Who wants to be an Approved Mental Health Professional?

Presentation to the SCWRU Mental Health Conference 12/10/2017

Research team:
Martin Stevens martin.stevens@kcl.ac.uk
Jill Manthorpe – jill.Manthorpe@kcl.ac.uk
Stephen Martineau – stephen.Martineau@kcl.ac.uk
Caroline Norrie – caroline.norrie@kcl.ac.uk
Nicole Steils – nicole.steils@kcl.ac.uk.uk
Introduction

• Approved roles
• Shortages
• Motivations and stresses
• Aims
• Methods
• Policy relevance
Approved Professional roles

• The Mental Health Act 1983 created the role of Approved Social Worker, who were:
  • Qualified social workers specially trained in mental-health work
  • Approved by employing local authorities to apply for a mentally disordered person to be admitted to hospital and detained there, or to apply for the person to be received into the guardianship of the local authority

• The Mental Health Act (MHA) 2007 replaced the Approved Social Worker role with Approved Mental Health Professionals (AMHPs):

  The role of AMHPs is to provide an independent decision about whether or not there are alternatives to detention under the Act, bringing a social perspective to bear on their decision, and taking account of the least restrictive option and maximising independence guiding principle. Department of Health, 2015: 122
Who can be an AMHP?

- Social workers
- Chartered psychologists
- Mental health and learning disability nurses
- Registered occupational therapists
Local authorities retained responsibilities

• Supporting and training AMHPs
• Ensuring competency
• Providing indemnity
• Providing legal advice in relation to AMHPs’ duties

(DH and CQC, 2014: 6)
Reasons for expanding the professional base

• Fit with the (then) increasing number of integrated mental health teams
• Create a more flexible AMHP workforce
• Address problems in recruiting Approved Social Workers
Shortage of AMHPs

• Overall there is a shortage of AMHPs in a context of increasing numbers of compulsory detentions
  • Detentions have increased by nearly 50% in the decade to 2015/6, from 43,361 in 2005/6 to 63,622 in 2015/6) (NHS Digital)
  • Possible link to a national shortage of mental health hospital beds and community mental health services (Perkins and Repper, 2017)
• Almost a decade after the expansion of professional roles able to work as AMHPS, only 5.5% are not social workers (DH and CQC, 2016)
• Much is known about the motivations of social workers to take up the role and the stresses of the role
Motivations of social worker AMHPs

• Nature of the work: time-limited and contained
• Crisis resolution (though this was also a challenge)
• Contractual requirements
• Requirement to adopt a ‘social perspective’
• Aim to promote the least restrictive option
Stresses of social worker AMHPs

• AHMPs had very high levels of stress AMHPs, with over two fifths (43%) reaching the threshold for common disorders of depression or anxiety

• Over a fifth of the sample survey wanted to stop being an AMHP

• Almost another fifth were unsure about whether they wanted to continue in the role (Hudson and Webber, 2012).

• Balance towards ‘control’ and exercise of legal powers

• Crisis resolution

• Emotional content of decisions to detain a person
Aim of the research

To identify factors encouraging and discouraging the recruitment of mental health and learning disability nurses, chartered psychologists and Occupational Therapists as AMHPs.
Research questions

1. What are the motivations of health professionals (nurses, psychologists and OTs) to become AMHPs?
2. What prevents health professionals from becoming AMHPs?
3. What are the experiences of health professionals of working as an AMHP?
4. What management and colleague support are there for AMHPs in NHS Trusts and Local Authorities?
5. What policies and plans do local authorities have to increase recruitment and improve retention of AMHPs from all professional groups?
6. What are the views of patients/service users and families about mental health and learning disability nurses, psychologists and OTs being AMHPs?
7. What are the views of mental health colleagues (e.g. police, psychiatrists, managers, commissioners, regulators) about mental health and learning disability nurses, psychologists and OTs being AMHPs?
Methods

• Interviews with nurses, chartered psychologists, and OTs
• Interviews with people with mental health problems and their families
• Interviews with mental health managers
• Interviews with professionals (police, psychiatrists, managers, commissioners, regulators) working with mental health and associated services
• A survey of Local Authorities
Policy relevance

• DH funded – core study
• It will inform the development of
  • A new regulatory agency for social work which will eventually replace the HCPC from 2018.
  • A proposed national framework for AMHP certification
  • A new national register or AMHPs
  • Independent Review of the Mental Health Act 1983
Independent Review of the Mental Health Act 1983 – concerns

• The balance of safeguards available to patients, such as tribunals, second opinions, and requirements for consent
• The ability of the detained person to determine which family or carers have a say in their care, and of families to find appropriate information about their loved one
• That detention may in some cases be used to detain rather than treat
• Questions about the effectiveness of community treatment orders, and the difficulties in getting discharged
• The time required to take decisions and arrange transfers for patients subject to criminal proceedings
Discussion questions

• What is your reaction to the involvement of the other professionals as AMHPs?
• What do you think about the need for this research?
• What impact could the research have?