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Introduction

Sarah Matthews, Philip O’Hare and Jill Hemmington

This book sets out to explore a range of issues as they affect the particular statutory responsibility of approved mental health practice. As editors, we agonized over how best to refer to this responsibility; it is undertaken in a range of countries and under a variety of Mental Health Acts; it involves statutory duties which differ, albeit slightly, and it also attracts different titles. We finally settled on the phrase approved mental health practice, which for us best captured the essence of ‘the doing’. Additionally, we know that the responsibility can be undertaken by a range of qualified professionals and, therefore, we decided to use the term approved mental health practitioner to refer to ‘the doer’. We acknowledge that our chosen terminology is closely matched with the role title, Approved Mental Health Professional (AMHP), as it is currently known in England and Wales, and that while this might be the biggest readership, the proximity could have two consequences; first that the book will be perceived as being relevant only to this group – it is not – and, second, that individual authors and in turn the reader might conflate both, giving rise to confusion and irritation. We trust that our explanation and editorial stringency assuages both.

Why then did we put ourselves through the agony? Approved mental health practice has undergone, or is undergoing, review in each nation of the United Kingdom, with differing outcomes. In Scotland approved mental health practice remains an exclusive responsibility of social workers, who are given the title Mental Health Officer (MHO). For England and Wales, the responsibility embraces a broader range of professionals namely Social Workers, Mental Health Nurses, Psychologists and Occupational Therapists with the working title of Approved Mental Health Professional (AMHP). The review of mental health legislation in Northern Ireland is ongoing, but it is anticipated that approved mental health practice will remain within the social work domain where it currently has the job title of Approved Social Worker (ASW). Throughout this book we will refer to the acronyms MHO, AMHP, or ASW only when the discussion is jurisdiction specific. In all nations in the United Kingdom, the main responsibility nonetheless remains the same; to undertake an assessment of a person with a mental disorder, taking into account social circumstances, and to consider the need for an
application for formal admission to a psychiatric hospital. Approved mental health practice as we refer to it here is also undertaken internationally; the discussion herein does in our opinion also apply, and is a theme to which later editions will return.

Drawing from the strength of a collaborative interest group from the Open University, a national provider of the Social Work Degree and the University of Central Lancashire (an AMHP programme provider in the North West of England) the book is timely. There is currently no other textbook that provides a critical assessment of the elements of approved mental health practice. Each approved mental health practitioner has to undergo a formal process of learning and assessment before they are approved. Much of this education, in our experience, covers knowledge and application of the law comprehensively. There are also a number of well-respected textbooks that support these elements. We contend that the education around other requirements, including the social perspective, independence, values and principles is less developed or is, at the very least, inconsistent. Moreover, no recognized textbook exists that challenges the reader to reflect critically upon these elements of approved mental health practice. It is our intention to provide such a text. Moreover, as we also firmly believe that research needs to be embedded into practice, we also want to open the reader’s eyes as to how this might be achieved.

The replacement of the General Social Care Council in England with new regulators, the Health and Care Professions Council (HCPC) now requires a new framework against which the education of approved mental health practitioners should be judged; a framework which has to encompass not just the Professional Capabilities Framework for Social Work, but also satisfy the continuing professional development frameworks of all eligible professionals. The HCPC published formal criteria for approving and monitoring AMHP programmes in September 2013 (Health and Care Professions Council, 2013). The key message reinforces the quality of training in providing safe and effective AMHPs within a framework of autonomous decision making. This book therefore, arrives at a significant time for AMHP training providers in England as they review their programmes.

It is our belief that the issues discussed within this book are relevant to all who undertake approved mental health practice regardless of professional, national or legal background, as it is defined herein. We wanted to bring together chapters written from a variety of perspectives each of which seek not to provide answers to the ‘doing’ but, rather, to reflect critically upon and question it. This, then, is not a practical guide. It is, rather, a collection of chapters designed to challenge the reader’s perceptions of the criticality and capability of approved mental health practice and, by being reflective, evidence based and ethical, to become better approved mental health practitioners.


