Decision-making by practitioners in the social professions involved in compulsory admission to mental health hospital: A scoping review

Abstract

This scoping review examined the literature on decision-making by practitioners in the social professions involved in compulsory admission to mental health hospital in the United-Kingdom (UK). This aimed to find out 1) What processes shape social profession decision-making about compulsory admission to mental health hospitals in practice? 2) What methods have informed studies in this area, and how have these shaped the current state of knowledge?

Three main themes emerged: professional positioning; characteristics of the person assessed; and organisational factors. The literature has approached answering this question by focusing on social professional jurisdictional perspectives, emphasising concern whether a social perspective is privileged in decision-making. Lack of realistic options to avoid in-patient care underpins decisions to detain. The process involves a logistical challenge for the social profession. The social milieu of those assessed is associated with social vulnerability and social deprivation, highlighting relevance for social work. Concerns about risk and a citizen's lack of mental capacity to make decisions about care is associated with decisions to detain. Implications for social work include a need for research that explores the institutional and social context of decision-making. Finally, implementing supported-decision making in social work practice is proposed as an imperative for future research.

Inequality; Legislation; Mental health; Social policy; Social work practitioners; UK.

This study reviews research on decision-making by social professions, who hold a pivotal role implementing mental health law in the UK. The social professional occupies the role of an Approved Mental Health Professional (England and Wales); Approved Social Worker (Northern Ireland) and Mental Health Officer (Scotland). They bring a social perspective and consideration of less restrictive alternatives to bear on the decision whether a person should be compulsorily admitted to a mental

health hospital for assessment or treatment (Department of Health, 2015; Scottish Executive, 2005; Department of Health and Social Services, 1992). The study reveals the processes shaping social profession decision-making, exploring methods used and finally analyses gaps in the current state of knowledge. The study found several influences on the processes shaping social profession decision-making. These are grouped into three themes, underpinned by a systems framework; ‘professional positioning’, ‘characteristics of those assessed’ and ‘organisational factors’ are discussed. Implications for social work research and practice are highlighted, including a need for collaboration with those who use services and carers. The study highlights a need to broaden the focus of decision-making to include contextual factors leading to assessment under compulsory mental health law and to focus research on implementing supported decision-making.

Introduction

Legal mandates across the United-Kingdom (UK) require appropriate professionals to bring a social perspective and consideration of less restrictive alternatives to bear on the decision whether a person should be compulsorily admitted to a mental health hospital for assessment or treatment, taken in conjunction with medical professionals (The Mental Health (Care and Treatment) (Scotland) Act 2003; The Mental Health Act 1983 (as amended); The Mental Health (Northern Ireland) Order 1986). The legal criteria for compulsory admission in each jurisdiction of the UK are predicated on mental disorder, along with risks to the person or other people. The stakes in this area of law and social professional practice are high. They deal with important issues of individual liberty, with profound implications regarding the power of the state to intervene in the lives of citizens. The role involves complex decision-making processes, where compulsion, coercion, care and autonomy sit in tension (Campbell et al. 2006).

The social profession role has different names in each of the UK’s three jurisdictions: Approved Social Worker (ASW) in Northern Ireland; Mental Health Officer (MHO) in Scotland; and Approved Mental Health Professional (AMHP), previously ASW, in England and Wales. This change of name in England and Wales, resulting from the 2007 amendments to the Mental Health Act 1983 (MHA), opened up the role there beyond social work, to clinical psychologists, occupational therapists and psychiatric

nurses. However, in the context of England and Wales, the shift has had a very modest impact in practice. Approximately 95% of AMHPs are social workers, who therefore remain the core profession among AMHPs (DHSC and Skills for Care, 2021; Stevens et al. 2019). The small number of AMHPs who come from a different professional background are also required to bring a social perspective **to** their decision-making under compulsory mental health law. The term social profession therefore refers to an ASW, MHO and AMHP.

Interdisciplinary decision-making under mental health law is a complex process (Davidson et al., 2019), potentially shaped by multiple cognitive, emotional and social factors (Hood, 2018). Although the decision-making steps are carefully prescribed in law, Braye and Preston-Shoot (2016) challenge perceptions that the law in itself can provide unequivocal clarity and distinct boundaries; rather, social practices strongly influence how the law really functions (Bourdieu, 1987). It is therefore vital to understand as fully as possible existing influences shaping social professional decision-making on compulsory admission, particularly at a time when there has been a steady rise in the numbers of people compulsorily admitted to mental health hospital (NHS Digital, 2020; DH(NI), 2019; Mental Welfare Commission for Scotland, 2019) and mental health legislation is being revised both in England and Wales, Northern Ireland and in Scotland (DHSC, 2021; Bamford Review, 2007; Scottish Government, 2019). It is also important to acknowledge the ongoing racial disparities in compulsory admissions, with higher rates of detention in more deprived areas (NHS Digital 2020).

Several studies over a long period have considered AMHP/ASW/MHO decision-making, but limited efforts have been made to synthesise their findings. As this paper was in preparation, a narrative review by Simpson (2020) was published, which explored studies of AMHP decision-making in England and Wales and brought a much-needed overview to the question. Simpson's review excluded Scottish and Northern Irish studies from its purview, and three further studies have since appeared. Moreover, understanding can benefit from pluralistic thematic analysis that may reveal additional or alternative aspects of a question (Frost et al., 2010). The review presented here therefore updates and extends analysis to studies of social professional decision-making throughout the UK. Taking a systemic approach,

it complements Simpson's thematic analysis in bringing together the relevant evidence, suggesting how future research might build on it.

