SBC/EPUT RE-APPROVAL PROCESS FOR PEOPLE QUALIFIED AS AMHPs
HOWEVER NOT CURRENTLY APPROVED (non-approved AMHPs)

Shadowing and undertaking statutory work to compile evidence for AMHP re-
approval Portfolio

AMHPs, who for various reasons are no longer approved (AMHP) will be required to
present a Portfolio to the Re-approval panel in a similar format to that of Approved
(AMHPs) seeking re-approval via the normal process. To demonstrate AMHP
competences (Schedule 2 of the AMHP Regs: 2008 – Appendix 1) **in relation to the
third part of the AMHP Re-approval portfolio**, candidates will be required to write
reflective summaries on two of the MHA assessments they shadow when preparing for
Re-approval.

This documents offers information on the reflective summaries currently non
approved AMHPs need to write up for the **third part - Part 3** - of the AMHP re-
approval portfolio process. The guidance under section 1 below offers information in
relation to the general requirements for all AMHPs seeking re-approval, which is
linked to the requirements for non-approved AMHPs; highlighted in yellow. The
second part of the document offers specific information focused on guidance for non
approved AMHPs seeking re-approval and a strategy for collating evidence of AMHP
competences to present in **Part 3** of the Re-Approval Portfolio.

**Section 1 - AMHP Re-Approval Process**

In preparation for the re-approval panel AMHPs need to compile a portfolio
demonstrating Approved Mental Health Professional competence in compliance with
the Mental Health (Approved Mental Health Professionals) (Approval) (England)
Regulations 2008.

**Portfolio Content**

The portfolio must consist of **Six Parts** containing the following:

1. The first part should consist of a report outlining the approved mental health
professional’s activity over the last year of their approval period, demonstrating the
overall number and range of AMHP assessments undertaken and why they wish to
become re-approved as an AMHP. The candidate should also include their professional
registration number to evidence they meet the professional requirements set out under
Schedule 1 of the AMHP Regulations 2008. **Non approved AMHPs could describe
activity prior to AMHP expiry if within the last 12 months and/or their shadowing’s
of MHA assessment they undertook preparing for re-approval and reason why
they want to be re-approved.**

2. The second part should consist of the AMHP’s Supervision Grid they developed with
their supervisor during AMHP supervision to evidence their continual development of
the competences set out under Schedule 2 of the AMHP Regulations 2008. The
completed grid will need to be signed by the AMHP’s supervisor. **Non approved**
AMHPs could start completing the Grid when the meet with their AMHP supervisor supporting/mentoring re approval.

3. The third part should consist of three completed MHA Assessment Reports that the non-approved candidate shadowed whilst preparing for re-approval. The panel will discuss these MHA Assessment Reports (two with Reflective Summaries) in relation to the candidate evidencing their knowledge and AMHP competence set out under Schedule 2 of the AMHP Regulations 2008. One MHA Assessment must be in a community setting. Names/addresses and other identifying information must be anonymous within the MHA Assessment Report. The MHA Assessment Report need to be clearly legible for the AMHP Panel to read and comprehensive in detail for the candidate to demonstrate their continuing development of the AMHP competence to the panel. The MHA Assessment Report must not be rewritten and can be accessed on REMEDY and copies can be printed for the candidate to insert into their portfolio. Within this part of the portfolio the candidate must include three pieces of work (Three MHA Assessment Report and two with Reflective Summaries) undertaken in the last 12 months.

4. The fourth part should consist of a Mental Health Review Tribunal Report or a report to the Magistrates Court requesting a warrant under section 135 MHA or evidence of assisting the LA Legal Department to make an application to the County Court to appoint or displace a nearest relative under section 29 MHA. Non-approved AMHPs might have relevant evidence within the previous five years to the re-approval date of undertaking a MHRT, or attaining a warrant under s135(1) MHA or displacing a nearest relative under s29 MHA 1983. If this is not the case and the AMHP shadows obtaining a warrant they will need permission from the clerk of the court to give evidence to the Magistrates as they are not approved for the purposes of s135(1) MHA 1983. Acceptance of this by Magistrates Courts is variable, with some courts agreeing for the non-approved professional to give evidence with the AMHP’s support and other clerks refusing to allow this for the purposes of section 135(1) MHA 1983. The candidate will need to write a short report describing the process of collating the material that was presented at the legal hearing/Magistrates Court and include the statutory documents (anonymised). This competences needs to be evidenced at a minimum of once during your five year approval period. Non approved AMHPs may have this evidence as long as the evidence is within five years to the re-approval panel meeting date.