Structure of the book

In the interests of cohesion, each chapter has a similar format. First, we introduce each chapter with an ‘editors’ voice’ to set the scene. The individual authors then argue their respective case drawing on theory, research and practice where, and if, appropriate. The editors conclude each chapter by posing a number of reflective questions which we hope will facilitate further examination and analysis. These questions we suggest are crucial to the debate as to what constitutes effective approved mental health practice. It is our intention, in so doing, to engage the reader in an active dialogue, whether as a learner, a practitioner, an educator, manager or policy maker.

Chapter 1, by Sarah Matthews, discusses the theory and research about approved mental health practice and brings them together in a way not previously available. Here the social perspective is fundamental. The author discusses what this means and whether its application is effective. A correlating theme is that of independence. The author challenges the reader to reflect again upon what this means and also questions its effectiveness. Both are brought into sharp focus by the challenge that opening up the responsibility to other professionals might bring. The section closes with a précis of the research into approved mental health practice that has taken place since the 1980s. It will be seen that to begin with activity was low, but this gradually increased. Simultaneously, education of approved mental health practitioners became more formalized and as a result more effective. Paradoxically, at the same time practitioners reported increased levels of stress. Currently available research appears to echo this. There are high levels of activity and also continued high levels of reported stress among practitioners. In this opening chapter the reader is asked to reflect upon what it is like to experience being an approved mental health practitioner and to pick up on underpinning themes that are considered throughout the book.

Chapters 2 and 3 pull together the legislative context across all regions of the United Kingdom. Written by Tim Spencer-Lane, who was present throughout much of the determinations in England and Wales, Chapter 2 sets out to provide a flavour of the protracted period of consultation and review of mental health legislation at that time. Here the reader is introduced to the tension that exists in all approved mental health practice between individual rights to liberty and physical integrity and the duty to protect vulnerable people and the public from harm. As editors we contend that all approved mental health practitioners have to embody this tension. Chapter 2 highlights that, despite initial calls for a root and branch review, ultimately, the legislation in England and Wales was merely amended; a lost opportunity and a disappointment for all who had hitherto advocated the need for an overhaul. One of the more significant changes discussed, particularly pertinent to this book is the replacement of the Approved Social
Worker with the newly reconfigured role of the Approved Mental Health Professional and with it the extension of the role to other professional groups. The impact of divergence across the nations of the United Kingdom is a crucial theme for this book as highlighted in Chapter 1 and carried through this and subsequent chapters. Lastly this chapter outlines the controversies that accompanied the legislative amendments, contrasting these with other legislative changes of the time which it is suggested were brought about, by contrast, in the spirit of collaboration and goodwill.

No textbook on approved mental health practice in the United Kingdom can ignore intranational perspectives and this is a central theme to this book. Chapter 3, by Jean Gordon and Roger Davis, builds on the legislative context of Chapter 2 to widen the debate to changes that have occurred in Scotland or about to occur in Northern Ireland. A discussion is held about the similarities and differences in each nation of the United Kingdom including the different outcomes of the reform of legislation, which has resulted in maintaining the role as a social work one in some nations while opening it up to other professionals in others. Finally the authors call for further research into approved mental health practice.

In Chapter 4, David Pilgrim brings to a close the opening chapters of the book by asking the reader to consider a number of questions as a reminder to all approved mental health practitioners to revisit their sanctioned role. Consider, he suggests, what is actually meant by mental health law and mental health policy? How do practitioners come to be doing what they are doing and thinking what they think? This is for us a fundamental mind-set for this text.

Despite the review of mental health legislation in the United Kingdom, the responsibilities of approved mental health practitioners have remained mainly unaltered. There are, however, a number of critical issues for education and practice that arise from the shift in focus away from the sole domain of social work and from the impact of devolved legislation. There is apprehension that these changes threaten some fundamental aspects of approved mental health practice.

In Chapter 5 Helen Spandler, begins this debate by asking the reader to consider the nature of psychiatric diagnostic criteria in relation to how this impacts on the course and outcomes of approved mental health practice. She provides a critique of the standard medical model approach to managing psychiatric illness and the prescription of medication as a cure and challenges future approved mental health practitioners to evaluate a range of different treatment models and interventions in order to develop practice that reflects current evidence and theoretical analysis of recovery.

