



Department
of Health &
Social Care



The Approved Mental Health Professional Workforce

November 2018

Over 2017/18 Skills for Care has been working with the Department of Health and Social Care (DHSC) and the Approved Mental Health Professionals (AMHP) Network to better understand this key role.

An Approved Mental Health Professional (AMHP) is a registered professional (social worker, nurse, occupational therapist or psychologist) who has undertaken additional training approved by the Secretary of State (and regulated by the Health and Care Professions Council) to carry out specific duties under the Mental Health Act 1983.

In addition, the AMHP will have been approved by a local social services authority to act on its behalf in carrying out these duties.

AMHPs are (amongst other duties) responsible for setting up and coordinating assessments under the Mental Health Act and, if necessary, making applications to detain ("section") people in hospital for assessment and treatment of their mental health needs.

This report uses a combination of data collected via the dedicated AMHP survey (October 2018) and data collected via the National Minimum Dataset for Social Care (NMDS-SC).

Overall number of AMHPs

A short survey designed and piloted by the DHSC and the AMHP Network was distributed via the AMHP Network to all local authorities. The survey achieved a 92% completion rate with survey data received from 138 local authorities.

The raw data from the 138 local authorities showed an overall number of 3,667 AMHPs **approved** by local authorities. Skills for Care's modelled estimate for the overall number of approved AMHPs in England is 3,900 (this refers to headcount rather than FTE).



In order to model the number of AMHPs in each of the 12 missing local authorities¹ Skills for Care analysts looked at the relationship between the number of Social Workers per local authority² and the number of AMHPs per local authority (taken from the survey data). We were then able to estimate the number of AMHPs in the missing local authorities to arrive at an overall figure of 3,900.

¹ Survey data for the Rutland was included in the return for Leicestershire and data for the Isles of Scilly is included in the return for Cornwall.

² Using data from the NMDS-SC as at September 2017.

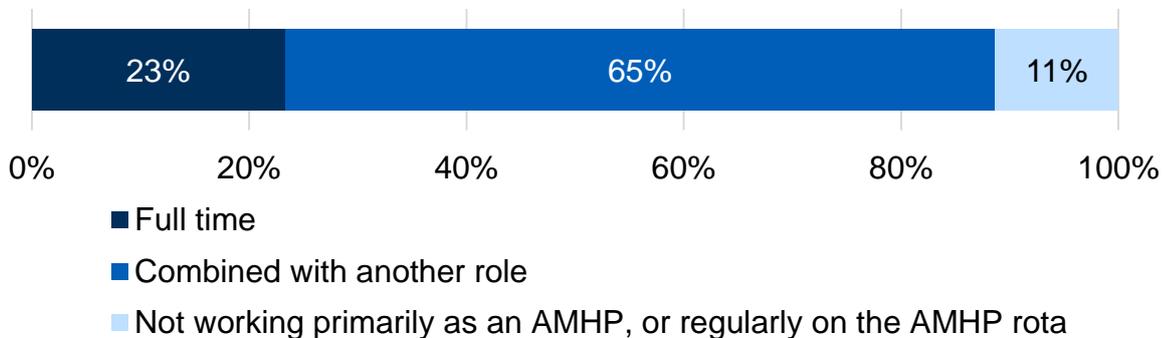
Further findings from the AMHPs Survey

The overwhelming majority of people fulfilling the AMHP role are Social Workers. Of the 3,667 AMHPs identified within the survey, 95% of them were Social Workers, with the other 4.5% being Registered Nurses along with a very small number of Occupational Therapists (and one Psychologist).