Methods

Rather than winnowing available research down to a restricted sub-set based on predetermined methodological quality criteria, scoping reviews provide an overview of the evidence available on a topic and include a wide range of study designs and methodologies. This breadth and flexibility makes scoping reviews a suitable approach where the review aim is exploratory rather than evaluative, and where – as here – no single study method has been clearly established as 'gold standard' (O'Brien et al. 2016). The rationale for conducting this scoping review is to map the current state of knowledge on decision-making by practitioners in the social professions involved in compulsory admission to mental health hospital. This involves identifying the types of evidence available, identifying knowledge gaps and implications for future research. The methodological rigour and transparency offered by a scoping review increases reliability of findings, limiting bias in comparison with traditional narrative reviews. The methodology for the scoping review was informed by Arksey and O'Malley (2005), Daudt et al. (2013) and Levac et al. (2010). Two specific research questions guided this review:

1) What processes shape social profession decision-making about compulsory admission to mental health hospitals in practice?
2) What methodological approaches have informed studies in this area, and how have these shaped the current state of knowledge?

Searching and Screening

The databases ASSIA, SCOPUS, and Social Care Online were searched, selected because of the relevance of their coverage to the social professional role. The following Boolean search terms were employed: (Approved Mental Health Professional OR Mental Health Officer OR Approved Social Worker) AND (Mental Health Act 1983 OR Mental Health (Care and Treatment) (Scotland) Act 2003 OR Mental Health (Northern Ireland) Order 1986) AND assessment AND (Compulsory

admission OR Involuntary admission AND Mental health hospital OR Mental health hospital). This yielded 1,738 records, including duplicates.

These studies were screened against the inclusion criteria in Supplementary Table 1. The selected date range (1983-2020) was chosen to include all studies published since mental health legislation applying to all four nations of the United-Kingdom was passed, inaugurating the current era of mental health legislation.

[Insert Supplementary Table 1 here]

After screening on the basis of title, abstract, participants, context and removing duplicates, 26 studies appeared to meet the inclusion criteria. Further review on the basis of full-text led to the exclusion of 3 further studies, focusing solely on the medical role or purely theoretical or speculative, with no empirical data reported. This resulted in a total of 23 studies included within the scoping review. The full process is shown in Supplementary Figure 1.

[Insert Supplementary Figure 1 here]

Analysis

Data from the included studies were ‘charted’ (Arksey and O’Malley, 2005), using thematic analysis (Braun and Clarke, 2006). Data charting was undertaken and checked against the original papers to strengthen validity of interpretation. Because the studies featured diverse designs and were carried out across different decades, it was not possible to derive an overarching model from the combined data; rather, they are presented in narrative format.

Consultation with stakeholders

Existing service user and professional networks at Kingston University, including AMHPs and users of mental health services, were consulted at key stages of the scoping review to: identify any additional studies they might be aware of; capture key

stakeholder views on the approach taken by the review; explore resonance of the emergent findings with their experience; and obtain input on relevance of the review findings to practice.

Findings

The twenty-three included studies identified several influences on the processes shaping social profession decision-making about compulsory admission to mental health hospital. These were grouped into three themes, underpinned by a systems framework which proceeds outward from individual, to dyad, to wider systemic influences: ‘professional positioning’; ‘characteristics of those assessed’; and ‘organisational factors’. Each of these themes are discussed in turn below. The individual studies, and the methods employed by each, are listed in Supplementary Table 2.

[Insert Supplementary Table 2 here]

Professional positioning

This theme captures ideas and characteristics of social professionals found to be relevant in reaching the decision whether to detain a person to a mental health hospital. Among these, according to the included studies, were social professionals’ sense of their distinctive role and identity, individual values and attitudes, and level of professional experience.

AMHPs, ASWs and MHOs all work under a legal mandate to bring a social perspective to the decision, as an important counterbalance to the perspective of medical professionals involved. This is the defining feature of the social professional role and so unsurprisingly the extent to which this social focus in fact informs their decisions in practice has been a key preoccupation of researchers (Barnes et al., 1990; Buckland, 2016; Sheppard, 1990; Morgan et al., 1999; Peay, 2003; Campbell et al., 2006; Campbell, 2010; O’Hare et al., 2013; Hall, 2017; Karban et al., 2020; Leah 2020). Differing findings can be found in the included studies. Some researchers found that participating social professionals did indeed clearly articulate

a social model of mental disorder in their decision-making (Peay 2003; Morgan et al. 1999; Hall 2017; Karban et al. 2020) and performed a valuable independent role alongside medical professionals (Manteklow et al., 2002; Campbell et al., 2001; Karban et al., 2020). However, this is in contrast with research suggesting that the perspective of the social professional can become dominated by medicalised perspectives (O'Hare, 2013; Campbell et al., 2006; Campbell, 2010; Barnes et al., 1990). So while Hall (2017), for example, found ASWs to frame the experience of the citizen in terms of a 'social crisis' (p. 451) in counterpoint to the Home Treatment Professionals with whom they interacted, O'Hare et al. (2013) were concerned to find that social professionals in their vignette study tended to focus on relapse of psychiatric symptoms and non-compliance with medication. Sheppard (1990), Campbell (2010) and Barnes et al. (1990) similarly feared that social workers may defer to psychiatric explanations as opposed to drawing on their own understanding. A recent study by Karban et al. (2020) is one of the few studies examining how AMHPs understand the concept of a social perspective. The study reports findings from interviews with AMHPS, illuminating that a social perspective informed AMHP decision-making in nuanced and diverse ways, with participants taking a pragmatic approach, applying a social perspective in creative ways. Interestingly, the research highlighted a difference between participant's understanding of a social perspective and the application of this knowledge in the complex terrain of AMHP practice. Karban et al. (2020) conclude that the social perspective requires further exploration, including the voice of people with lived experience and their families.