We know that many service users have significant problems in their lives and, when there is a superimposed mental illness, it becomes difficult to determine what the ‘problem’ is, or indeed whose problem it is. In Chapter 6
Daisy Bogg, discusses the ethics and values of approved mental health practice and in particular how ethical considerations underpin it; considerations include compulsory detention and treatment, informed consent and capacity, and treatment refusal. The focus throughout is how an approved mental health practitioner reflects on value-based decision making in the context of compulsory mental health assessments. This chapter provides a broad analysis of structural and organizational ethics with a practice focus on the impact of these on decision making. It complements Chapter 7, which focuses on an inter-cultural-communication- and inter-personal-skills-based approach to assessing diversity.

Assessing in diverse communities is fundamental to all approved mental health practice. There is considerable evidence that service users from some communities are disadvantaged within the mental health system and particularly at the point of contact with approved mental health practitioners (Hatfield, 2008). Difficult dialogues about gender, sexuality, race, ethnicity and other cultural differences are exacerbated when approved mental health practitioners do not recognize or reflect on them or are developmentally unprepared to handle them. Approved mental health practitioners in training must ‘negotiate the disposition they have acquired from family and community with the new dispositions they are supposed to acquire’ (Makoe, 2006, p. 374) and experienced practitioners must continue to reflect on ‘difference’ and diversity. Chapter 7 discusses the impact of all of this on the assessment process. Amanda Taylor and Jill Hemmington use deafness as a concept and a model to demonstrate core, transferable skills in assessing, understanding and engaging with human beings. The reader is encouraged to reflect upon how they understand a person within the context of their own culture. The chapter reflects on the ethical and cultural dynamics of the relationship between practitioner and service user, and appraises the requisite skills to work competently with ‘difference’, the barriers to this and the significance of the practitioner’s awareness and attitude.

Arguably, approved mental health practice in rural localities is underrepresented in the literature and, in turn, poorly understood in theory and in practice. Likewise, much research refers to urban areas as if they are homogenous and findings are applied as if they are transferable to all settings. Thus, Chapter 8 reflects upon different environments and their impact on approved mental health practice. Anthea Murr and Tamsin Waterhouse explore working as an approved mental health practitioner in rural environments and discuss if there are particular skills and knowledge that practitioners use in each. The authors provide examples from practice and evidence from the literature to underpin their discussion.

Chapter 9 analyses an extensive research project that recorded service users’ and carers’ experiences of compulsory care and treatment in Scotland. It is important that practitioners are able to hear and reflect on service users’
and carers’ experiences of approved mental health practice. The chapter presents the findings and conclusions of the project including the ‘voice’ of service users, who have important messages and learning material for all practitioners working in approved mental health practice.

A further crucial aspect of approved mental health practice is that of the influence of the Nearest Relative. In Chapter 10, Philip O’Hare and Gavin Davidson consider the role of Nearest Relative and relate it to the issue of authority in decision making, as well as the role of the approved mental health practitioner in attempting to preserve fairness and justice.

Chapter 11 explores the evidence and knowledge base that underpins approved mental health practice. Here Philip O’Hare argues that evidence at most offers support to decisions rather than determining interventions and actions. He warns against an elevation of Evidence-Based Practice to a concept that offers certainty. ‘Evidence’ in this sense lends support to decisions rather than determining interventions and actions, and it is suggested that the practitioner’s values and professional autonomy should be given equal weighting. Building on this, Chapter 12 closes the main text with reference to the inherent ‘uncertainty’ within approved mental health practice and how an understanding of chaos or complexity theories can go some way to allowing the approved mental health practitioner to approach the work confidently and creatively.

Our concluding section asks the reader to reflect upon the changing nature of approved mental health practice and evaluates some of the issues that are raised throughout the book. It is clear that there is much more to approved mental health practice than a technical application of the law. Moreover, approved mental health practice does not happen in an organizational or political vacuum; practitioners have to be mindful of various changes and be able to work in a multilayered, non-linear manner. Embracing and balancing these multiple realities and uncertainties will, we suggest, depict effective approved mental health practice.

