

1 **Abstract**

2 Background: Mental health is a growing global concern with a significant rise in patients
3 calling emergency services to respond to their needs. Paramedics in the UK are increasingly
4 being asked to respond to this increase in demand.

5 Purpose: This study explores how paramedics perform in practice when managing patients
6 experiencing mental health issues.

7 Methods: Qualitative observation over 240 hours and interviews involving 21 paramedics
8 and 20 patients with mental illness

9 Results: Using Goffman's seminal text *Presentation of Self* to frame the analysis the findings
10 of this study reveal that paramedics "perform" on two stages: front stage and back stage.
11 Their coping mechanisms, in the metaphorical sense, include props such as uniform and
12 scripts filled with humour, stereotyping and nostalgia to aid in their management of this
13 specialist patient group.

14 Conclusions: Paramedics feel frustrated and unsupported when dealing with patients
15 experiencing mental health issues. This study identifies the coping mechanisms paramedics
16 use to manage this patient group but questions the longevity of these mechanisms and
17 therefore recommends additional support for paramedics with further supportive education
18 around mental health.

Title: Paramedic performance when managing patients experiencing mental health issues – exploring paramedics' presentation of self

Key words: paramedic, mental health, qualitative methods, Goffman, presentation of self, paramedic performance, managing mental health, prehospital

1.1 Introduction

Mental health problems are one of the main causes of the overall burden of disease worldwide (Mental Health Foundation, 2018) and are the largest single source of disability in the United Kingdom (UK), making up 23% of this burden (DoH, 2011). It is estimated that about one in four of the UK adult population will have a significant mental health problem at any one time (McManus et al, cited in Mental Health Foundation, 2018); this equates to more than seven million people (Time to Change, 2015). Over 1 million people were in contact with mental health, learning disabilities and autism services in April 2018; of these 988 990 were in contact with adult mental health services (Community Mental Health Team, 2018). The demand for ambulance services continues to grow rapidly in the UK and contributing factors to this demand include increasing mental health-driven issues (National Audit Office, 2017).

As emergency service providers, paramedics are often the first responders to patients with mental health care needs (College of Paramedics, 2016). This includes acute emergency episodes (e.g. suicide attempts) and cases where patients with mental health diagnoses or symptoms are associated with other long-term conditions that precipitate ambulance calls (e.g. a suspected heart attack in a person who also suffers from depression). Paramedics do not diagnose mental illness, but they respond to calls requiring assistance for mental health problems defined within

the ambulance triage system, or make judgements about mental health state when they see a patient.

There is evidence that people with co-morbid mental health problems make greater use of health services (Laurin et al 2009; Jaing et al 2001, Himeloch et al 2004) including paramedic services. The Welsh ambulance service (Morisson-Rees et al, 2015) reported receiving 2 974 mental health-related emergency calls month. Despite the apparent increase in patients experiencing mental health issues, a national paramedic survey found that paramedics do not feel they have the necessary skills and knowledge to meet the needs of these patients (College of Paramedics, 2014).

The aim of the research reported here was to observe and explain how paramedics respond to and manage patient's experiencing mental health issues. Working within a sociological framework to understand this paramedic work, this paper examines the behaviour of paramedics, and the coping strategies they use when managing patients with mental health issues. The analysis, based on qualitative observation and interviews with paramedics working in an English ambulance trust, draws on Goffman's *Presentation of Self* (1959) and his metaphorical concepts of staging, performance and impression management.

Erving Goffman, a sociologist, analysed social interactions to explain everyday life (1959). His dramaturgical analysis proposed that people metaphorically resembled actors on a theatre stage and that analysis of interactions should look at performance of roles. Much of the work in everyday interactions is directed to 'impression management', a process of trying to control or influence how our

performances and behaviors are received by others. This theoretical approach lent itself well to the analysis of data gathered in our study. The data from observation and interviews with paramedics suggested that, like actors, paramedics perform for and to an audience, namely patients, but also for other health and care professionals. Three key concepts from Goffman's *Presentation of Self* (1959) are enrolled in our analysis here: front stage, back stage and impression management

This paper provides a unique account of the work that happens in the pre-hospital arena and paramedic performance. It shows how paramedics' presentation of self (Goffman, 1959) influences their management of patients requiring assistance for a mental health problem or mental illness. This study has broader implications for patient care and practice, as well as for funding and education of paramedics.