Given the multiple interacting factors influencing an assessment situation, blanket judgements as to the extent to which a social perspective is adopted cannot be straightforwardly applied in isolation. Hence Morgan et al. (1999) report that ASWs tended to agree with medical professionals in cases clearly involving risk to self and to others, but found less agreement in cases involving a deterioration in health, in the latter situation, ASWs tended to be more reluctant to detain the person. The role of fear on decisions to detain is elucidated by Allen and McCusker (2020) in their interview study involving MHOs in Scotland. Their findings reveal that fear permeated MHO decision-making, both in relation to the potential for their decisions to harm others and the fear that their decisions would be scrutinized by others.

More recent studies have questioned whether professional role is in fact primary in determining the perspective brought to the decision. Stone (2018) found that AMHP decision-making may involve a range of individual differences in values and attitudes, rather than representing professional identity and training (Stone 2018). Vicary et al. (2019) also challenge the idea that professional backgrounds bestow homogenous perspectives. This view is borne out in Buckland's (2016) research, which found that AMHPs talked about decision-making by reference to the heart and the 'gut', being 'human' (p.56) and individual value perspectives when it came to understanding mental health; for her interviewees, it was at least as much these considerations and practical constraints on the decision (e.g. appropriateness of available treatment) as it was theoretical paradigms that led to the 'right thing to do' (p. 55). Buckland is wary of uncritically accepting this kind of individual 'common-sense' framing, drawing attention to how it can enable unexamined 'cultural norms' (p. 59) to unconsciously shape decision-making; Manktelow et al. (2002) echo her concern in their finding that individual risk-aversion might lead decision-makers to err on the side of detention. Fistein et al. (2016) unpack values of hard and soft paternalism in decision-maker discourse, and note how these seem to subtly modify individuals' application of mental health legislation in practice (though the authors do not carefully distinguish between AMHP and medical participants' views, so it is not clear whether this is equally true of the social professionals or whether their views have simply been subsumed under those of the larger number of medics in the sample). Taken together, these studies suggest the importance of individual values and attitudes for decision-making by social professionals, though further systematic assessment of these and how they affect decisions in practice is not found in the existing literature.

Values and attitudes may change over time, as was explicitly discussed by participants in Buckland's (2016, p. 52) interview study who reflected on the growing rapprochement with psychiatry's evidence-base that they felt they had undergone over time. The role of experience is explored by Campbell et al. (2001) and Manktelow et al. (2002), who both drew on an extensive survey of Approved Social Worker (ASW) activity in Northern Ireland. Assessors with more experience in their role, and therefore confidence, had high thresholds for detention and this may have minimised detentions (Manktelow et al., 2002). Similarly, Campbell et al. (2001)

found that while ASWs reported high levels of self-assessed competence in relation to the role, a high proportion also lacked experience of being involved in Guardianship procedures and felt that this affected their decision-making. Guardianship provides for legally mandated care and support in the community. It does not involve compulsory admission to hospital and is currently rarely used. This suggests that experience plays an important part in decision-making by social professionals; longitudinal studies of how decision-making may or may not change over time (as opposed to retrospective reflection on this question) are, however, lacking.

Characteristics of those assessed

The second theme deals with characteristics of those assessed, as a further contextual layer of social professionals' decision-making process about admission to mental health hospital. This includes findings on the social characteristics of the citizen assessed, clinical factors, and behavioural risk factors. Risk factors are included in this theme because the idea of risk in the literature on social professionals' decision making is most often attributed with the individual assessed, associated with clinical factors. Further, these characteristics are not static factors to be weighed up in isolation, but dynamically shape social professional decision-making as they emerge in the interaction between the person assessed and the social professional**;** the research makes clear that their contribution to decision-making must be examined within the embodied encounter.

The social characteristics influential in the assessment process are associated with an interface between life-stage vulnerability, social disadvantage and mental distress (Hatfield et al. 1997; Hatfield 2008; Barnes, Bowl and Fisher,1990; Davidson et al. 2019). Age and gender differences highlight that men under 40 years old are more likely to be assessed under the MHA (Hatfield 2008), and are more likely to be single (Hatfield 2008). Davidson et al. (2019) found that the mean age of men and women assessed was 47, with a slightly higher proportion of men assessed (51%). For both men and women, Hatfield (2008) found the largest group of assessments occurred with those living in council or housing association property. A significant majority of those assessed are unemployed (Davidson et al. 2019, Hatfield 2008) and already

known to mental health services (Davidson et al. 2019, Hatfield 2008) with a psychiatric diagnosis associated with psychosis (Hatfield 2008; Fistein et al. 2016). Davidson et al. (2019) found that a high proportion of assessment occur in urban areas (80%).

The influence of social class on decision-making is not consistently captured in the literature. An isolated finding by Quirk et al. (2003) suggests that the standard of conditions on the ward led one participant to feel embarrassed to admit upper middle-class people to the ward, but not homeless people. Buckland's (2016) findings acknowledge the implicit role of race, gender and social class on decision-making. This raises a need for further enquiry in relation to the role of such characteristics, including social class, on social professional decision-making.

