AMHP Report Guidance

Context

The AMHP report is used to provide the record of an assessment carried out by an Approved Mental Health Act Professional (AMHP) under s13 of the Mental Health Act (MHA) 1983/2007 and responsibility of the AMHP as outlined in the Code of Practice 2015. It can also be used to record the consideration of extensions, transfers and revocations of orders under the Mental Health Act. The AMHP report captures data about the service, to inform ongoing quality analysis and frame future service delivery.

Since 1st July 2017, the AMHP report has been amended to include specific consideration of any breaches of Articles under the Human Rights Act (1998), reference to the involvement of advocates (Care Act 2014) and prompts around the potential usage of MCA/DOLS, as a perceivably less restrictive option. The AMHP report is now completed directly in RIO and is located in the case record menu, under the Mental Health Act folder, subdivided into "AMHP Report (Gloucestershire)". All AMHP reports completed since 01/07/2017 will be located here. Information from assessments that predate this, these can be found in the Documents & Editable Letters folder, again within the case record menu.

All reports are peer-reviewed and signed off by a manager or supervisor. It is the role of the AMHP HUB administrator to input the AMHP report onto the Adult Social Care ERIC system.

In the situation where an AMHP trainee is shadowing a Mental Health Act Assessment, it is acceptable for them to complete the AMHP report. The qualified AMHP co-ordinating the assessment should read and sign the completed report, before saving it to RIO, prior to peer review. The AMHP trainee should ensure that when undertaking the AMHP report, they record all the members of the assessing team in the 'Record of Interviews and Discussion' section.

An outline AMHP report is needed at the point of admission by the admitting hospital ward (see MHA Code of Practice 14.93). This need not necessarily be in the form of the full report template but should be recorded on RIO progress notes, summarising the rationale/aims of admission, any identified risks, specific needs, issues around consent to share information and key personal/professional contacts, including Nearest Relative and any named Care Co-ordinator.

The full AMHP report should be completed as soon as possible before or following admission, with a maximum duration of 7 days suggested to submit the record onto RIO. There is no longer the requirement to provide copies to the social care specialists or Health Records, however, it is the responsibility of the AMHP to communicate the outcome of the MHA assessment to any specialist, non-GHC or out of county teams, including GP, facilitating access to a copy of the report, as appropriate.

Completing the AMHP Report

The new AMHP report is pre-populated with demographic information and there are integral drop-down menus to assist the report writer to locate known information.

Client's Name:
Full name of the service-user, as it would appear on any statutory Mental Health Act forms.

Date/Time of assessment:
The time the actual assessment started with AMHP and doctors.

Demographic Information:
The demographic information currently recorded for the service-user on their national record is displayed for the following areas:

- Client's GP name and address,
- GP telephone number,
- Ethnicity,
- Care Co-ordinator/Lead HCP,
- Current Address,
- Religion,
- Language,
- Marital Status,
- Preferred Name,
- Contact Numbers
- Date of Birth

If the service-user or relative reports any different information from that which is pre-recorded, please document this in the relevant text box. If this new information is clinically relevant and confirmed as correct, indicate that this requires updating on the service-user record by ticking the corresponding check box.

Client's Current Location:
This section is used to record the location of the actual assessment e.g. patient's home address or Maxwell Suite, Wotton Lawn Hospital.

Referral to AMHP:
Enter the date and time of referral, referrer's name, address and contact details, as well as the corresponding starting time of the AMHPs involvement.

Assessing Doctors:
This section is now simplified to enable the doctors' details to be located via the drop-down menu, for those doctors employed by the GHC NHS Foundation Trust. Typing in the first few letters of the doctors' surname should be sufficient to find any GHC NHS Foundation Trust doctor, before manually inputting their contact details, noting via tick box if they are S12 approved and whether a fee request is applicable.

Current Mental Health Legal Status:
This section requires the AMHP to complete a tick box selection exercise to ascertain whether the service-user is currently subject to any section of the MHA, from another county, a "restricted patient", subject to a Community Treatment Order or a Looked after Child (Children Act 1989) with associated duties to inform their responsible Local Authority.

Client's Household/Personal Network:

This section should be used to identify other people, relatives or children living in the service-user's household, as well as people who live at different addresses, if they offer significant support or care. In keeping with the new requirements of the Care Act 2014 (s67), a tick box category is included in this section to establish if the service-user has an advocate and whether they were present at the assessment. This should also provide an alert to the assessor to consider if an advocacy service would be beneficial to the service-user.