1.2 Methods

Qualitative observation and interviews facilitated a unique and rich description of the complexities of paramedic work in the pre-hospital environment and revealed how they performed the management of patients experiencing mental health issues. The data were collected by the first author, an experienced, registered paramedic.

1.2.1 Participants

The study took place within the geographical area covered by a single English NHS Ambulance Trust. The participants included 21 paramedics and 20 patients with mental illness and their carers/family. Inclusion criteria for paramedics was registration as a paramedic within the Trust. Seven of the paramedics were female; 10 were vocationally trained, while 11 had graduated from University. Paramedics received e-mails with permission from Ambulance Trust's Research Department and

the Clinical Lead. Posters were also displayed at their base stations about this research and paramedics invited to contact the researcher if they wanted to participate within this study. Written consent was sought for observation and interviews. All the participants who agreed to this study were aware that the researcher was also a paramedic, however, as agreed with the Trust's Research Department and Clinical Lead, the purpose of her presence was purely for research and not for clinical support or input.

To ensure "non-exploitative research" (Goodwin et al, 2003) the lead author repeatedly highlighted her role to the paramedics and patients she was observing and also formally ensuring participants' written consent.

For the purpose of this research study, we included a range of different acute health conditions including self-harm, attempted suicide and overdose, and chronic conditions such as schizophrenia, depression, bipolar disorder and anxiety. We used the Mental Health Act 1983 in 2007 (DoH, 2007) which defines a mental disorder as "any disorder or disability of the mind", but excluded patients with dementia and severe learning disabilities because of the different referral and treatment pathways for this group. Verbal consent for observation was sought from 20 patients experiencing a mental health problem at the scene when clinically appropriate – usually after the paramedic had completed their initial patient assessment, and later confirmed in writing. Patients and paramedics were informed that they could withdraw their consent at any point in which case the observations would cease immediately.

1.2.2 Ethical considerations

Formal ethics approval was granted from London-Camberwell St Giles Research Ethics Committee (IRAS project ID number: 174606). NHS management approval was obtained through the South West Ambulance Service Foundation Trust Research and Development department.

1.2.3 Data collection

The first part of the study entailed participant observations of 21 paramedics and 20 patients experiencing a mental health problem, over 240 hours, during a variety of emergency response ambulance shift patterns between the beginning of January 2016 to end of May 2016. The lead author followed these observations with 11 semi-structured interviews with paramedics drawn from the participants, lasting approximately one hour per interview, a year later. Patients were not formally interviewed after the observation but notes were made of conversations with them and carers during the observation.

Data was stored and managed in accordance with the University of Southampton Research Data Management Policy (2016). Observation notes were initially written in diary format by the lead author and shared with the paramedic participants on request. After each 12 hour shift, the lead author transcribed the notes and added additional notes as ideas and thoughts emerged from the transcribing process. Interviews were tape recorded with the permission of the participants and played back on request. These recorded interviews were transcribed by an independent transcribing service and checked by the authors.

1.2.4 Data analysis

Initial data analysis used Spradley's (1980) descriptive, focused and selective phases. We began by describing the complexity of paramedics work in the pre-hospital environment, moving to a focused phase analysing the range of problems paramedics faced while managing patients experiencing mental health issues. The selective phase of the analysis explored how paramedics managed particular cases in more detail. At this point in the analysis, Goffman's (1959) concept of presentation of self was used as a framework, to understand the behaviours of paramedics and their coping strategies as a performance.

1.2.5 Trustworthiness

Shenton (2004) suggests opportunities for scrutiny by participants to support credibility; several paramedic participants of the study read the initial observation notes and later some of the analysis. Advisers drawn from practice from the Ambulance Trust, and advisors for education and policy development from the professional body – the College of Paramedics in the UK - were also asked to review the data and its interpretations. They provided feedback and comments which were integrated into the analysis and results. The first author kept extensive reflexive accounts about her experiences of participant observations and had regular meetings with experienced supervisors (CP and RC) to discuss these experiences and to critique the emerging analysis.

1.3 Results

The observation confirmed that paramedics are managing an increasing number of calls requiring assistance for a mental health problem or mental illness. Paramedics openly discussed the how they had noticed an increase in these types of patients, which was also supported by data from the Ambulance Trust (SWAST, 2015). Paramedics use a number of behaviours, notably humour, stereotyping and nostalgia as coping mechanisms to meet these increasing demands. The three underpinning concepts of Goffman's (1959) *Presentation of Self*, front stage, back stage and impression management were used to thematically structure the analysis and are discussed below, in turn.