The majority of AMHPs combine their AMHP role with a substantive role. Around two thirds (65%) of AMHPs combine their role with another role while around one in four AMHPs solely perform the role of an AMHP (23%). The remaining 11% were not primarily working as an AMHP or regularly as AMHP. ***It would therefore seem that of the overall 3,900 AMHPs identified, around 400 are not regularly performing the role.***

Chart 1. Proportion of AMHPs by status of role³

Source. AMHP survey October 2018

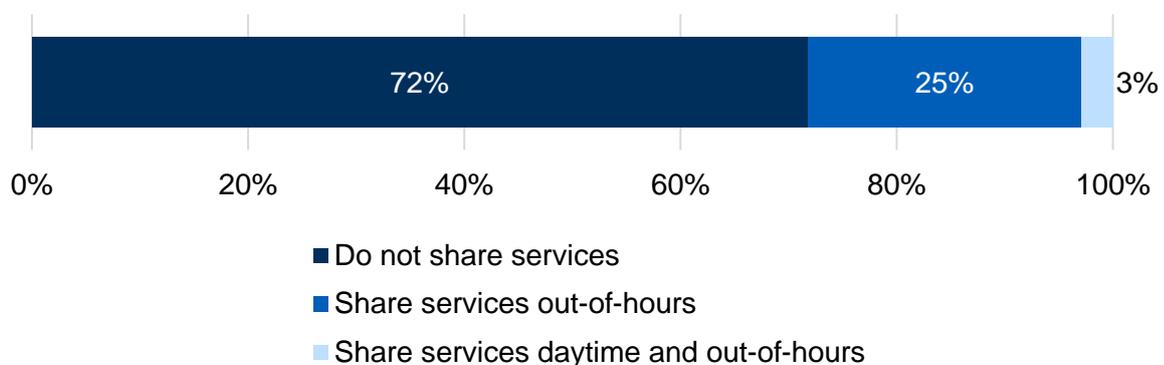


Within the overall 3,900, there are some AMHPs (around 1 in 6 or 16%) who only perform the role to cover out of hours work, for example in Emergency Duty Teams.

The dedicated AMHP survey also asked local authorities whether they shared their daytime and/or out-of-hours AMHP service with any other authority. Of the 138 local authorities that responded 72% of authorities did not share services, 25% shared out-of-hours services while 3% of authorities shared both daytime and out-of-hours services.

Chart 2. Proportion of local authorities that share AMHP services

Source. AMHP survey October 2018



³ Percentages may not sum to 100% due to rounding

AMHP characteristics

The dedicated survey of AMHPs provided excellent data on the overall number of AMHPs and intelligence about their role and working patterns. This survey data has been used in along with NMDS-SC data that collects data on individual adult social care workers. Within the NMDS-SC, Skills for Care were able to identify 868 workers employed within local authorities that held an AMHP qualification. We have used these records to identify some of the key characteristics of AMHPs. Also given that we know 95% of AMHPs are Social Workers, we have compared their data to that of all local authority employed Social Workers.

AMHP demographics

Overall, AMHPs are more likely to be male, older and white than the whole Social Worker workforce.

Data from the NMDS-SC shows that while 21% of the Social Worker workforce are aged 55 or over, this rises to 30% (almost in 1 in 3) when we look at just AMHPs. With regard to gender, again there are large differences. Overall 19% of Social Workers are male, this rises to 29% when only considering AMHPs. Lastly 77% of all Social Workers are White, this rises to 85% for AMHPs. The charts below provide more detail on these areas:

Chart 3. Proportion of social workers and qualified AMHPs by age group

Source. NMDS-SC September 2017

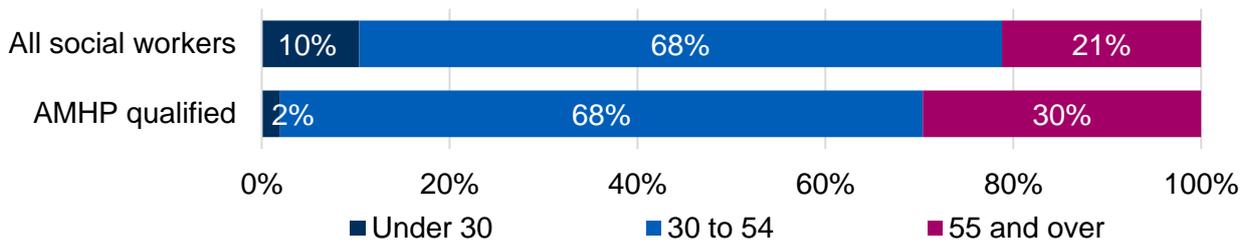


Chart 4. Proportion of social workers and qualified AMHPs by gender

Source. NMDS-SC September 2017

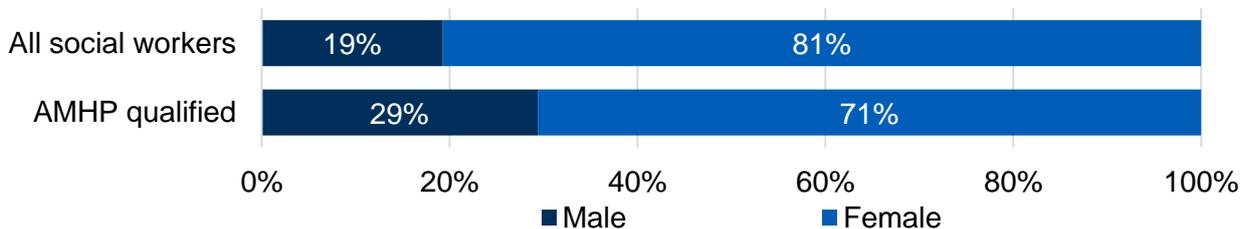
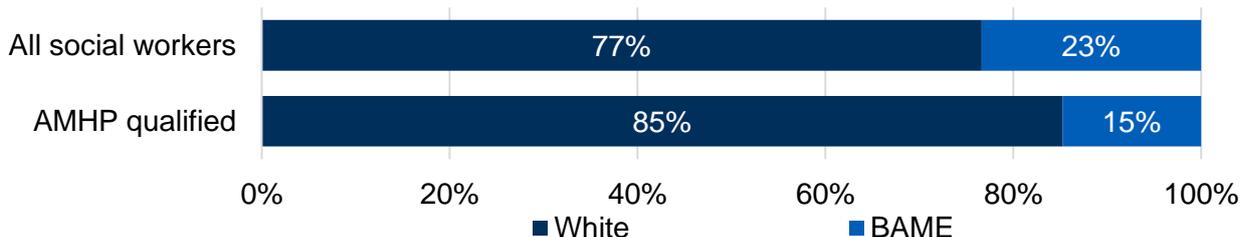


Chart 5. Proportion of social workers and qualified AMHPs by ethnicity

Source. NMDS-SC September 2017



Retention and time in role

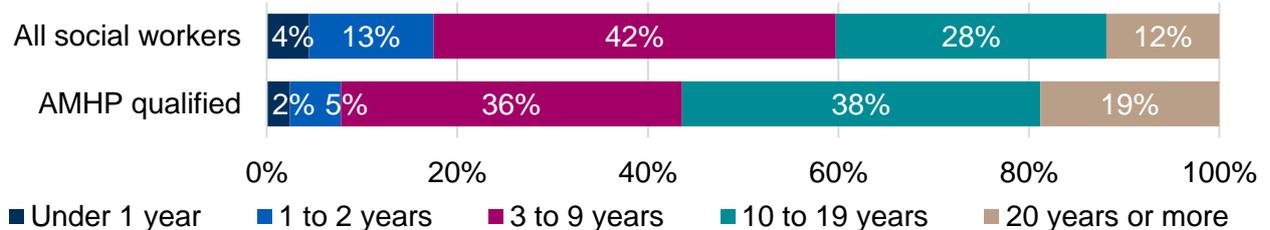
To get an understanding of workforce retention, we were able to use previous years NMDS-SC data files to compare whether a worker was still in post 12 months on from the previous data collection. The data showed that overall around 14% of AMHPs had left their role in the previous 12 months, this compared to 14.8% for all Social Workers.

NMDS-SC data also allows us to look at how long individual workers have been performing their substantive role (in most case the role of Social Worker). The data shows that those who hold an AMHP qualification are a little more experienced and have generally been in post for a longer time.

The chart below shows that 19% of workers with an AMHP qualification have been in post for over 20 years (compared to 12% for all Social Workers). This pattern is repeated for those workers with 10 – 19 years' experience in post. The full breakdown is provided in the chart below.

