This guidance outlines the process for approving newly appointed AMHPs

Approval Process

The Portfolio must consist of Four Parts containing the following:

1. Part 1 –
   - Evidence of a Social Work or relevant professional qualification
   - Evidence of an AMHP qualification
   - Evidence of professional registration
   - Evidence of approval status and dates of period of approval by approving LSSA
   - Provide a Record of Achievement which will include evidence of at least 18 hours of AMHP CPD, per approval year in compliance with the conditions set out in a 5 (a) AMHP Regulations (2008)

2. Part 2:

   The second part should consist of Three MHA assessment AMHP reports and a written Reflection Summary for two of the AMHP Reports. The AMHP will be required to shadow three MHA assessments (Shadowing an EPUT/SBC AMHP), where one must be a community setting. The AMHP must complete the LA AMHP Social Circumstances Reports (agreed signed off by AMHP) and present them in portfolio with an attached Reflective Summary (see Appendix 1 below). All personal details of service user, carers, nearest relative and professionals must be fully anonymised. The reports and Reflective Summaries must be clearly legible for the Panel to read and comprehensive in detail to demonstrate continuing development of the AMHP competences to the panel.

3. Part 3:

   The third part should consist of your Record of Achievement which includes evidence of at least 18 hours of AMHP CPD, per approval year in compliance with the conditions set out in a 5 (a) AMHP Regulations (2008). Please insert the relevant AMHP CPD Certificates to evidence your participation on the training you attended in your approval year.


   The fourth part will include a reference from your approving LSSA commenting on your AMHP practice.

Portfolio Submission & Authorisation

The portfolio must be submitted by the agreed date.
REFLECTIVE SUMMARY REQUIREMENTS

MHA Reflective Summary Format

Referencing to the Law

Each reflective summary must reference the relevant sections of the Mental Health Act 1983:2007, Human Rights Act (1998), the Code of Practice 2015 and the Mental Capacity Act (2005). These should be referenced clearly and applied appropriately to the practice discussed. It is practical knowledge and exact quoting of the Acts and Code of Practice/s, which is required. The candidate will need to critically analyse what happened during the assessment and relate it to the use of legislation, theory and research. Simple discussion on events, assumptions and statements made without reference to relevant research will not reach the required standard.

MHA Reflective Summary Format

The candidate should use all the headings outlined in in bold below and include some or all of the suggested sub headings as relevant.

1. Background information

1.1 Referral Details
1.2 Initial risk assessment/degree of urgency by worker taking call

2. Preparation: Gathering information & setting up assessment

2.1 Any special needs/difficulties in communication identified?
2.3 Current relationships, family and support systems
2.4 Previous psychiatric history
2.5 Previous treatments, effectiveness, and compliance

3. Other professionals/doctors

3.1 Discussions with other professionals/doctors involved in the case

4. Assessment process/Interview

4.1 Explanation of how long the assessment took, and the nature of the candidate’s participation (including the introduction of the purpose of the assessment)
4.2 Discussion on the dialogue between the assessing team and the service user, including the service user’s contributions.
4.3 Identification of the service user’s level of Capacity for decision making
4.4 Safeguarding Issues
5. **Theory in relation to mental disorder and/or psychological issues**

5.1 Theory that informed practice and decision making

6. **Establishing the nearest relative**

6.1 Nearest relative identity under section 26, contact, informing or consulting, and nearest relative’s views

7. **Risk assessment (Appendix 1a)**

7.1 **Recency** i.e. the recency of the evidence of risk to: Health, Safety, Need for protection of others. Describe what this was.

7.2 **Severity** i.e. severity refers to both the present and to the most severe episodes in the past. How does the current severity compare to the past?

7.3 **Frequency** i.e. frequency refers to the frequency of episodes, rather than of symptoms which should have been covered under recency. Was the frequency of episodes increasing or decreasing? (Appendix 2)

9. **References – Harvard system**

One MHA assessment must be undertaken in the community, the other two MHA can be a hospital setting and/or section 136 Place of Safety etc.

**Appendix 1a**

The systematic risk assessment for the submitted Mental Health Act assessments should be written up as follows:

The information on **recency** (the recency of the evidence) of risk to:

Health is …..

Safety is ….

Need for protection of others is …

**Severity** refers to both the present and to the most severe episodes in the past. How does the current severity compare to the past?

The information on Severity of risk to:

Health is …..

Safety is ….

Need for protection of others is …

What is the most severe it has been? How does that compare to now?
**Frequency** refers to the frequency of episodes, rather than of symptoms which should have been covered under recency. Is the frequency of episodes increasing or decreasing?