1.3.1 Front stage performances

Front stage actions are those that are immediately visible to the audience. For a performance to start, certain elements needed to be in place and this study showed that paramedics required particular 'props' to perform effectively. These included costumes, in this case the green paramedic uniform that signified their profession and role. Uniforms were one way of enacting professional boundaries in practice and provided 'protection'. The uniform is made of durable material and includes protection against environmental hazards (heat and cold), but also signified a tribal allegiance. The uniform engendered an created an expectation from the audience or patient and differentiated paramedics from others, such as General Practitioners, police, community members and patients. Another prop used by paramedics were scripts – forms of talk used in interactions with patients and each other. These included the use of humour as in this example:

179 “‘I have a bad back too,’ he [the patient] said with tears streaming down his
180 face. ‘Ha ha,’ laughed paramedic 27 loudly. ‘I know all about sore backs,
181 that’s why I am swaying when I stand – don’t worry I don’t have music in my
182 head!’ he added laughing loudly. The patient laughed too and started to look
183 less anxious.” – *field note 18*

184 Here the paramedic engaged humour in an empathetic way to defuse the
185 emotional tension and make the patient laugh. One paramedic explained this
186 use of humour as follows:

187 “We use humour because, we use gallows humour don’t we? Dark humour,
188 because the things we see, the normal public wouldn’t be able to deal with,
189 so that’s why I think a lot of us are suffering from mental health ... So, we all
190 suffer mental health, we are all on that spectrum of maybe, yeah darkness.
191 So, I think we are quite good with mental health, because we sort of, maybe
192 suffer with it ourselves, and we can relate to them.” – *interview 4*

193 The above excerpt suggested that humour is used as a coping strategy,
194 particularly when caring for patients experiencing mental illness. Another
195 paramedic said that humour was ‘a useful release’ for diffusing tension between
196 crews.

197 Paramedics also used stereotypes during front stage performances. The
198 following excerpt explains how this helps paramedics manage patients:

199 “I think it probably depersonalises it so you’re not remembering the patient’s
200 name or gender, you are kind of just – yeah ... So, it depends what
201 information they give you. If it just says 23-year-old woman with depression,

202 you probably kind of stereotype and go, oh, it's someone with depression.

203 Does that make sense?" – interview 6

204 Paramedics prepared for their "first appearance" on the front stage when travelling to
205 a call requiring assistance for a mental health problem, using humour to "lighten the
206 atmosphere" before arriving at calls. They often stereotyped patients, for example
207 using phrases such as, "going to a mental one again" or "it's an arrest" as categories
208 for triaging and preparing for their performance. While humour might be delayed at
209 the scene to calm a patient and diffuse tension, these stereotypes were not made
210 visible front stage. Frustration or anxiety linked to dealing with 'a mental one again'
211 remained as an internal dialogue among paramedics, confined to their back stage
212 performance as we will now see.

213 **1.3.2 Back stage performance**

214 Back stage performances took place during meal breaks at their ambulance station,
215 between calls and during shift changes. These performances frequently used
216 nostalgia, as a way of managing tensions between real and idealised paramedic
217 work. Many paramedics felt that responding to calls requiring assistance for a
218 mental health problem was not part of the emergency work they had been trained to
219 do. Their ideal role was to respond to life threatening emergencies, and patient's
220 experiencing mental health issues were not considered an emergency. Nostalgia
221 was enrolled in discussion of real and ideal work, and this revealed some friction
222 between the older and younger paramedics in terms of how they perceived their role.
223 The older and more experienced paramedics felt that their role had changed and
224 now required them to deal with non-emergency work. This older generation was
225 defined by their vocational training and extended experience. The younger

226 generation, educated through paramedic degrees at higher education institutes, felt
227 that the work had always included social and calls requiring assistance for mental
228 illness. The older generation referred to the “olden days” and “good old days” which
229 they defined as “true emergency calls,” such as life-threatening asthma, pulmonary
230 oedema, cardiac arrest and road traffic collisions. They felt that this was the work
231 they had been trained to respond to but did not reflect the patients they were
232 responding to now.