Apparent Nearest Relative:

Please enter the steps and decision-making process the AMHP used to identify the service-user's Nearest Relative within the meaning of the definitions and hierarchy outlined under s26 MHA. This should include a justification for the selected individual, with an option to check and update the Nearest Relative Form within the AMHP report.

Reason for AMHP Assessment:

Nature of Referral and brief description of events leading to referral:

A brief description of the events and circumstances leading up to the assessment request should be included in this section. This might involve a consideration of any personal or lifestyle triggers which are thought to have prompted the presentation leading to referral, the actions taken before calling a full MHA assessment (what services or support has been offered) and what are the immediate risks which indicate that the service-user needs to have their case considered by an AMHP and a minimum of one doctor. In the case of a service-user being detained by police under s136 MHA, the AMHP should seek to obtain a brief summary of the reasons for the detention either directly from the police or, if this is not practicable, from the Crisis Team.

Background (Social Care, other Health Care & previous contact with Psychiatric/Mental Health Services):

The AMHP takes the lead role in describing how the service-user's cultural background, personal and familial circumstances or physical health may be impacting upon their emotional well-being, to provide a social context to the assessment. It may usefully include reference to any specific spiritual or cultural needs, economic circumstances or personal history which would assist in viewing the service-user through the lens of their individual 'life story' rather than from a solely medical perspective. Previous involvement with mental health services should also be itemised and can usually be located through access to health and social care files, including evidence from RIO, ERIC or Liquid Logic, as well as testimony from the service-user, their GP or carers.

Any Indication of Potential Violence or Other Hazard?

Although this question largely pertains to the service-user's presentation and behaviour at this specific MHA assessment, the AMHP should consult the risk summary drop-down box to the right, which itemises the risk assessment history. Care should be taken not to assume that pre-recorded risks remain, but revisiting the risk history should form an integral part of the assessment in order to maximise the safety and well-being of all parties.

Details of Interview (including who was present):

Is there any particular action needed to ensure the client is interview in a suitable manner?

This section prompts the AMHP to consider any actions required to ensure that the service-user is interviewed in a suitable manner, as obliged by s13 (2) MHA (MHA COP 14.49), with

a free text box provided to record any steps taken. This could be used to detail any accommodation of communication or sensory needs, or issues such as gender, disability or age-specific requirements which have had an impact on the assessment and how it has been arranged.

Do you consider the client to be under the influence of alcohol and/or drugs?
In order to conduct a full and fair assessment, the service-user should be afforded the opportunity of being able to take part in the interview when not under the influence of substances. Should the service-user be thought to be incapacitated by reason of their substance use, consideration must be given to suspending the interview until these effects have subsided. However, there will be occasions where long-term dependence or a lack of clarity as to the service-user's recent usage will mean that it is advisable to record any substances that they are known to take on a regular basis, to provide a background to the assessment.

Record of Interviews & Discussions:

1. **Interview/discussions with the nearest relative or reasons for not consulting with the nearest relative:**

The views of the Nearest Relative with regard to their relative's current mental health needs, the use of the Mental Health Act and whether they have expressed any objection to detention under the Act, should be recorded here. It is not considered sufficient to leave this section blank and the AMHP should ensure that they also record their rationale for NOT consulting, with reference to articles of the Human Rights Act (HRA) or case law as appropriate (e.g. *BB v Cygnet Health Care* 2008; *TW v Enfield Borough Council* 2014). For example, the AMHP may elect not to consult the Nearest Relative as detention is not indicated, the episode leading to assessment is of a 'one off' nature or the service-user is implacably opposed to any contact being made. In these circumstances, the AMHP may wish to detail a consideration of the service-user's competing rights under A5 and A8 HRA and how they have decided that non consultation is appropriate in terms of weighing the right to liberty against the right to private and family life.

2. **Interview/discussions with the referred person/client (including their views & any contrary views):**

The views of the interviewed service-user should be carefully recorded in this section, using verbatim comments if this is assistive and noting any behavioural cues or impressions from posture, dress or demeanour to convey the 'whole person' as they were presenting at assessment. Care should be taken not to make prejudicial assumptions based on appearance and these aspects should only be used to contextualise the tone of the reported interview.

