: Ah duhurh h[h huh huh ((*laughs*))

3537 Sally: [Well ↑this was an employ[ee an employ↓ee of the ↑comp↓any

3538 Milton: [She ↑did well she ↓did yeh

3539 (1.0)

3540 Sally: this was an employee of the ↑comp[↓any who was er was nothing to do with °(this at

3541 Elsie: [.hhhh ↑oh yeah no it's no it's ↓no separate yeh

3542 Sally: this [-----)° .hh[hhh

3543 Elsie: no no

3544 Milton: [Mmm

3545 Elsie: [Weh they're ↑still around the ↓Charnwood listeners but i- it

3546 ↑is (0.2) linked with the Baptist ↓Church=

3547 Milton: =↑Right I didn't know ↓that (0.2) mm=

3548 Elsie: =Yea:h °okay°=

3549 Sally: =°I didn't know that one ↑either)°

3550 (0.6)

3551 Elsie: hh (0.4) ↑third up from the bottom on that ↓pa::ge (0.4) AGR↑[L:::

3552 Sally: [Yeh

3553 Elsie: should've come off ↑anyway last week cause it was a Coal↑ville (0.6) °(I think)°

3554 (0.6)

3555 Sally: O↓kay (0.4) I've got ↑another ↓one t- (0.2) to feedback which (0.2) oh no shall we

3556 ↑lea:ve it (1.0) I[f we're going to have ↓ehm=

3557 John: [(°No time°)

3558 Elsie: =Mm[mmm

3559 Sally: [can leave it [till next (↓yea:r)

3560 Stella: [(Mmm ↑it's on ther[e)

3561 John: [Can I just mention on page eight very ↑quick↓ly

3562 you can take (0.2) JR four do↓:wn (0.4) off

3563 (0.4)

3564 Sally: Oh right ye[:s

3565 John: [cause I discuss[ed her tw[ice with eh[m the Ge::↓Pe::

3566 Sally: [Oh yes

3567 Stella: [Hooray

3568 Elsie: [↑Oh excelle↓nt

3569 (0.2)

3570 Elsie: =Good

3571 (.)

3572 Ron: Or you could take of B:↓A: (.) as well seco[n-

3573 Sally: [Where's that=

3574 Ron: =Second from the top o[n page ↓eight

3575 Sally: [Right

3576 (0.2)

3577 Sally: Right=



3578 Ron: =Ehm before she ((door closing)) ha:s (1.2) err I spoke with her and she said she'd  
 3579 ↑re-engaged with (.) Albert Street and ↑they were going to sort it all ou:t an:d I:  
 3580 rang Doctor Carrott (0.6) who said that's fine with ↓her  
 3581 (1.2)  
 3582 Sally: Ri[ght  
 3583 Ron: [so:: (0.2) I'll shall ↑no:t be assessing ↑[her  
 3584 Elsie: [Nn an on page ↓eight  
 3585 (0.2)  
 3586 Stella: BA for take ↑off  
 3587 (0.4)  
 3588 Elsie: L::[R::↓S:: one two three four five [↓down (0.2) it  
 3589 Ron: [Y↑e:s  
 3590 Sally: [Yeah

3591 Elsie: was a Leicester one an I've wri- off (0.2) the letter's gone (0.4) to that ↓team .hh  
 3592 ah huh huh ((*laughs*))  
 3593 (0.2)  
 3594 Milton: And [the:y've eh:::m not bounced it ↓back=  
 3595 Sally: [We've ↑actually  
 3596 (.)  
 3597 Elsie: =Er::::: not ↓yet nnhuh huh= ((*laughs*))  
 3598 Sally: =We've ↑actually taken an awful lot off the [↓list des↑pite the fact that we  
 3599 Stella: [↑Mmmm  
 3600 Sally: haven't had time for many ↑fehed↓baahcks ((*laughs*)) (0.6) so: (0.8) not too ↓bad (0.6)  
 3601 okay shall we ↑leave it ↓there and come back at half past for the ↑business ↓meeting  
 3602 (0.2)  
 3603 Elsie: Yeh