Whilst supporting the proposition that social workers ought to be to recognise and counter the way that mental health law discriminates against disadvantaged groups in society, Campbell (2010) is less convinced about how this is articulated in decision-making, calling for recognition of the 'constraints' placed on the social professional (p.157).

Wickersham et al. (2019) found strong evidence that detention was more likely where there was a record of the service user posing a risk to themselves. Davidson et al. (2019) found that in a significant proportion of cases, risks were identified to the service user (n=79; 42%). Davidson & Campbell (2010) reveals risk of self -harm and suicide in 53% of cases. Risks to the service user and others were relevant in half of the cases in Davidson et al. (2019) (n=95; 50%). Both Wickersham et al. (2019) and Fistein et al. (2016) found that odds of detention were higher where the service user lacked capacity or insight. Wickersham et al. (2019) reports some evidence that odds of detention were lower for service users diagnosed with a Personality Disorder.

Manktelow et al. (2002) report that social professionals experience problems in communicating with the person assessed because they were too disturbed to engage. The influence of this on decision-making is not clearly extrapolated in the study. However, it is likely that where a person is considered too mentally disturbed

to engage and communicate a decision about their care and treatment, this shuts down the possibility of meaningful talk about alternatives to detention. Indeed, Fistein et al's (2016) finding that a lack of mental capacity was influential in the decision to detain, may also be relevant where a person assessed is unable to communicate a decision about their care and treatment. Manktelow et al. (2002) found that trust in the person assessed influenced decision-making. This led to decisions to detain where the person assessed said that they agreed to be admitted to hospital. The factors impacting on decision-making included doubts about the reliability of the statement of the person, a history of absconding, and fluctuating mental state.

Aggression and threats of violence were common factors associated with the person assessed (Bowers 2003; Davidson & Campbell 2010; Stone 2018; and Webster and Hatfield 1999). Bowers et al. (2003) found that assessments for compulsory admission were generally seen as occasions where violence could erupt. Participants referred to the occurrence of shouting and physical resistance as unpleasant. Participants attributed aggression to both the mental state of the person and the process of assessment. Davidson & Campbell (2010) reveal that in over a quarter of assessments, ASWs reported feeling afraid or at risk. In 90 per cent of cases ASWs requested police assistance (Davidson and Campbell 2010). A later study found that Police assistance was requested in only 41% of cases (Davidson et al. 2019). This was driven by a concern, in the Northern-Ireland context of long sectarian conflict, that police presence could make matters worse for the person assessed. Webster and Hatfield (1999) found that whilst ASWs experienced hostility from 47% of persons being assessed, they distinguished this from the 14% of situations in which they felt personally threatened with violence. A quarter of partners had left the family home shortly before the assessment because of violent or very disturbed behaviour. The impact of this on decision-making is not clearly extrapolated in the literature. However, it seems likely that this creates a difficult terrain for such decision-making. In contrast to fears to own safety, Allen and McCusker (2020) found that most MHOs interviewed for their study also expressed a fear of doing harm to those they assessed, for example by making the 'wrong decision'.

Webster and Hatfield (1999) focused on MHA assessments involving parents. In this context, conflict between the person assessed and their partners added to the complexity of the decision, because the partner involved in such conflict might also be identified as a Nearest Relative, with important powers in relation to the liberty of the person assessed. This includes a requirement to be consulted and included in decision-making for compulsory admission, along with powers to object to compulsory admission for treatment. This highlights the competing demands involved in such decision-making. Children and partners were placed at risk in the most serious incidents, one of the most extreme incidents led to a charge of attempted murder. Concern about the safety of a child featured in 40% of referrals. A perceived risk to the child was also linked to an active risk of suicide. Neglect and poor supervision were common concerns. An important factor influencing the decision of the social professional to detain occurred where the person assessed was known to have been driving a car whilst psychotic or manic. Whether the citizen assessed is already in the mental health system is also an important consideration, if they have already been detained in the past it is seen as a less drastic step to detain them (Buckland 2016).

Organisational factors

Finally, the third theme deals with organisational factors which can affect the social professional's decision. The literature reviewed consistently highlights such considerations as significant. These include organisational challenges in arranging the assessment itself and the treatment and support options available.

Consistently highlighted in the literature is the impact of logistical difficulties relating to the process of organising an assessment (Webster and Hatfield 2009; Dunn 2001; Quirk et al. 2003; Bowers 2003; Manktelow et al., 2002; Campbell 2002; Morriss 2016; Davidson 2019; Wickersham 2019; Vicary et al. 2019; Leah 2020). These are threefold. Firstly, some studies reported common difficulties in obtaining the support of other agencies necessary to enable a MHA assessment and possible conveyance to hospital, in particular ambulance services and police (Quirk et al. 2003; Bowers et al. 2003; Manteklow 2001; Campbell 2002; Morriss 2016; Davidson 2019; Leah 2020). For example, Davidson et al. (2019) found that difficulties in getting all the

necessary services to be present at the same time sometimes prevented the assessment from proceeding, putting pressure on those responsible. Large areas of Northern-Ireland, where their study was conducted, are rural, and this could mean delays in ambulance or police arrival and assistance. Practitioners feared that the person being assessed might become agitated, aggressive or run off while they were waiting (Bowers et al., 2003). The fact that necessary agencies may not be present (Davidson et al., 2019; Morriss 2016; Leah 2020) or, if present, feel under pressure to be elsewhere because of strains on resources (Bowers et al., 2003), creates the impression of a febrile environment for decision-making, where logistics impinge significantly on the concerns of the social professional. Morriss (2016) found lack of availability of psychiatric beds a significant organisational factor impacting on decision-making. Leah (2020) found that constraints on resources such as psychiatric beds and ambulance availability created a challenging environment for AMHP decision-making. The importance of such logistical arrangements might also indicate that decisions are influenced by information known by the AMHP, before the person is assessed in person. The literature does not explore this, illuminating a need to explore the temporality of such decision-making.

