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Advanced roles for social work: The Approved Mental Health Professional

Dr Kevin Stone runs through the proposed changes to mental health legislation and discusses how this affects social work roles in the sector



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As I write this article, the world of mental health legislation, policy and practice in England and Wales is once again in a state of transition and change. For those who use or refuse mental health services, as well as the professionals who work within them, the redesign of mental health services and the creation of new professional roles is nothing new. Currently, the Mental Capacity (Amendment) Bill is progressing through Parliament, and a new Mental Health Bill to reform mental health services is following close behind.

Modernising mental health care

In brief, the Mental Capacity (Amendment) Bill seeks to reform the current Deprivation of Liberty Safeguards (DoLS) by reducing the apparent burden on local authorities to undertake DoLS assessments, whilst still protecting the rights of people who do not have the mental capacity to make decisions about their care themselves. The Mental Health Bill will implement two out of the 154 recommendations arising from the Independent Review of the Mental Health Act 1983 (2016). The purpose of the Mental Health Act Review was to modernise the mental health care system, reduce the rates of detention under the Mental Health Act, and the disproportionate

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number of people from black and minority ethnic groups who are detained. As the majority of the Review's recommendations are not going to be included in the Bill, it is challenging to see how these statements are going to be achieved. Suffice to say, some of the recommendations may be implemented through changes to the current Mental Health Act Code of Practice (Department of Health, 2015). Nonetheless, neither of these

legislative changes offer the opportunity for fusion legislation to bring capacity and mental health law under one statute, instead they will continue to run side-by-side creating difficulties and tensions in practice.

Different advanced roles

Within this changing landscape of mental health legislation and policy, the mental health social worker continues the tradition of fulfilling advanced roles within mental health services. Historically, the first of these advanced roles was the then called Mental Welfare Officer, which is now defunct, replaced in 1983 by the Approved Social Worker and more recently in 2007 by the Approved Mental Health Professional (AMHP). Although introduction of the AMHP diversified the workforce to include Mental Health and Learning Disabilities, Nursing, Occupational Therapy and Chartered Psychology, social workers still make up the vast majority of AMHPs in England and Wales (Association of Directors of Adult Social Services, 2018). The reasons for this continued dominance are potentially numerous and varied, but it is nonetheless the case that social work is offering the AMHP role leadership still.

In addition to the AMHP, other advanced roles that a social worker can hold within adult mental health practice are the Best Interest Assessor (which may soon be replaced by the Approved Mental Capacity Professional) and the Approved Clinician.



Specific Continuing Professional Development and practice experience is required to undertake each of these roles. The AMHP and Best Interest Assessor are now very familiar in social work but the Approved Clinician is relatively new. An Approved Clinician social worker has overall charge of the care of a patient who is subject to the compulsory powers of the Mental Health Act 1983, previously the sole domain of a doctor with only a couple of Approved Clinician social workers in existence.

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Arguably of these three roles, the most powerful is the AMHP, and is acknowledged by the Care Quality Commission as being a key role under the Mental Health Act (CQC, 2018). This is because the AMHP – when it is necessary, justifiable and proportionate – can make an application for a person's detention in hospital (based usually on two medical recommendations) for assessment and/or treatment under compulsion for up to 28 days or up to six months depending on circumstances. No other civilian professional role has this power, other than a 'Nearest Relative' (a designated relative) who can also make an application for detention, but rarely does due to the role of the AMHP.

Necessary skills

To be effective in their role the AMHP needs to be a highly skilled independent thinker, who can bring a social rather than a medical perspective to Mental Health Act work. In doing so, the AMHP must apply the Mental Health Act principles, statute and code of practice, alongside weighing-up risk information, applying the Articles of European Convention of Human Rights (ECHR) and equality legislation to meet people's needs in an environment of reducing resources. This is no small task, and requires the AMHP to be someone knowledgeable, analytical and innovative and who is focused on only using detention when all of the other less restrictive alternatives have been exhausted.

In practice, AMHPs also need to be adaptable. Mental Health Act work occurs in a variety of settings. Typically varying between the locations of a general or psychiatric hospital, care homes, people's own homes and to a lesser extent police stations, all of which are away from public gaze and scrutiny to protect a patient's dignity and privacy. However the result is the public have little understanding of what a Mental Health Act assessment, or the work of the AMHP, involves.



The process of undertaking a Mental Health Act assessment involves triaging referrals, co-ordinating resources and leading the Mental Health Act Assessment interview. The interview is central in any assessment under the Mental Health Act, through this it enables:

- Engagement with the patient to ensure that they are central to decisions and outcomes arising from the assessment.
- Appropriate engaging with the family, friends or professionals who are concerned about the patient, by gaining information and their views.
- Assessing the actual or perceived risk inherent to the patient's circumstances, and making decisions as to how to manage these risks.
- Planning next steps with mental health colleagues (crisis teams, home treatment GPs, care coordinators).
- Consideration of admission to hospital voluntarily, or if that is not possible or appropriate to detain the patient under Sec.2, 3 or 4 Mental Health Act 1983.

To achieve this an AMHP has to operationalise a highly developed skillset through the demonstration of competencies, as set out in the Schedule 2 The Mental Health (Approval of Persons to be Approved Mental Health Professionals) Regulations for England and for Wales. In doing so, the AMHP must demonstrate competency in the application of values to the AMHP role, as well as knowledge of the legal and policy frameworks and of mental disorder. They will need to deploy skills in working in partnership. They will also need to make and communicate informed decisions as well as meet the requirements of the Health and Care Professions Council (HCPC). These areas amongst others are the basis for AMHP training and education. Currently, AMHP training can be accessed through 20 providers in England approved by the HCPC and one in Wales approved by the Welsh Government and Social Care Wales.

References for this article can be found on page 80.