

The Rt Hon Matt Hancock MP  
Secretary of State  
Department of Health and Social Care

21<sup>st</sup> April 2021

Dear Secretary of State

The British Association of Social Workers (BASW) is the professional association for social work in the UK with offices in England, Northern Ireland, Scotland and Wales. We are the independent voice of social work. We champion social work and help members achieve the highest professional standards. With over 22,000 members we exist to promote the best possible social work services for all people who may need them, whilst also securing the well-being of social workers working in all health, social care and youth justice settings. We have many Approved Mental Health Practitioners (AMHPs) among our members, and social workers, whether specialising in mental health or not, frequently encounter people experiencing mental health issues in their work supporting society's most vulnerable.

We welcome the move towards a more person-centred strengths-based approach to mental health care and support which is outlined in the White Paper proposals. We also recognise the Government's intention to drive down rates of detention under the Mental Health Act (MHA) 1983 to ensure that this restriction of liberty is used as a last resort for people who are most in need.

However, we wish to highlight some areas of concern to us which are of vital importance to achieving the stated intentions of the MHA reform, but which, in our view, have not been adequately addressed in the White Paper.

The White Paper and its reform proposals are heavily focused upon the NHS and a medical model of mental distress largely ignoring the many core issues relating to mental health that are rooted in social issues such as poverty, racism and inequality. The importance of this social dimension is evident in the roles played by AMHPs and mental health social workers in particular, in providing support to the most vulnerable as quickly and effectively as possible, with the aim of preventing hospital admission. This is a role that has become markedly more difficult due to the lack of real alternatives to admission, the erosion of funding, workforce recruitment and retention issues and the focus upon a biological approach to mental healthcare focused on diagnosis and treatment, which overlooks broader social drivers that can impact on a person's mental health and wellbeing.

One area where this is evident is among the disproportionate use of the powers in the MHA 1983 for people who are Black or identify as from an Ethnic Minority as evidenced in detention rates, rates of Community Treatment Orders, or the use of section 136. Yet there are no consultation questions on the proposals aimed specifically at addressing these issues. It cannot be assumed that improving the way the MHA works for all who are affected will serve to address the particular

need for improvement for these population groups who are subject to structural and socio-economic disadvantages, as well as conscious and unconscious bias in decision making throughout the mental health system, and/or who may be more reluctant to seek help from formal mental health services. To address this, consideration must be given to the need for culturally appropriate, non-NHS, community services and how NHS services and the operation of the Act align with this wider need for change in community services. Social circumstances are fundamental to mental health and wellbeing and too overt a focus on a medical approach can fail to take these into account. The implementation of the Government's proposed reforms must be carefully monitored with respect to their impact on people from Black and/or Ethnic Minority backgrounds. This includes collecting evidence of the effectiveness of the Patient and Carer Race Equality Framework approach to reducing over-representation of people from Black or Minority Ethnic backgrounds who are made subject to the powers in the MHA.

As highlighted above, social workers, most notably AMHPs are central to supporting the most at-risk people and seek to find alternatives to their detention in hospital to protect their rights and liberty wherever possible and to optimise use of community and social forms of support. The White Paper's proposals and aims to reduce detentions have particular implications for the workloads of mental health social workers and AMHPs in particular, and for demand on local authority services. Whilst AMHP demand is modelled in the Impact Assessment, which recognises the need for expanded recruitment of AMHPs, there is no clarity on how this will be achieved. Recruiting and retaining AMHPs and other social workers will be critical to achieving the Government's aims of driving down detention rates under the MHA and effectively supporting people at risk in the community through periods of crisis, preventing deterioration and sustaining wellbeing. This of course also applies to families and carers as well as people needing mental health support directly.

To qualify as an AMHP, a social worker must have two years of post-qualifying social work experience (or equivalent for other eligible professions – over 90% of AMHPs are social workers and this is unlikely to change significantly given the responsibility of local authorities for AMHP services and the nature of the role). The full training of an AMHP can take two years from initial preparation, through completion of a formal course full or part time, and then embedding in practice. Currently, course fees and backfill monies for candidates and costs of practice teachers and mentor assessors / educators, has to be found locally which makes it incredibly difficult for local authorities and NHS Trusts to release social workers to complete AMHP training.

Up to one-third of AMHPs will be approaching retirement age during the next few years. Central government investment and support in succession planning is essential to manage this transition of losing longstanding AMHPs, recruiting new AMHPs in greater number and in good time, and retaining AMHPs long term through good working terms and conditions, ongoing professional development and recognition. This could include, for instance, recognition of AMHPs as Advanced Practitioners by local authorities and/or the development of a national pathway for mental health social work that includes but extends beyond the AMHP role. The meaning of 'sufficient' AMHPs (CoP 14.35) - and the expected relationship between sufficient AMHPs and better use of non-detention options for care and support - should be clarified.

It therefore appears that the White Paper risks failing to address some of the most important wider drivers relating to mental health issues. Consequently, we call upon the Government to acknowledge the need for funding to be injected into local authority social services community provision on a par with any real uplift into the NHS. Without sufficient resource being made available, the stated intention of the White Paper proposal to reduce detention rates will fail, as appropriate alternatives for supporting people which are inevitably heavily dependent on social services/social care legal responsibilities and services, will simply not be available. People will

continue to be admitted including under detention if that is the only place where resource is available for support.

We note that there are no proposals to increase clarity relating to provision of aftercare under section 117, which is vital to reduce the chance of readmission, nor any apparent resolution to the difficulties AMHPs experience in waiting for a bed to be found under section 140.

We acknowledge the Government's recognition that the reform of the MHA 1983 has implications for both England and Wales. However, we feel that there is a lack of clarity on how some issues which appear to have a Welsh dimension, will relate to Wales or how they will be handled going forward. We call for sufficient consideration to be given to the complexities of handling cross-border care and the interface between criminal justice (reserved) and health/social care (devolved) policies.

There is also the impact that the Covid-19 pandemic will have on the need for mental health services to consider. We note that the modelling in the Impact Assessment that accompanies the White Paper is unable to account for the potential implications of the pandemic, particularly on the mental health of younger people. BASW UK conducted a survey in December 2020 investigating the experience of social workers working during the pandemic which received 1119 responses. Of those who reported working in the field of mental health, more than 70% agreed or strongly agreed that they had seen a rise in referrals and/or caseload since the first lockdown was implemented in March 2020. We are already concerned that a number of the positive proposals in the White Paper consultation, such as the expansion of the use of advocates which we particularly support, are subject to future funding decisions. Pre-pandemic, many local authorities were already stretched to provide services including commissioning MHA advocacy and this situation will only be exacerbated going forward unless both funding and workforce-related issues are addressed.

If we are to make an impact on the predicted increase in prevalence of mental health issues in our communities, we need holistic, well-funded, preventative and partnership approaches across local authority, the NHS and the community, private and voluntary sector which recognise that mental wellbeing goes beyond medical treatment and empowers individuals to be best supported within their communities.

Yours sincerely



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