Secondly, difficulties were reported in trying to assess the citizen jointly with mental health professionals who have a previous relationship with the citizen assessed (Dunn 2001; Manteklow et al. 2002; Quirk et al. 2003; Wickersham et al. 2019). Involving members of a team who have previous knowledge of the person assessed minimises the likelihood of decisions to detain the citizen (Dunn, 2001; Manktelow et al., 2002; Quirk et al., 2003; Wickersham et al., 2019). Involving family, friends and professionals who know the person assessed also often promotes better informed decisions (Wickersham et al., 2019). Where involvement of these important people cannot be achieved, social professionals are faced with a decision lacking in contribution from the people who might know the citizen best. This problem is particularly pertinent when assessments take place out-of-hours, as teams with previous knowledge of the citizen being assessed are considerably less likely to be available then. Two studies from Northern Ireland indicating that out-of-hours assessments constitute between 44% (Davidson and Campbell, 2010) and 56% of total assessments there suggest that this issue may be an influence on a sizeable proportion of outcomes. This raises implications for mental health policy aspirations

in the UK that move towards legal and practice mechanisms promoting supported-decision-making, as a response to international law imperatives provided by Article 12 United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2007). For example, systemic obstacles to involving supporters who know the person are likely to frustrate the implementation goals of such policy reforms.

Thirdly, particular challenges are presented by sequential assessments, where assessors undertake assessments separately (Wickersham et al., 2019; Manktelow et al., 2002). Some social professionals in one study described 'being abandoned by doctors during the assessment process and even beforehand' (Vicary et al., 2019, p. 2). Sequential assessments of this kind hinder decision-making by obscuring the process (Davidson and Campbell, 2010) and make the outcome of detention more likely (Wickersham, 2019). Davidson and Campbell (2010) found that in 18% of cases ASWs reported experiencing problems communicating with the GP after a medical recommendation for the citizen to be detained in hospital, usually because they left the location after making the medical recommendation. A more recent study by Davidson et al. (2019) suggests that the level of joint assessments has improved in Northern-Ireland in the intervening decade; however, Vicary et al. (2019) show that the problem remains in other areas of the UK and continues to affect decision-making.

Social professionals' perceptions of the availability of alternative treatment and support options to detention are consistently found to be a key determinant of assessment outcome (Campbell et al., 2001; Manktelow et al., 2002; Campbell et al., 2010; Fistein et al., 2016; Quirk at al., 2003; Wickersham 2019). Where no realistic alternatives are identified, the chances of being detained increase. Indeed, lack of community alternatives to detention is a key factor identified by AMHPs when asked about reasons for the rise in the number of detentions under the MHA (Bonnet and Moran 2020). Quirk et al. (2003) assert that this occurs when professionals have insufficient time to put alternatives in place and are not supported by colleagues in doing so. However, O'Hare et al. (2013), who attempted to delve into how social professionals weighed up the feasibility of alternative treatment provision, report that their participants, from all three UK jurisdictions, seemed to make limited use of research evidence in reaching their judgements on feasibility and struggled to apply

recovery approaches to the crisis context of MHA assessment. They call for more explicit attention and discussion of what constitutes a feasible alternative to detention and how it might be provided at a crisis point.

Better-resourced community teams, and more alternatives, were highlighted as organisational factors that reduce the likelihood of detention (Campbell et al. 2001; Campbell 2006; 2010; Fistein et al. 2016).

Discussion

The included studies used a variety of methods to explore the process of social professional decision-making. A minority of studies used only quantitative methods, involving data collection via monitoring form (Barnes et al. 1990) and survey questionnaire (Hatfield 2008). Qualitative semi-structured interviews were a popular method of data collection, typically involving in-depth study with smaller numbers of participants (Campbell et al. 2001; Manktelow et al. 2002; Sheppard 1990; Webster et al. 1999; Bowers 2003; Quirk 2003; Buckland 2016; Hall 2017; Wickersham et al. 2019; Vicary et al. 2019). One study employed a total of three semi-structured interviews with each participant, undertaken at six-month intervals (Leah 2020). Another study used narrative interviews (Morriss 2016). Some of the studies combined interviews with other methods. This involved postal questionnaire and focus groups (Campbell 2001; Manktelow et al. 2002), participant observation (Quirk et al. 2003), retrospective cohort study, document analysis and focus group (Wickersham et al. 2019) and drawing (Rich Picture) (Vicary et al. 2019). Observation and biographic narrative interviews were also combined (Fistein et al. 2016). Other single methods involved solely document analysis (Dunn 2001) involving 200 MHA assessment reports. Case vignettes were used in three studies (Peay 2003; O'Hare 2013; Stone 2018). These were combined with audio-visual and written materials (Peay 2003; Stone 2018) and a survey (O'Hare et al. 2013). One study used Retrospective mixed methods audit involving document analysis and a survey (Campbell et al. 2010). Another used a prospective audit of data collected from ASW reports (Campbell et al. 2019). Methodological approaches utilised implicate limited collaboration between citizens who use services and carers. Subsequently, implications for social work research and practice involves a need for

greater funding for collaborations between citizens and researchers, enhancing the relevance of research in this area for those citizens most affected by social professional decision-making.