233 In the back stage performance we observed the use of ‘banter’ and ‘dark humour’
234 that not seen during front stage patient care:

235 “We went to a patient who was self-harming. The crisis team told the patient
236 to keep her self-harm box (they actually called it that) which has razors and
237 cigarettes in it. They didn’t give a shit. They never do. She [the patient] was
238 15 years old. We took her to hospital and they probably just put a plaster on
239 her and told her to go home. I was making myself sick by being so nice! And
240 it didn’t make a difference. Her mum said the crisis team told her daughter to
241 keep the self-harm box because taking it away takes away her choices.”
242 Another paramedic listening to us talking leaned in and said: “it’s hurty time,
243 that’s what the box is for”. – Field note 20

244

245 Paramedics used humour during front stage and back stage performances but an
246 additional element observed during back stage performance was the use of dark
247 humour as shown in the excerpt above. During back stage performances,
248 paramedics did not have an audience to perform to and were therefore less
249 censured in their scripts. This left paramedics with a safe space to use dark humour

to aid their resilience and also to communicate about their difficult experiences with complex patients with each other during their down time, away from the front stage. Back stage performances captured in interviews, also illuminated why stereotyping was used:

“... I think stereotyping is human nature and I think, you know, it helps us to process things, to make sense of things ... I think it helps with resilience, absolutely, that kind of dehumanising aspect of it and to put things in boxes, so it can help with the diagnostics, What’s the treatment plan? But, I think stereotyping only becomes a problem, I might get shot for this. I think stereotyping becomes a problem when you’re not aware that you’re doing it and you act on those preconceptions, but that actually, having a stereotype is perfectly normal and helps us to make a quick decision sometimes about things, but if we’re aware that we are stereotyping and that there may be differences in this particular instance, and we’re open to that, I don’t see that as a particular problem.” – interview 11

Back stage performances made use of humour, but in different, darker form than front stage. They also made more use of stereotyping and nostalgia. These parts of the paramedic script were kept back stage in order to protect the professional impression conveyed front stage.

1.3.3 Impression management

Central to paramedic performance was impression management on both front and back stages. Paramedics were trained to appear calm, knowledgeable and in control under considerable stressful and unpredictable conditions during front stage

performances. This study revealed was that paramedics acted in a measured, professional way when managing patients experiencing mental health problems on the front stage, however, what they really felt was underprepared, unsupported, frustrated and uneducated and this became apparent in their backstage behaviour.

“We don’t know what we are doing half the time” – field note 5;

“This [call requiring assistance for mental illness] was without a doubt the most frustrating call of my career so far.’ – field note 2;

“They [patients with mental illness] are people too and we can’t do anything for them. And we can’t get the crisis team in or the GP because they never come, he said with some frustration in his voice.” – field note 19

Goffman (1959) explored how actors guided and controlled impressions they form of themselves as well as the behaviours they may influence in their performance. Part of impression management was directed to managing emotions. Paramedics managed their emotions by using coping mechanisms that included humour, stereotyping and nostalgia during both front and back stage performances. However, there was a constant tension between portraying a “professional face in the uniform” and revealing personal feelings of frustration about providing care for a patient with mental illness as evidenced below:

“It’s that feeling of not ... of uneasiness and not knowing, uneasiness and probably helplessness, of knowing that this person [a patient with mental illness] needs some intervention, needs some help, but that that is not forthcoming and the services that are there to provide this help have not and

are unwilling to see him, at that point, and that feeling of not being able to help someone makes me very uneasy, I think.” – *interview 11*

The current nature of paramedic work often conflicts with the internal dialogue paramedics have around their role. They are trained to respond to medical emergencies yet the role has evolved beyond that to one that require a broader biopsychosocial approach to patients and considerations of safeguarding and with an increasingly complex patient group.

1.4 Discussion

This study explored the performance and props used by paramedics when managing calls requiring assistance for a mental health problem or mental illness. The findings of this research were informed by Goffman’s metaphorical staging and conceptualisation of impression management. Paramedics are trained to respond to patients by managing their symptoms with interventions informed by the biomedical model (Farre and Rapley, 2017) but there is an increasing expectation that they will use a biopsychosocial model of care (Gabe and Monaghan, 2013), which includes managing emotions of patients (and themselves). The front stage can be in patients’ houses, in the back of the ambulance or in a public area, and can shift from moment to moment. The ambulance became front stage when the patient was present, but was back stage when there were no patients aboard, when it became a space for paramedics to share dark humour, stereotypes and personal frustrations about their work. The front stage was where impression management was confined to a professional and caring face of the paramedic. Paramedics sought to appear calm,