This section should include the recording of the service-user's perspective and wishes with regard to their support needs and how they consider these would be most appropriately met. If hospital admission is recommended, the service-user's views on this should be detailed here. The service-user's view of their mental health needs should be included and any contrary views expressed, such as those raised by others in attendance at the assessment. It is this interview record which provides the key substance of the assessment meeting and it should convey what happened, what was said, who was present and, most importantly, what the service-user contributed in terms of their own thoughts and feelings.

3. **Interview/discussions with the recommending doctors:**

In this section, the AMHP should record the decision-making process adopted by the professional team and how conclusions were reached as to the assessment outcome. Any

conflicting views regarding the proposed outcome or treatment plan should be identified, with reasons given as to why a certain approach was agreed (this might include reference to other options considered and why these were adopted/rejected based on the assessment findings). Specifically, the AMHP should record whether medical recommendations were completed and on what grounds. Additionally, this section should include whether doctors assessed separately or together and whether either doctor had previous acquaintance with the service-user.

4. **Interview/discussions with other relevant persons, professionals or agencies involved (include interpreters or advocates):**

Consultation with wider stakeholders can be recorded here, to include the views of professionals from statutory or independent agencies, advocates, support workers or other individuals who have had contact with the service-user which adds context/background detail to the assessment.

Identified current risks to client's health, to client safety and to other persons' health or safety:

In keeping with the wording of the admission criteria for sections 2,3,4,5 and 7 of the Act, the specific risks to the service-user's health or safety and issues around the protection of others, should be itemised in this section. The word 'current' in this guidance, reduces the stigma or pre-judgement associated with historically recorded risks, which may no longer be relevant.

Risks should be summarised with reference to the potential outcome were the service-user not admitted to hospital or accepted onto home treatment, for example.

Risk areas can include vulnerability, absconding, self-harm, self-neglect, suicide, aggression to others and physical health factors, although this list is not exhaustive. What is important is to identify factors which could place the individual (or others) at risk and any potential outcome to the risk remaining unmitigated e.g. "If X is not monitored in a therapeutic environment, he may continue to try to act on his suicidal thoughts, potentially leading to death or serious injury."

Summary of Assessment including Justification for decision:

This summary should demonstrate how the assessment outcome has been arrived at, to include whether grounds for detention are met with respect to the service-user's mental disorder, its history and acuity, the management of risk, the availability of appropriate medical treatment, reference to (decision-specific) mental capacity and the consideration of less restrictive options.

In cases where specific needs and circumstances are highlighted, such as the age of the service-user, any disability or sensory need and wider cultural/social needs, decision-making should be carefully recorded alongside reference to any adjustments or specialist services deployed.

Although there is now a further section dedicated to the recording of Humans Rights considerations, the summary of assessment would usefully include a recording of how the AMHP sought to balance competing rights and demands, with any ethical or statutory dilemmas noted and justified. Case law examples can also be cited in this section to corroborate any argument proposed by the AMHP in defence of the assessment outcome.

Details of alternatives to detention that have been considered, including options which were considered but unavailable:
An awareness of a range of options should be documented, detailing alternatives to the assessment outcome, such as home treatment interventions, respite care, increased domiciliary care or additional informal/family support. The AMHP should record what conversations have taken place regarding any alternative options and why these were adopted or dismissed, to include any services that were not available at the time of assessment.

Mental Capacity Assessment (MCA):

Details of Mental Capacity Assessment:
An account of the service-user's mental capacity in terms of insight into his/her mental health needs, treatment and recovery is recorded in this section. There is a corresponding MCA summary template attached to this section of the AMHP report which can be completed by any professional present at the assessment, which itemises the diagnostic and functional tests for mental capacity as outlined in sections 2-3 of the Mental Capacity Act (2005). The functional test examines the service-user's ability to understand and retain information, weigh it up and communicate their decision back to you, in terms of specific outcomes, such as their understanding around admission to hospital or accepting treatment. Finally, the assessor should indicate "yes" or "no" to the question: "Does the client have capacity?"

Deprivation of Liberty (DOLS):

As a natural conclusion to the mental capacity analysis section, the AMHP is asked to consider whether they have considered the Deprivation of Liberty Safeguards in respect of this client? Under "Details of DOLS Consideration", decision-making which examines the suitability of using the DOLS regime for the patient should be recorded. Considerations such as whether the patient is incapacitated or not, whether they are objecting to admission or not and whether the likely treatment plan would include physical or psychological interventions would be pertinent here. Case law examples would also be assistive, for example, quoting the perceived 'primacy' of the MHA regime when admitting a patient with a mental disorder, for psychiatric treatment in a mental health in-patient facility (e.g. GJ v Foundation Trust 2009).

