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The National AMHP Survey 2012: Final Report

Stress and the statutory role: is there a difference between professional groups?

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Background

The introduction of the Approved Mental Health Professional (AMHP) was informed by research indicating that Approved Social Workers (ASW); the professional group previously charged with undertaking statutory duties experienced, high levels of stress and burnout (Evans et al. 2005); were decreasing in numbers (Huxley et al., 2005); and were difficult to recruit (Audit Commission, 2008).

It was hoped that opening the role to other healthcare professionals with a view to increasing numbers would offer a remedy. Currently social workers, nurses and occupational therapists are represented in the AMHP population (General Social Care Council 2012). This study explored the prevalence of stress and burnout among AMHPs and examined whether there are differences between the professional groups that administer the role.

Methods

A total population national online survey design incorporating the General Health Questionnaire and the Maslach Burnout Inventory was adopted. All AMHPs practising in England were eligible to complete the survey. We established the sample frame and disseminated the survey URL link through our collaboration with the National AMHP Leads Network and via extensive promotion.

Results

Respondents (n=504) reported high levels of stress and 43% (n=198) reached the threshold for common mental disorder such as depression and anxiety. Although the rate in this sample appears to have fallen as compared to the 52% found in a previous sample of ASWs (Evans et al., 2005) it remains unacceptably high. Reflecting this emotional exhaustion, the stress dimension of burnout was also found to be high (mean = 27.46), although only 5.7% (n=23) met the threshold for burnout across all three subscales.

Over a third of respondents did not want to continue practising as AMHPs (n=106, 22.8%) or were unsure about this (n=87, 18.7%). Younger age, higher caseloads, high emotional exhaustion and depersonalisation, lower personal accomplishment, being less satisfied with non-AMHP duties, feeling undervalued, and not wanting/being unsure about whether to continue as an AMHP predicted common mental disorder in this sample. There were no significant differences found in relation to stress or burnout between the professional groups.

The qualitative data revealed that only 9 respondents encountered no difficulties in their AMHP role in the previous 3 month period. Most of the 71 AMHPs that reported the role had little or no impact on their non-AMHP duties worked in dedicated AMHP services. A number of contributory factors emerged including pressure of work, particularly managing the competing demands of AMHP and non-AMHP work with no workload concessions. This resulted in working extra unpaid hours and ultimately in tiredness.

A lack of resources including availability of the ambulance, police and doctors were often cited and led to delays and late working. However it was a lack of beds that emerged as the most problematic issue in this sample. Respondents felt undervalued and reported that they received little recognition and were poorly paid both in comparison to other professionals involved in Mental Health Act assessments and for the level of responsibility the role confers.

Furthermore they reported the role was poorly understood and unsupported, evidenced by inadequate management, opposition, and a lack of opportunity for formal supervision and debriefing. Respondents often reported that they felt vulnerable due to frequent lone working and isolation, exposure to violence and aggression and being singled out for blame following incidents. It was clear that respondents expended high levels of emotional labour co-ordinating complex assessments and containing service users and their families while they waited for other professionals and agencies to offer the necessary resources and support.

However despite the challenges faced at an organisational level, respondents found positive support among their peers and this was very much valued, as was the enhanced knowledge and skills gained as a result of AMHP practice. In addition the opportunity statutory work offers to see a single piece of work through to a conclusion was seen as an advantage.

Implications for practice

An acknowledgement of and support for AMHP responsibilities through improved workload weighting processes, improved pay and working conditions, better management at a senior level, and promotion of the AMHP role is necessary. Furthermore social workers overwhelmingly continue to take on the AMHP role (GSCC, 2012) – government may have committed to training other professionals but it appears that many Trusts have not. If a stable AMHP workforce is to be secured going forward this needs to be addressed.

Conclusion

Although statutory work can be rewarding this study emphasises that it remains complex, demanding and stressful and highlights an emerging issue relating to bed shortages that is putting AMHPs under additional pressure. AMHPs anchor the needs of the individual at the centre of the process, elicit and weigh information, reach an independent decision and ensure all actions remain within the prescribed legal parameters. It is this their ability to do this while managing a variety of conflicting roles and a number of other professionals, agencies and individuals that makes their work so important and yet it appears that they continue to be neglected. Employers must recognise the demands placed upon them and value the contribution they make.

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References

Audit Commission, '*Tomorrow's people: Building a local government workforce for the 21st century'*, 2008.

Evans, S., Huxley, P., Webber, M., Katona, C., Gately, C., Mears, A., Medina, J., Pajak, S., Kendall, T (2005) 'The impact of 'statutory duties' on mental health social workers in the UK' *Health and Social Care in the Community*, 13(2), 145–154.

General Social Care Council (2012) *'GSCC targeted inspections of Approved Mental Health Professionals (AMHP) courses in England (2011-2012)'*, London, GSCC.