There are no certainties, and all professionals will approach the work from their own viewpoint (professionally and personally). ‘Best practice’ in this sense rests on an aspiration to make judgements that are lawful, but also ones that are ethical and filtered through the respective Codes of Practice. The skills borne out of the capacity for critical thinking and critical reflection are, for the editors, crucial and we trust that this book has enabled its readers to engage in just these.
1
Underpinning Themes, Theories and Research

Sarah Matthews

Editors’ Voice

The remit of the opening chapter is to introduce the reader to the core underpinning themes, theories and research of approved mental health practice. As is the case throughout the book, readers are asked to reflect upon what it means to be an approved mental health practitioner. Here the author focuses on areas which as editors we feel are the foundation of approved mental health practice; the social perspective and independence. We were also mindful of the sociological and psychological influences that underpin the responsibility, whether consciously or not, and these are also introduced. No book on approved mental health practice can ignore the political context; the responsibility is sanctioned in legislation and based upon decisions that reflect a wider political environment. Devolved nations add to this complexity. The chapter, therefore, asks the reader to consider the impact of political decisions, in particular the opening up of the responsibility of approved mental health practice beyond social work. Mirroring a policy of the redistribution of mental health roles in England and Wales, this change was also based on research reporting the negative impact of approved mental health practice on social workers including high levels of stress and a ‘disappearing’ workforce. The chapter, therefore, asks the reader to reflect upon the influence of research. These themes, theories and research add to the uncertainty common to approved mental health practice and are revisited throughout the book.

There is no doubt that the responsibility of approved mental health practice courts debate. Empirical research also reinforces what is, in effect, an underlying uncertainty. This chapter will précis the main themes, theories and research of approved mental health practice, which have hitherto neither been gathered together, nor fully explored. This, along with the relative
paucity of research into responsibility is a flaw, and one which was identified as such by policy makers during the reviews of mental health legislation. This chapter contends that, to be effective, all approved mental health practitioners, regardless of their legal, national or professional background should engage not only in the requirement to apply the law effectively but also in critical reflection of the underpinning themes, theories and research identified here. This chapter therefore provides a foundation upon which the remainder of the book rests.

**Themes**

*The social perspective*

Understanding and engaging in the social perspective is generally agreed by all interested commentators to be the cornerstone of approved mental health practice and the primary model for understanding mental disorder, or providing a non-medical viewpoint. In essence, the social perspective refers to the focus on the social determinants of mental ‘ill health’. These determinants are taken into consideration by approved mental health practitioners in order to highlight a different perspective, usually as a balance to the medical one, and in order to pursue alternatives to formal detention. This consideration is primarily achieved in practice by an overt assessment of social circumstance and is referred to as the approved mental health practitioners’ social lens. The social perspective is a thread that permeates all formal manifestations of approved mental health practice. Preservation of this perspective is indicated in research studies (Hatfield, 2008) and its retention remains a current concern (Bogg, 2012) In addition regulations include it as a key competence and Codes of Practice also spell this out: in England the role of Approved Mental Health Professionals is to ‘bring a social perspective to bear on their decision’ (Department of Health, 2008, p. 36). In Scotland medical and social factors are central: there has to be a ‘consideration of as much available and relevant information on the patient’s medical and social circumstances’ (Scottish Executive, 2005c, p. 28).

Perhaps most readily associated with social work, understanding and engaging with the social perspective is the crux of the deliberation about which profession, if any, is best able to conduct effective approved mental health practice. Nathan and Webber (2010, p. 16) view the primary function of mental health social workers as ensuring ‘the long held tradition of promoting psychosocial perspectives’ or ‘an alternative to psychiatric hegemony’. Nonetheless, as we shall see in Chapter 2, some social work roles in mental health have been opened up to allied professionals. The review of
mental health legislation in England and Wales, known as the Richardson review (outlined in detail in Chapter 2), recommended such an outcome for approved mental health practice based on the reported difficulty in retention and a disappearing workforce. The Richardson review was persuaded that the skills of Approved Social Workers were available across the mental health workforce. The redistribution of the role can, therefore, also be seen as a consequence of ‘new ways of working in mental health’ (Department of Health, 2007a); a progression of a policy whose rationale is to assign roles on the basis of competency rather than professional status.