Involving family members, friends, and mental health professionals with previous knowledge of the citizen assessed makes an important contribution to social professionals' decision-making. Indeed, this involvement is associated with detention minimisation. This is a consistent finding across both quantitative and qualitative methodologies in the studies reviewed. Despite the significance of this, the literature also highlights logistical challenges involving such people in the assessment process.

Given the extent of racial disparity evident in compulsory mental health law decision-making, the absence of engagement with this issue in the overall literature is striking. This resonates with Keating (2020), who points to diminished representation of the voices of black men in research. Future research needs to focus on the institutional context under-pinning this disparity, drawing on ethnographic methods to illuminate systemic processes that shape social professional decision-making in practice. Responding to such gaps in knowledge entails practical and ethical challenges confronting researchers who wish to carry out ethnographic research in clinical encounters between professionals and citizens experiencing high levels of mental distress.

The literature reviewed provides impetus to understand the contextual factors leading to compulsory mental health assessment, such as the social determinants of health. This widening of perspective calls for research on social professional decision-making to explore contextual factors driving compulsory intervention. Davidson et al. (2019) argue that factors such as poverty should be considered a priority for intervention, to prevent the need for compulsory admission. Acknowledging the importance of prevention brings into focus the view upstream, as grounding such decision-making. This raises implications for social work systems and practice, such a re-emphasis requires systematic changes in mental health services, to enable social professionals' focus to be widened (Meadows et al. 2019).

Finally, the role of supported decision-making (SDM) with those assessed is not a feature in the process informing decision-making in this area. This raises important implications for social work research and practice. Law reform (DH&SC 2018; Bamford Review 2007), together with international law obligations (UNCRPD, 2007) privileging legal capacity for people with disabilities, make SDM an imperative for future research in this area. This further resonates with prioritising person-centred and rights-based approaches in social work practice. Research on SDM between professionals and citizens has potential to impact positively on the process of compulsory admission from the perspective of the citizen involved (Akther et al. 2019; Brophy et al. 2019; Davidson et al. 2018; Ramon et al. 2017; Campbell et al. 2018). Such a move will involve collaborations with researchers, practitioners, carers, and those with lived experience of compulsory detention under mental health law. In the context of the social professional involved in the process of assessment for compulsory admission, such research will need to explore the tensions, challenges and opportunities for supported decision-making to exist alongside substituted decision-making with people who have severe mental health problems. Given the contemporary mental health policy impetus advancing SDM approaches, such research should include a focus on implementation of SDM in practice.

Conclusion

This scoping review provides an overview of the evidence on the processes shaping social professional decision-making about compulsory admission to mental health hospital. A systemic framework sheds light on a combination of individual, dyadic and wider systems factors influencing social professional decision-making. Such decision-making is situated in challenging terrains of practice, compounding diminished options for less restrictive alternatives to compulsory admission. This knowledge is significant for social work research and practice, highlighting the impetus to understand the contextual factors leading to compulsory mental health assessment, such as the social determinants of health. This calls for research on social professional decision-making to explore contextual factors driving compulsory intervention with the aim of preventing and reducing compulsory admissions. Finally, social work research on compulsory mental health assessment needs to prioritise understanding and implementation of supported decision-making, consistent with

social and rights-based approaches to social work practice in compulsory mental health.

References

Akther, S., Molyneaux, E., Stuart, R., Johnson, S., Simpson, A., and Oram, S. (2019) ‘Patients' experiences of assessment and detention under mental health legislation: Systematic review and qualitative meta-synthesis’, *BJPsych Open,5*(3), E37.

Allen, S. and McCusker, P. (2020) 'A Hidden Dynamic: Examining the Impact of Fear on Mental Health Officers Decisions to Use Powers of Compulsory Detention', *Practice*, 32(4), pp. 301-315.

Arksey, H., O’Malley, L. (2005) ‘Scoping studies: towards a methodological framework’, *International Journal of Social Research Methodology: Theory & Practice*,8(1), pp.19-32.

Bamford Review of Mental Health and Learning Disability (2007) *A Comprehensive Legal Framework for Mental Health and Learning Disability*. Belfast: DHSSPS.

Barnes, M., Bowl, R., and Fisher, M. (1990) *Sectioned: Social Services and the 1983 Mental Health Act,* London: Routledge.

Bonnet, M., and Moran, N. (2020) ‘Why do Approved Mental Health Professionals think detentions under the Mental Health Act are rising and what do they think should be done about it?’. *British Journal of Social Work,* 50 (2), pp. 616-633.

Bourdieu, P. (1987) ‘The Force of Law: Toward a Sociology of the Juridical Field’, *Hastings Law Journal,* 38, pp. 805-853.

Bowers, L., Clark, N. & Callaghan, P. (2003) ‘Multidisciplinary reflections on assessment for compulsory admission: The views of approved social workers, general practitioners, ambulance crews, police, community psychiatric nurses and psychiatrists’, *British Journal of Social Work*, 33(7), pp. 961-8.

