

**Approved mental health
professionals (AMHPs),
Best interests assessors (BIAs),
and people with lived experience:
Exploring professional identities in
practice**

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The roles (in brief)



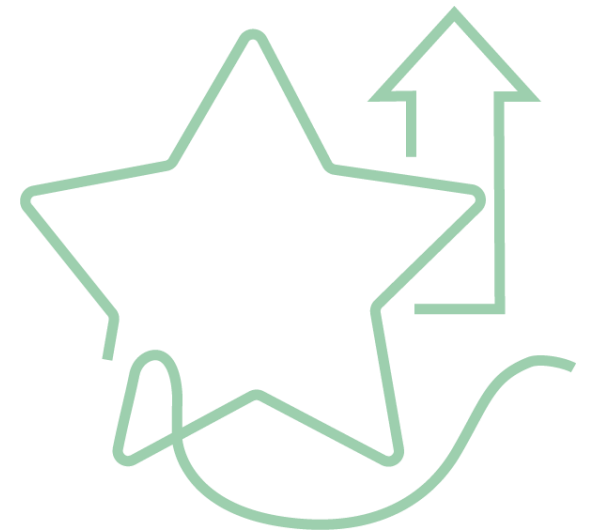
Approved mental health professional (AMHP)

- Mental Health Act functions on behalf of a local authority.
- social worker, occupational therapist, nurse, or practitioner psychologist.
- 95% of AMHPs are social workers.



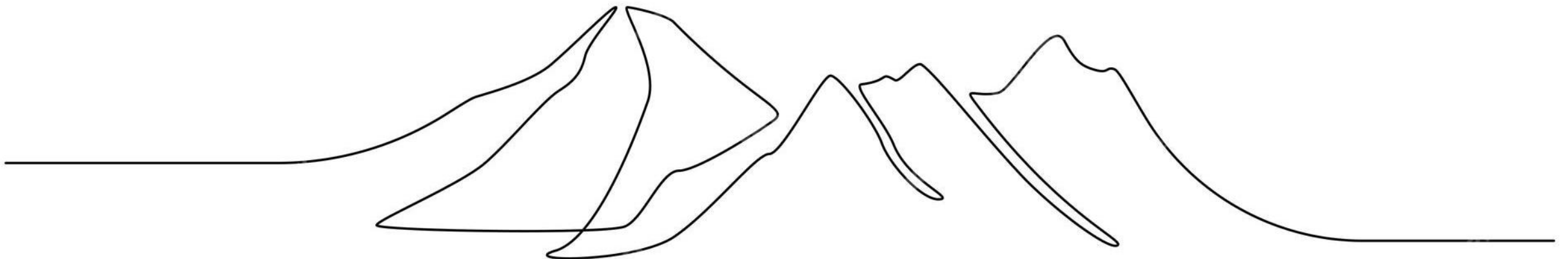
Best interests assessor (BIA)

- Deprivation of Liberty Safeguards functions on behalf of a local authority
- social worker, occupational therapist, nurse, or practitioner psychologist.
- 96% of BIAs are social workers



The landscape

- Linked but distinct legislative frameworks
- Responsibility handed to us directly in law
- Multiprofessional
- Difficulty in accessing professionals and people with lived experience
- No real sense of who they were





The research

- **whether** and **how** different professional backgrounds influence specialist practice.
- more about how people **experienced** the support provided by these two roles.
- Quantitative surveys and qualitative focus groups and interviews
- 258 AMHPs and 248 BIAs
- People with lived experience: included nearest relatives, 1 person assessed under MCA, 2 family members



The findings: AMHPs

- AMHP practice is understood as an area of social work (97%, including 100% of nurses)
- 95% of AMHPs, including 80% of nurse AMHPs, are managed by a social worker
- **no meaningful difference** in practice among the 4 eligible professions
- 74% received no dedicated supervision
- 75% felt education and training was sufficient



The findings: BIAs

- The BIA cohort included 31% of the AMHPs
- Influence: 59% said nursing, 53% said social work
- More dedicated managers than for AMHPs: 87%
- But, 40% did not received dedicated supervision
- 50% felt education & training was sufficient



The findings: people with lived experience

- Told us what's important: 'tuning in', dedicating time, knowing the person's history and biography (AMHP and BIA)
- Correlated with AMHP feedback around what they value in the role
- Despite negative views of hospitalisation, two-thirds ultimately felt it was the right outcome
- In practice, the originating profession is irrelevant
- The impact of decisions is immense

Where this takes us

- A richer understanding of the areas we are going to regulate
- We restarted the work on BIAs after reforms were paused
- We've consulted on education and training approval standards for both, and are writing guidance
- **Next:**
 - Implement our regulatory regime for course providers based on these standards and guidance (2023 to 2024)
 - Flesh out our quality assurance approach for specialist and advanced practice education and training (2024)
 - Introduce a model of regulation for these professionals, proportionate to the risk

