Top Tips for Directors on Approved Mental Health Professional (AMHP) Practice and Data

This advice sheet is intended to equip Directors with the information and advice they need to both understand and assure themselves of the quality and availability of Approved Mental Health Professionals (AMHPs) within their area.

The ADASS Mental Health Network undertook survey work in the autumn of 2017 in collaboration with NHS England and the NHS Benchmarking Network, to benchmark local data against regional and national information. The outcomes from these surveys should help readers interrogate information about local issues. Individual reports are available for those who took part - ask your AMHP Lead for more information.

AMHPs coordinate Mental Health Act Assessments with psychiatrists and other doctors, and make independent professional decisions about whether a detention in Hospital under the Mental Health Act is the most appropriate way forward.

Local authorities have a statutory obligation to have sufficient AMHPs to provide a 24/7 service. However, local authority obligations in Mental Health go beyond ensuring Mental Health Act assessments can happen in a timely manner, to include ensuring the availability of AMHPs to undertake the Social Supervisor Role for forensic patients, and the management of complex risk in the community.

1 Who can be an AMHP? An AMHP must be a registered social worker, nurse, occupational therapist or psychologist who has successfully completed relevant qualifying training, and maintained their training and competence.

2 AMHPs don’t have to be employed by the local authority. But regulation requires the local authority to be responsible for AMHP approval and authorization, which is based upon maintaining competence, attending training and evidencing effective practice.

3 Corporate Directors must formally delegate responsibility if they wish someone else to take on the DASS role. For example, for overseeing and assuring themselves that approval & authorisation processes, and Guardianship processes under the Mental Health Act are adhered to.

4 The DASS or their delegate must keep a list of AMHPs who have been approved and authorised by them. This should include the AMHP’s professional background, as well as dates of approval and authorisation. It is recommended that there is an AMHP lead to support this.

5 AMHPs must undertake a minimum of 18hrs of annual AMHP specific refresher training. This is in addition to other job specific training. If an AMHP fails to undertake this training, their approval will automatically lapse, and anyone they admit will be illegally detained.

6 The DASS must assure themselves that AMHPs they authorise are competent. This responsibility cannot be delegated to another organisation, and if no longer competent, the authorisation should cease.

7 DASSs must ensure AMHPs have access to independent legal advice, and vicarious liability insurance. If there is a challenge to an AMHP’s practice or decision making, it is their authorising local authority who has a duty to support them.

8 AMHPs have an important role across services. AMHPs are advanced practitioners whose training enables them to understand and manage risk effectively. Working within teams across wider adults, children's services, and mental health services; AMHPs can support colleagues and ensure referrals for Mental Health Act Assessments are made only where necessary and appropriate.
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9 Local Authorities must have enough AMHPs available to provide a 24/7 service. In 1991 the Social Care Inspectorate recommended a ratio of between 1:7,600 (inner city) and 1:11,800 (other) approved staff (AMHP) to population (dependent on locality). In November 2017 the average was 1:16,000. As the numbers of assessments have increased, the numbers of AMHPs have decreased. An inner city area of 250k population should have 33 full time equivalent daytime AMHPs, a shire county with a population of 1.1million would need 100full time equivalent AMHPs.

10 The numbers of Mental Health Act detentions has increased by 47% in 10 years. Understanding how that increase has presented in each area is essential, to best allocate AMHP resources. There needs to be a systemic approach to understanding and managing this increase across the local authority, CCG, Mental Health Trust, Police and others. The Benchmarking Reports will help with this task and Local Authorities could use the associated recommended minimum data set for AMHP work, to ensure accurate recording and comparability with other areas.

11 Allocation of resources across the system. A key determinant of when assessments take place, and the stress placed on AMHPs as they coordinate assessments relates to availability of resources. Common issues of concern include 1) transport problems, 2) lack of beds, 3) rising numbers of assessments and 4) lack of police resources. Monitoring these issues and developing whole system’s responses are key. Solutions to delays therefore need a multi-agency response and understanding of the local issues. Safeguarding processes should be used to record concerns and monitored at a strategic level.