Braun, V., Clarke, V. (2006) ‘Using thematic analysis in psychology’, *Qualitative Research in Psychology*, 3(2), pp. 77-101.

Braye, S. and Preston-Shoot, M. (2016) *Practising Social Work Law,* 4th ed. Basingstoke: Palgrave Macmillan.

Buckland, R. (2016) ‘The Decision of Approved Mental Health Professionals to use Compulsory Powers under the Mental Health Act 1983: A Foucauldian Discourse Analysis’, *British Journal of Social Work,* 46(1), pp. 46-62.

Campbell, J., Brophy,L., Healy, B., O’Brien, AM. (2006) ‘International Perspectives on the Use of Community Treatment Orders: Implications for Mental Health Social Workers’, *British Journal of Social Work*, 36 (7), pp.1101-1118.

Campbell, J., Brittan, F., Hamilton, B., Hughes, P., Manteklow, R. and Wilson, G. (2001) ‘The Management and Supervision of ASWs: Aspects of law, policy and practice’, *The Journal of Social Welfare and Family Law,* 23(2), pp.155-172.

Campbell, J.D. (2010) 'Deciding to Detain: The use of Compulsory Mental Health Law by UK Social Workers', *British Journal of Social Work,* 40, pp. 328-334.

Campbell, J. and Davidson, G. (2009) 'Coercion in the Community: A Situated Approach to the Examination of Ethical Challenges for Mental Health Social Workers', *Ethics and Social Welfare*, 3(3), pp. 249-263.

Campbell, J., Brophy, L., Davidson, G. and O'Brien, AM (2018) 'Legal capacity and the mental health social worker role: an international comparison', *Journal of Social Work Practice*, 32 (2), pp.139-152.

Daudt, H., Van Mossel, C., & J Scott, S. (2013) 'Enhancing the Scoping Study Methodology: A Large, Interprofessional Team's Experience with Arksey and O'Malley's Framework', *BMC Medical Research Methodology*, 13 (10) pp.1-9.

Davidson, G., Edge, R., Falls, D., Keenan, F., Kelly, B., McLaughlin, A., Montgomery, L., Mulvenna, C., Norris, B., Owens, A., Shea Irvine, R. and Webb, P. (2018) *Supported decision-making - experiences, approaches and preferences*, Belfast: Praxis Care, Mencap and Queen's University Belfast.

Davidson, G., Fargas, M., Hamilton, B., Connaughty, K., Harvey, K., Lynch, G., McCartan, D., McCosker, J., and Scott, J. (2019) 'Mental health law assessments: interagency cooperation and practice complexities', *Journal of Mental Health.* pp. 1-6. Published online first, June 2019. doi.org/10.1080/09638237.2019.1630721

Davidson and Campbell (2010) 'An Audit of Assessment and Reporting by Approved Social Workers', *British Journal of Social Work,* 40 (5), pp. 1609-1627.

Department of Health (2015) *Mental Health Act 1983: Code of Practice – 2015 Revision*. London: T.S.O. (The Stationery Office).

Department of Health and Social Care (2021) *Reforming the Mental Health Act* Available at https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act (Accessed:15th January 2021).

Department of Health and Social Care and Skills for Care (2021) *The Approved Mental Health Professional Workforce in the adult social care sector.* Available at: https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/AMHPs-Briefing.pdf.

Department of Health and Social Services (1992) *Mental Health (Northern Ireland) Order 1986: Code of Practice.* Belfast: HMSO

Department of Health Northern Ireland (2019) *Mental Health and Learning Disability Inpatients 2018-19.* Belfast: Hospital Information Branch Department of Health.

Duffy, J, Davidson, G & Kavanagh, D. (2016) 'Applying the recovery approach to the interface between mental health and child protection services', *Child Care in Practice*, 22 (1), pp. 35-49.

Dunn (2001) ‘Mental Health Act Assessments: Does a Community Treatment Team Make a Difference’?, *International Journal of Social Psychiatry*, 47 (2), pp. 1-19.

Fistein, E.C., Clare, I.C., Redley, M. and Holland, A.J. (2016) ‘Tensions between policy and practice: A qualitative analysis of decisions regarding compulsory admission to psychiatric hospital’, *International Journal of Law and Psychiatry,* 46, pp. 50-57.

Frost, N., Nolas, S.M., Brooks-Gordon, B., Esin, C., Holt, A., Mehdizadeh, L. and Shinebourne, P. (2010) ‘Pluralism in qualitative research: the impact of different researchers and qualitative approaches on the analysis of qualitative data,’ *Qualitative Research*, 10, 4, pp. 441-460.

Hall (2017) ‘Mental Health Act Assessments – Professional Narratives on Alternatives to Hospital Admission’, *Journal of Social Work Practice*, 31 (4), pp. 445-459.

Hatfield, B., Huxley, P. and Mohamad. (1997) ‘Social Factors and Compulsory Detention of Psychiatric Patients in the UK: The Role of Approved Social Workers in the 1983 Mental Health Act’, *International Journal of Law and Psychiatry,* 20(3), pp. 389-397.

Hatfield, B. (2008) ‘Powers to Detain under Mental Health Legislation in England and the Role of the Approved Social Worker: An Analysis of Patterns and Trends under the 1983 Mental Health Act in Six Local Authorities’, *British Journal of Social Work,* 38(8), pp. 1553-1571.

Hood, R. (2018) *Complexity in social work.* London: Sage.

