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EDITORIAL

Research Informed Practice; Practice Informed Research

Sarah Vicary , *Kevin Stone* , *Jill Hemmington*
and Caroline Leah

An inaugural conference was held in May 2019 which had as its theme *research informed practice; practice informed research*. The aim of this conference was to encourage practitioner researchers to engage with and share research from their own practice, in this instance exploring various aspects of one particular role undertaken by social workers, the Approved Mental Health Professional (AMHP) of England and Wales and of equivalent roles in other countries in the United Kingdom namely the Mental Health Officer in Scotland and the Approved Social Worker in Northern Ireland (the AMHP role is also undertaken by other non-medical professionals, but the uptake is low). The conference proved to be hugely successful, feedback indicating that it was very inspiring for all delegates who attended because it provided a positive environment for AMHP research informed practice to be debated which in turn supported good practice.

It was anticipated that the joint university funded conference would offer potential for ongoing collaborations to be forged through the establishment of mutual interests and so it has proved; there has been a steady momentum building around AMHP practice and research amongst practising AMHPs, AMHP doctoral and academic researchers, and key stakeholders within the Department of Health and Social Care, the AMHP leads network, and British Association of Social Workers. The guest editors of this issue, also the conference organisers, were especially keen to build on this momentum and set out to collate and publish papers. As a result, we are delighted to offer this special issue. Such contributions also echo the themes of this journal which are: to translate practice-based research into a format relevant to practising social workers, whatever their role and task.

Debate is current regarding the ongoing need to support these roles. In England, for example, the Chief Social Worker for adults highlighted in her annual report 2017-18 an ambition to support the development of the AMHP role (Department of Health 2018b). In addition, that same year, the Care Quality Commission (CQC) published a briefing report on the pressures of the AMHP role (CQC, 2018) providing an in-depth study into the AMHP role in twelve different geographical areas. One of the issues this report highlighted was the lack of regular data about the AMHP role and of the need to address well documented workforce issues. Moreover, the independent Review of the Mental Health Act commissioned in 2017 and whose final report was published in late 2018 highlighted the role of AMHPs (Department of Health 2018a). At the time of writing the Department of Health and Social Care is coordinating the development of a national plan for the AMHP workforce to support the development, recruitment and retention of AMHPs (Department of Health and Social Care, 2019) A key element of the review is ensuring the AMHP workforce are competent to undertake their Mental Health Act duties. A requirement of the AMHP training is that AMHPs are 'able to draw on, and evaluate critically, a range of research relevant to evidence-based AMHP practice' as part of their informed decision making (Schedule two of the Mental Health (AMHP) (Approval) (England) Regulations 2008; Key Competence 2 (g) (Statutory Competences 2019: Regs 2 g) The workforce plan also wishes to maintain alignment to the competences throughout practice. The AMHP Workforce plan recommends that the AMHP workforce is supported to maintain alignment to the AMHP competencies throughout its practice (Department of Health and Social Care, 2019, 31). The conference was organised and partially aligned to some of the national workforce context for AMHP practice. However, importantly, the conference organisers sought to move the agenda beyond workforce issues to enable an exploration of AMHP research informed practice and practice informed research.

The special issue call attracted twelve papers, which is testament to the interest generated from the inaugural conference, from which four have been peer reviewed and accepted. These now make up this special issue. Each of the four nations of the United Kingdom has a legislative framework and role whose responsibility it is to exercise within the civil law the functions of that law. In Northern Ireland Approved Social Workers fulfil their functions under the Mental Health (Northern Ireland) Order 1986 (MH(NI)O 1986), similarly in England and Wales the Approved Mental Health Professional exercises their duties under the Mental Health Act 1983 and in Scotland Mental Health Officers under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MH(S)A 2003) and the Criminal Procedures (Scotland) Act 1995 (CP 1995). Functions of these roles relate to decisions made about individuals with mental disorders, including the decision to apply for compulsory admission to hospital. Also involved is the assessment of individuals experiencing mental disorders who may need compulsory measures of care, treatment and, in some

cases, detention. These roles carry considerable autonomy and responsibility and involve working alongside medical and legal professionals. Our special issue has three papers which explore AMHPs and a fourth the MHO.