321 knowledgeable and in control in stressful and unpredictable conditions dealing with
322 mental health problems. Bolton's (2001) study on nurses and their emotional work
323 within a changing organisational context supports our findings. Nurses in Bolton's
324 (2001) study sought out spaces where they could find relief from having to maintain
325 the professionally expected face and this is true of the paramedics studied here.
326 Back stage in the crew room or the ambulance, dark humour, stereotyping and
327 nostalgia were used as a coping mechanism. Bolton (2001) argued that nurses'
328 capacity to deal with emotional stress by using humour could work in the
329 organisations favour by redefining stress and making the space for staff to carry on
330 with their work.

331 Our study also showed the importance of props in paramedic performances
332 observed on both stages. During front stage performances, paramedic uniform
333 contributed to the identity of the paramedic and supported the 'professional'
334 performance. Timmons and East (2011) have previously noted that uniforms are a
335 visible symbol which helped create occupational boundaries and this is the case
336 here. The paramedic uniform served as a reminder of what role they had to play.

337 During the back stage performances, paramedics felt freer to voice their opinions
338 regarding managing patients with mental illness. Although still in uniform they could
339 reveal a personal identity, and use dark humour to alleviate anxiety and stress. Cain
340 (2011) explained the role of dark humour and morbid conversations in her study of
341 hospice workers in a similar way and went on to suggest that during times of
342 organisational change, the back stage provides a site for power struggles and
343 attempts at influence. This seems to be the case for paramedics also. There was a
344 power struggle between paramedics and the Ambulance Trust management in terms
345 of how to best manage patient's experiencing mental health problems. Paramedics

346 felt unsupported and not educated sufficiently but the Ambulance Trust still required
347 their staff to manage this patient group. Paramedics also felt frustrated as they
348 wanted to improve their knowledge and skills in this area but were not supported to
349 do so.

350 Nostalgia was a key unifying discourse, and an attempt to manage the changing
351 demands on the paramedic service, notably the increasing burden of non-emergency
352 work. McDonald et al (2006) identified a link between identity and nostalgia claiming
353 that “nostalgic idealisation of the past can be employed to demonise the present by
354 those who seek to resist change”. Her study described how medical staff drew on
355 “nostalgic memories to present an alternative, competing version of the world”, and
356 similar performances were enacted by the older generation of paramedics in this
357 study.

358 Our study provides a unique and detailed account of paramedic performance when
359 managing calls requiring assistance for a mental health problem or mental illness. It reveals that
360 paramedics are frustrated, unsupported and unprepared when managing this patient
361 group and that they draw on different resources (scripts and props) to cope with this.
362 While for many these resources provide some relief, there are limitations to the use
363 of personal performance of humour, stereotyping and nostalgia; the use of these
364 coping mechanisms is not sustainable in the long term. A national study by the
365 College of Paramedics (2014) revealed that 98% of the respondents believed that
366 paramedics required more education and training for mental health conditions. This
367 study supports these findings and such training would augment the resources
368 available to paramedics to manage this patient group.

This study has some limitations. It took place in a single English setting and with a small number of participants. Further research will be needed to test the transferability of these findings. A significant omission is that we were unable to interview patients and carers, who could add to the understanding of how professional performances are received. This is another area for future research.

1.5 Conclusions

This study used qualitative observations and interviews to collect data and support analysis to describe paramedic performance when managing patients with mental health problems. It used a dramaturgical approach to explore how paramedics perform, and adapt their impression management making use of props and scripts to do this. These professional performances used nostalgia, humour and stereotyping and aid the resilience of paramedics when managing calls requiring assistance for a mental health problem or mental illness. The findings explain how different scripts are used for emotion management during front stage and back stage performances. As the paramedic role continues to evolve and incorporate more demands to see and treat patients with mental health problems it is important that we understand how paramedics manage these performances. Knowing how and why paramedics manage patients with mental illness the way they do will help to inform education and training for paramedics. One of the main issues raised by paramedics throughout this study during the observations and interviews was their lack of educational support and training in support of managing patients experiencing mental health issues. Some have had one day on mental health education, others have had two weeks. There is a disparity nationally in the UK around this type of paramedic education which is also being taken forward as a priority by the College of

393 Paramedics. Paramedics' management and understanding of this patient group can
394 be therefore be supported by further investment in their education and this study also
395 provides a platform for further research in the specialist area.

396

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