Chart 4. Proportion of social workers and qualified AMHPs by experience in role

Source. NMDS-SC September 2017

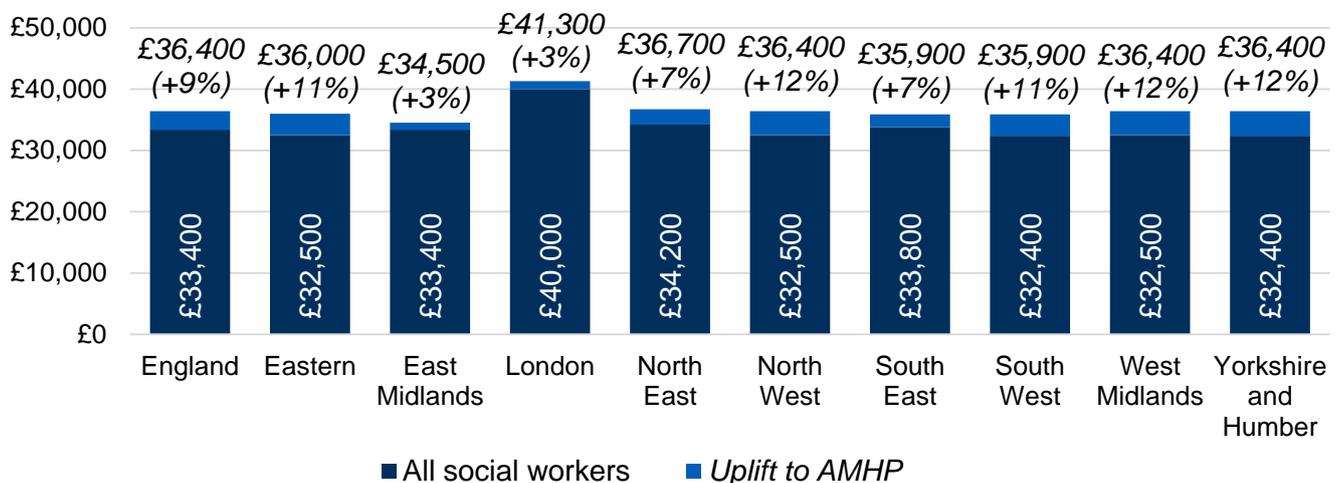


Pay

Overall those with an AMHP qualification are paid more than the Social Worker workforce as whole. Nationally the average pay for a Social Worker with an AMHP qualification is £36,400 (as at September 2017), this compares to £33,400 for all Social Workers. As the chart below shows, this picture is consistent across all regions. Pay rates for AMHPs and Social Workers alike were highest in London

Chart 5. Average salary of social workers and qualified AMHPs by region

Source. NMDS-SC September 2017



View from the Chief Social Worker, Lyn Romeo

'I am delighted that we now have this report which gives us a rich picture of our Approved Mental Health Professional workforce. This is the result of excellent collaborative working between the Department of Health and Social Care, Skills for Care, the Approved Mental Health Professionals network and of course the local authorities who responded to the data request through their NMDS-SC returns.

Our understanding of the challenges and issues in relation to ensuring that people have the assessments and support envisaged in relation to the Mental Health Act has often been captured at local level , but we have struggled to have a national picture of the AMHP workforce.

Understanding the workforce, including the overall number, demographic characteristics and retention rates provides us with clear information to consider what actions the sector will need to take to ensure we have the right number and right people in place to undertake this vital role, both now and in the years ahead. Detention rates are increasing and AMHPs are dealing with challenging contexts as the prevalence of mental ill health episodes are increasing.

We know that detention rates of people from Black and Minority Ethnic backgrounds are disproportionately high, so we need to think about how we can ensure that the AMHP workforce reflects the population of people we are serving. We can also use this information to ensure that we are recruiting professionals to become part of the AMHP workforce earlier on, so that as AMHPs retire, we can ensure we have enough growth in the workforce to sustain the vital discharge of statutory and good practice delivery in responding to people's mental health distress.'

I will work with sector colleagues to use this data to take forward actions to address the challenges identified.'