Our first and insightful paper by Simpson explores the factors influencing AMHPs' decisions about detention under the Mental Health Act 1983 (amended 2007). Twenty-five papers relating to ASW and AMHP decisions were analysed thematically and risk, accountability and morality were dominant themes. Decisions about risk, rather than being technical judgements, are subjective, interpretive and 'infused with morality' in the way they draw together AMHPs' personal and professional domains, using themselves to understand service users when making decisions. 'Sub-themes' include emotions, intuition, uncertainty and coercion and these further influence ideas about accountability and its juxtaposition with fear of responsibility. Given this sharper focus on morality and the self in practice - an area hitherto relatively unexplored - Simpson questions whether services support this. Here, he engages with contemporary developments around the advancing of AMHP professionalism (Department of Health and Social Care, 2019).

Next, Rooke's article provokes critical debate on whether the authority of section 115 can be utilised by AMHPs under the least restrictive option and maximising independence principle. This is an important focus due to the limited research on the application of section 115 from either an AMHP or a service user perspective. Through the utilisation of section 115 via two illuminative case studies, she convincingly makes the case for its application to promote and recognise the preventative work undertaken by AMHPs, sharing good practice. A reflective examination ensues of the extent by which the AMHP role is applied to avert a deeper, more acute mental health crisis. The recent review of the Act made recommendations to facilitate 'least restriction' (Department of Health 2018a, 23) but without reference to how AMHPs may affect this in their wider role. Section 115 is clearly a contested power that some argue reduces rights, due to the absence of legal safeguards. Rooke's argument on applying section 115 poses ethical and practice dilemmas that will stimulate debate on issues of care, coercion and control when supporting individuals in mental health crises. This should help AMHPs to reflect on the complexities involved when working within legally contested boundaries.

The third paper written by Allen considers the impact of professional fear in the context of mental health decision-making in high risk scenarios relating to compulsory detention under the Mental Health (Care and Treatment) (Scotland) Act 2003. The study draws on data from eight semi-structured interviews with Mental Health Officers (MHO). Narrative enquiry was used to consider any factors which were felt to mitigate, control or heighten fear, alongside a vignette to explore the emotions that were experienced. The findings indicated that fear was a factor that had a marked impact on the decision making of Mental Health Officers. They conclude that both intrapersonal and wider structural influence for contributing factors arising from doing harm, to fear of scrutiny by the public or other bodies if harm should occur. The study highlights that the quality of MHOs' relationships with healthcare professionals

and support from managers and colleagues also emerged as key factors capable of increasing or relieving fear in the assessment process. The findings raise a number of recommendations for policy and practice in the statutory mental health field, in particular, the importance of acknowledging fear and identifying strategies to manage fear in training and post qualifying practice for MHOs and equivalent roles in the UK and other jurisdictions.

Our last paper ends as we began, with a literature review. In it Buckland explores a range of literature specifically to explore multiple perspectives and experiences of power within Mental Health Act assessments. This she does by relating it to the usual participants within MHA assessments including the person assessed, friends and relatives, AMHPs, doctors and others such as police and ambulance personnel. Through this review Buckland aims to reflect on how power relationships within these assessments have been conceived and highlights that MHA assessments and their wider contexts are often deeply unequal and experienced as such. This she suggests is at odds with a broader rhetoric of collaboration and recovery for service users and concludes that the main preoccupations of the different groups of people at MHA assessments are vastly different; for example, risks associated with admission to hospital are central for service users and carers, whereas risk for professionals, and particularly doctors, is generally interpreted as risks associated with *not* going to hospital. The article considers the implications of these different perspectives in relation to the contemporary context of MHA assessments.

In terms of research informed practice, it is evident that AMHP practice needs to be supported and informed by relevant research. Yet very little published material or empirical research is available to support AMHPs in their articulation of the role and demonstrating good practice that moves beyond a legalistic framework, although this is now starting to increase as this special issue attests. AMHP trainees and practising AMHPs (and equivalents) are asked to undertake ongoing critical analysis and to demonstrate that their practice is informed by a research evidence base. In view of these two interrelated issues, the conference organisers will now build a yearly conference on specialist themes that invite contributions that seek to address the practice/research gap. Sadly, the current pandemic has meant that this year's 2020 conference is now delayed. Nonetheless, the publication of this special issue is, we hope, testament not only to the success of our inaugural conference but a way of accessing unmined practice based expertise that advances the recognition and importance of research to inform practice, as is also the remit of this journal. We hope it provides inspiration to other groups of practitioners in social work.

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