Karban, K., Sparkes, T., Benson, S., Kilyon, J., and Lawrence, J. (2020) ‘Accounting for Social Perspectives: An exploratory study of Approved Mental Health Professional Practice’, *British Journal of Social Work,* published online first, June 2020.

Keating, F. (2020) 'Black men’s conversations about mental health through photos', *Qualitative Social Work*, published online first, May 2020.

Leah, C. (2020) ‘Approved Mental Health Professionals: A jack of all trades? Hybrid professional roles within a mental health occupation’. *Qualitative Social Work, 19 (5-6),* pp. 987-1006.

Levac, D., Colquhoun, H., O’Brien, KK. (2019) ‘Scoping studies: advancing the methodology’, Implementation Science, 5 (69), pp. 1-9. Doi.org/10.1186/1748-5908-5-69.

Manktelow, R., Hughes, P., Britton, F., Campbell, J., Hamilton, B. and Wilson, G. (2002) ‘The Experience and Practice of Approved Social Workers in Northern Ireland’, *British Journal of Social Work,* 32(4), pp. 43-61.

Meadows G., Brophy L., Shawyer F., Enticott JC., Fossey E., Thornton CD., Weller, PJ., Wilson-Evered, E., Edan, V., and Slade, M. 'REFOCUS-PULSAR recovery-oriented practice training in specialist mental health care: A stepped-wedge cluster randomised controlled trial'. *Lancet Psychiatry.* (2019) (6), pp.103–14.

Mental Welfare Commission for Scotland (2019) *Mental Health Act Monitoring 2018-19*. Edinburgh: Mental Welfare Commission.

Morgan, J.F., Schlich, T. & Falkowski, W. (1999) 'Application of the powers of compulsory admission to psychiatric hospital by general practitioners, social workers and psychiatrists', *Medicine, Science and the law*,39 (4), pp.325-328.

Morriss, L. (2016) 'AMHP Work: Dirty or Prestigious? Dirty Work Designations and the Approved Mental Health Professional', *British Journal of Social Work,* 46(3), pp. 703-718.

NHS Digital (2020) *Inpatients Formally Detained in Hospitals Under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment: 2019/20.* Annual figures NHS Digital 2020.

NHS Digital (2020) *Mental Health Act Statistics, Annual Figures 2019-20.* Annual figures NHS Digital 2020.

O'Brien K., Colquhoun H., Levac D., Baxter, L., Tricco, AC., Strauss, S. (2016) 'Advancing scoping study methodology: a web-based survey and consultation of perceptions on terminology, definition and methodological steps', BMC Health Service Research, 16, pp.1-12.

O'Hare, P., Davidson, G., Campbell, J. and Maas-Lowit, M. (2013) 'Implementing Mental Health Law: A Comparison of Social Work Practice Across Three Jurisdictions', *The Journal of Mental Health Training, Education, and Practice,* 8(4), pp. 196-207.

Peay, J. (2003) *Dilemmas and Decisions: Working with Mental Health law*. Oxford: Hart Publishing.

Quirk, A., Lelliott, P., Audini, B. and Buston, K. (2003) 'Non-clinical and extra-legal influences on decisions about compulsory admission to psychiatric hospital', *Journal of Mental Health,* 12(2), pp. 119-130.

Ramon, S., Morant, N., Stead, U., & Perry, B. (2017) 'Shared decision-making for psychiatric medication: A mixed-methods evaluation of a UK training programme for service users and clinicians', *The International journal of social psychiatry*, *63*(8), pp.763–772.

Scottish Executive (2006) *Mental Health (Care and Treatment) (Scotland) Act Code of Practice.* Edinburgh: Scottish Executive.

Scottish government (2019) *Review of the Mental Health Act* [Press release]. 19 March. Available at https://www.gov.scot/news/review-of-the-mental-health-act (Accessed: 20 September 2019).

Sheppard, M. (1990) Mental Health: The Role of the Approved Social Worker, Sheffield: Community Care/University of Sheffield Joint Unit for Social Services Research.

Simpson, M. (2020) 'A Structured Narrative Literature Review of Approved Mental Health Professional Detention Decisions: An infusion of Morality', *Practice,* 32 (4), pp. 285-300.

Stevens, M., Manthorpe,J., and Martineau, S. (2019) 'What motivates and discourages social workers from working as Approved Mental Health Professionals? Evidence about job resources and demands of the Approved Mental Health Professional role', *Journal of Social Work*, 21 (3), pp. 595-617.

Stone, K. (2018) 'Approved Mental Health Professionals and Detention: An Exploration of Professional Differences and Similarities', *Practice*, 31 (2), pp. 83-96.

UN. (2007) *Convention on the Rights of Persons with Disabilities. Resolution 61/106*. New York: United Nations.

Vicary, S., Young, A., and Hicks, S. (2019) 'Role Over' or Roll Over? Dirty Work, Shift, and Mental Health Act Assessments', *British Journal of Social Work,* 49 (8), pp. 2187-2206.

Webster, J. and Hatfield, B. (1999) 'Assessment of parents by Approved Social Workers under the Mental Health Act 1983', *Practice,* 11(2) pp. 5-1.

Wickersham, A. Shilpa, N., Jones, R., Lloyd-Evans, B. (2019) 'The Mental Health Act Assessment Process and Risk Factors for Compulsory Admission to Psychiatric Hospital: A Mixed Methods Study', *British Journal of Social Work*, 50 (3), pp. 642-663.