5. The fifth part should consist and detail evidence of at least 18 hours of AMHP CPD training per year in compliance with the conditions set out in a 5 (a) AMHP Regulations (2008). The candidate must insert the relevant AMHP CPD Certificates to evidence their attendance at the AMHP CPD training. Non approved AMHPS should attend as three AMHP CPD days to develop their AMHP competences and to support preparation for the AMHP reapproval process.

6. Finally, in sixth part, the candidate will need to show evidence of their Line Manger’s support in their AMHP role and function. This is evidenced by the Portfolio Report being signed the line manager to confirm awareness of the candidates continuing commitment as an AMHP.
Section 2 – Guidance for non approved AMHPs seeking re-approval and strategy for collating evidence of AMHP competences to present in Part 3 of the Re-Approval Portfolio.

Guidance for the Reflective Summaries in AMHP Re approval portfolio guidance

Shadowing MHA Assessments

Candidates are required to compile the standard re-approval portfolio and in part 3 of the Portfolio requirements submit three MHA assessment reports where they shadowed the associated Mental Health Act assessments. The shadowing candidate must take the lead role on two of the MHA assessments and to ensure the AMHP complies with section 13(2) MHA and ‘interview the patient in a suitable manner and satisfy himself that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need’, the AMHP must ask the patient at least one question during the interview process. One of the MHA assessments shadowing and associated written reflective summary must be a community MHA assessment leading to detention to evidence coordination of conveyance arrangements.

On completion of a MHA assessment, the candidate will be required to write up a detailed reflective analysis of two of the MHA assessment/shadowing, critically analysing their role in the process. The candidate will be assigned a supervisor for this work and arrange to meet with them as soon as practicable after writing up each reflective summary to discuss the case and receive feedback.

Reflective Summary Format

The reflective summary format is not the same as MHA Assessment Report, although the candidate will need to attach this as an appendix to each reflective summary in the AMHP re-approval portfolio. The format is set out below. The candidate must critically analyse their role in the shadowing process not the AMHP’s role. It is the candidate’s competences being assessed by the re-approval panel not those of the accompanying AMHP. The AMHP competences are set out in Appendix 1 for reference.

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/s 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 **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.
   4.5 Identification of the service user’s level of Capacity for decision making
   4.6 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 2)**
   1. **Recency** i.e. the recency of the evidence of risk to: Health, Safety, Need for protection of others. Describe what this was.
   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?
   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 of the MHA assessments shadowing and associated written reflective summary **must be** a community MHA assessment leading to detention to evidence coordination of conveyance arrangements. The other MHA shadowings can be a hospital setting or section 136 Place of Safety etc.
Study Time

The reflective summary is a detailed piece of work and the aim is to provide the candidate with the opportunity to shadow a MHA assessment, one including conveyance arrangements of a MHA community assessment leading to detention, and reflect on all the processes, and the appropriate use of legislation and policy. The candidate must evidence the AMHP competences set out in Appendix 1 to be granted re-approval.

The candidate will need to negotiate with their manager one day study leave per reflective summary write up and time to compile the general Re-Approval Portfolio: including three days attending AMHP CPD (update training). It is estimated that the window for the complete portfolio compilation will be approximately three months (the AMHP CPD programme offers one training day per month). A Re-approval panel date will be negotiated between the candidate and AMHP supervisor at the first meeting. The Re-approval portfolio must contain all the other requirements detailed in the re-approval letter informing of panel date.

Guidance In relation to AMHP Competence 5 (e) - present a case at a legal hearing

As described above the fourth part of the Re-approval portfolio should consist of a Mental Health Review Tribunal Report or a report to the Magistrates Court requesting a warrant under section 135 MHA or evidence of assisting the LA Legal Department to make an application to the County Court to displace/appoint a nearest relative under section 29 MHA. The candidate will need to write a short report describing the process of collating the material that was presented at the legal hearing: and include the statutory documents (anonymised). The non approved AMHP can include the most recent piece of work in relation to providing evidence for AMHP Competence 5(e) undertaken during the last five years of their approval period within the timeline of their re-approval panel date.
Appendix 1

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.
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.
APPENDIX 2

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 …