The impact of opening up the responsibility of approved mental health practice in England and Wales has been greeted as both an opportunity and a threat and is primarily discussed within nursing and social work literature. Some mental health nurses were keen to embrace the responsibility as a ‘sensible extension to their repertoire’ (Allen, 2002). Others, such as Hurley and Linsley (2006) maintain that mental health nurses already engage in restrictive care and can easily transfer skills and knowledge from the hospital environment. To equate restrictive care with approved mental health practice is a contentious assertion, intimating as it does, a pre-emptive outcome. Nonetheless, it cannot be ignored that nurses do already work with detained patients. The responsibility of approved mental health practice, when first proposed, was, on the other hand, also perceived by nurses as potentially negative, compared with what was perceived as their therapeutic relationship with a patient; a concern that was highlighted in the Royal College of Nursing’s response to the draft Mental Health bill (Royal College of Nursing, in Allen, 2002). Empirical research does not wholly support this fear. Hurley and Linsley (2006) conclude that being involved in coercion could be both positive and negative; echoing earlier work which found that ‘being there’, through bad times as well as good, could actually strengthen any therapeutic rapport (Bowers et al., 2003, p. 965). Early indications also show that some nurses who are undertaking the responsibility are optimistic about its impact on their relationship with service users (Laing, 2012, p. 237). Further evidence is required however before any meaningful conclusion can be reached about the way in which nurses ‘do’ approved mental health practice, and the impact whether positive or negative this has.

From the standpoint of social workers, opening up the responsibility was initially viewed by some as a threat, and in particular, as a ‘watering down’ of the social perspective. In other words, the social perspective was perceived to be social work’s prerogative and that without exclusivity its influence would diminish. Some even feared the end of the social work profession in mental health. There is no evidence yet to suggest that any such outcome has been realized. On the contrary, the social perspective remains embedded in the approval frameworks. The debate about the future of social work
in mental health continues to occupy current commentators. Nathan and Webber (2010, p. 16) have defined the three distinct stances. The first of these they describe as traditionalist, or those who argue that social work needs to retain its distinct identity and return to its local authority location. For them this traditionalist viewpoint reverts to ‘ghettoisation of mental health social work as a professional backwater’ (Nathan and Webber, 2010, p. 16). Moreover, they suggest, it leaves the Health Trusts in an even stronger position to promote a bio-medical model without challenge. The second stance Nathan and Webber describe as genericist, or those who suggest that retaining distinctions between professions has no purpose. Genericists predict that there will be a mental health professional able to undertake all roles; a standpoint which mirrors contemporary policy in relation to new ways of working in mental health. But, for Nathan and Webber generic roles would mean an end of a professional base in mental health social work. The ‘best’ future for mental health social work they contend is eclectic, or integrated; that is they anticipate a merging of roles between social work and heath, while maintaining professional diversity (Nathan and Webber, 2010, pp. 16–17).

The future of social work in approved mental health practice where the role has been distributed is likewise occupying commentators; will practitioners be able to retain a professional diversity despite a merging of the responsibility? This question currently remains unanswered. The current evidence is that social workers make up the biggest proportion of Approved Mental Health Professionals being trained in England and Wales (General Social Care Council, 2012). Interestingly, no psychologist has yet trained while occupational therapists are also few in numbers; according to these latest statistics there are just eight occupational therapists, a figure representing just 1 per cent of the total (General Social Care Council, 2012). Initial findings into sites involved in the early implementation of new roles in mental health, including that of the Approved Mental Health Professionals, provide some insight into the reasons for uptake, or indeed lack of it! The primary reason for uptake was reported to be the need to respond to a shortage of social work applicants. Other factors such as senior management support and staff (nurses) attitudes were also highlighted. Aside from lack of interest where recruitment was not a problem, factors which mitigated against uptake included difference in remuneration and difficulties covering absence when training was being undertaken (National Institute of Mental Health England, 2009). It is not yet known whether current proportions will become the norm nor is it fully understood what the possible impact might be.

The extent to which consideration of the social perspective influences outcomes in approved mental health practice remains open to further exploration. The unspoken assumption here of course is that social workers are somehow naturally professionally ‘versed’ in the social perspective of mental
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