The information on Frequency of episodes of risk to:

Health is ..... 

Safety is ...

Need for protection of others is ...
The Mental Health Approved Mental Health Professional (Approval) (England) Regulations 2008 The professional

SCHEDULE 2

Matters to be taken into account to determine competence

1. Key Competence Area 1: Application of Values to the AMHP Role
Whether the applicant has—
(a) the ability to identify, challenge and, where possible, redress discrimination and inequality in all its forms in relation to AMHP practice;
(b) an understanding of and respect for individuals’ qualities, abilities and diverse backgrounds, and is able to identify and counter any decision which may be based on unlawful discrimination;
(c) the ability to promote the rights, dignity and self determination of patients consistent with their own needs and wishes, to enable them to contribute to the decisions made affecting their quality of life and liberty, and
(d) a sensitivity to individuals’ needs for personal respect, confidentiality, choice, dignity and privacy while exercising the AMHP role.

2. Key Competence Area 2: Application of Knowledge: The Legal and Policy Framework
(1) Whether the applicant has—
(a) appropriate knowledge of and ability to apply in practice—
(i) mental health legislation, related codes of practice and national and local policy guidance, and
(ii) relevant parts of other legislation, codes of practice, national and local policy guidance, in particular the Children Act 1989, the Children Act 2004, the Human Rights Act 1998 and the Mental Capacity Act 2005);
(b) a knowledge and understanding of the particular needs of children and young people and their families, and an ability to apply AMHP practice in the context of those particular needs;
(c) an understanding of, and sensitivity to, race and culture in the application of knowledge of mental health legislation;
(d) an explicit awareness of the legal position and accountability of AMHPs in relation to the Act, any employing organisation and the authority on whose behalf they are acting;
(e) the ability to—
(i) evaluate critically local and national policy to inform AMHP practice, and
(ii) base AMHP practice on a critical evaluation of a range of research relevant to evidence-based practice, including that on the impact on persons who experience discrimination because of mental health.
(2) In paragraph (1), “relevant” means relevant to the decisions that an AMHP is likely to take when acting as an AMHP.

3. Key Competence Area 3: Application of Knowledge: Mental Disorder
Whether the applicant has a critical understanding of, and is able to apply in practice—
(a) a range of models of mental disorder, including the contribution of social, physical and development factors;
(b) the social perspective on mental disorder and mental health needs, in working with patients, their relatives, carers and other professionals;
(c) the implications of mental disorder for patients, their relatives and carers, and
(d) the implications of a range of treatments and interventions for patients, their relatives and carers.

Whether the applicant has the ability to—
(a) articulate, and demonstrate in practice, the social perspective on mental disorder and mental health needs;
(b) communicate appropriately with and establish effective relationships with patients, relatives, and carers in undertaking the AMHP role;
(c) articulate the role of the AMHP in the course of contributing to effective inter-agency and inter-professional working;
(d) use networks and community groups to influence collaborative working with a range of individuals, agencies and advocates;
(e) consider the feasibility of and contribute effectively to planning and implementing options for care such as alternatives to compulsory admission, discharge and aftercare;
(f) recognise, assess and manage risk effectively in the context of the AMHP role;
(g) effectively manage difficult situations of anxiety, risk and conflict, and an understanding of how this affects the AMHP and other people concerned with the patient’s care;
(h) discharge the AMHP role in such a way as to empower the patient as much as practicable;
(i) plan, negotiate and manage compulsory admission to hospital or arrangements for supervised community treatment;
(j) manage and co-ordinate effectively the relevant legal and practical processes including the involvement of other professionals as well as patients, relatives and carers, and
(k) balance and manage the competing requirements of confidentiality and effective information sharing to the benefit of the patient and other persons concerned with the patient’s care.

Whether the applicant has the ability to—
(a) assert a social perspective and to make properly informed independent decisions;
(b) obtain, analyse and share appropriate information having due regard to confidentiality in order to manage the decision-making process including decisions about supervised community treatment;
(c) compile and complete statutory documentation, including an application for admission;
(d) provide reasoned and clear verbal and written reports to promote effective, accountable and independent AMHP decision making;
(e) present a case at a legal hearing;
(f) exercise the appropriate use of independence, authority and autonomy and use it to inform their future practice as an AMHP, together with consultation and supervision;
(g) evaluate the outcomes of interventions with patients, carers and others, including the identification of where a need has not been met;
(h) make and communicate decisions that are sensitive to the needs of the individual patient, and
(i) keep appropriate records with an awareness of legal requirements with respect to record keeping and the use and transfer of information.