Human Rights Act:

This table is a new addition to the Gloucestershire AMHP report which is intended to provide an overt prompt to consider any breach to Articles 2 – 14 of the Human Rights Act (1998). The table requests that AMHPs tick any articles breached and include a justification for these breaches. It could be argued that any compulsory admission to hospital would breach the Article 5 Right to Liberty and Security and Article 8 Right to Respect for Private and Family Life, Home and Correspondence, as these rights are usually compromised by enforced hospitalisation. Justification for contravening these rights may include the fact that a "procedure prescribed by law" is being utilised, there is a right to appeal and the use of the Act is proportionate in terms of the risks highlighted and the interests being served.

Decision & Alternative Care Arrangements:

This table should be completed to include all sections/services used in the assessment scenario: therefore if an assessment is convened in the s136 Place of Safety and is followed by a s2 MHA admission, BOTH these options should be ticked. Similarly, if a service-user is detained under s3 MHA, the s117 Aftercare box should also be ticked, in recognition of the associated right to aftercare services.

****IF NOT DETAINED: Details of alternative plan, including team for follow up**
It is here that the AMHP has the opportunity to itemise the alternative care planning deployed for those who are not detained under the Act. This may be relevant to

assessments where community or home treatment options have been deployed as a less restrictive option, where an informal admission has been accepted or where there is no evidence of (serious) mental disorder. Interventions that have been agreed to facilitate a safe discharge from a Place of Safety assessment could include arranging safe transportation to home/family address or secure accommodation, organising for a member of the Crisis Resolution and Home Treatment Team to make contact within 24 hours, referring the service-user to their GP or MHICT services or signposting them to ancillary community support services (e.g. Change, Grow, Live) for specialist support. Demonstrating that a robust alternative care plan has been put in place is crucial in terms of setting out the management of risk in an alternative environment to hospital.

Details of provider (e.g.GHC/other) and specify which hospital/ward/other accommodation:
This is self-explanatory and should itemise the ward and hospital (or other accommodation) to which the service-user has been admitted (where applicable).

If applicable, method of transport and any time difficulties/time delay:
Although this section is often left blank, it is crucial for statistical and quality assurance purposes that AMHPs record any time delay or transportation issues that have arisen. If there are identified commonalities in conveyancing problems, these are better addressed with evidence provided by AMHPs in this part of the AMHP report. Additional information could also identify whether the ambulance service or a specialist transport provider was used, if a police presence was required and if any form of restraint was deployed.

Time between application to detain and admission to hospital (in mins)
This should be recorded, in minutes, from the time the AMHP has completed the application to the time of the service-user's arrival at hospital.

Is this the least restrictive option for the client? Yes/No
Although the only requirement in this section is for a Yes/No recording, it nevertheless provides a prompt to the AMHP that clear and cogent reasons should be available throughout the rest of the assessment report as to why a less restrictive option is/is not being adopted.

Were the client's rights explained to him/her and Date & Time rights explained to client?
Please record Yes/No and Time/Date of explanation.

If not, why not? Include details of steps taken/planned to rectify this.
There may be (rare) occasions where the AMHP has considered it inappropriate or impractical to advise a service-user of their rights: this could be because they were intensely distressed by the admission process or temporarily confused/incapacitated, meaning that rights have not been fully explained. Steps should be recorded to remedy this, which could include requesting that ward staff explain the service-user's rights at the earliest opportunity or that the support of an advocate is sought to enable the individual maximal access to an understanding of their rights.

Has the Nearest Relative been informed of the application & rights explained to him/her, to include Date & Time the Nearest Relative was informed:
Please record Yes/No and Time/Date of explanation.

If not, why not? Include steps taken/planned to rectify this.

One of the integral safeguards available to service-users under the MHA is the right of the Nearest Relative to request their discharge, request a Tribunal or object to admission (under s3). It is therefore vital that NOT informing a Nearest Relative of their rights is carefully recorded with an explanation provided as to why this was not possible or practicable. A management plan could be included to rectify this at the earliest opportunity, for example, for those Nearest Relatives who were unavailable/out of the country at the time of the application, the AMHP should include a plan of action to notify the Nearest Relative as soon as possible and itemise who will take the responsibility for facilitating this.

Checklist:

The final page of the AMHP report is in the format of a summarising checklist. This section is mandatory and demonstrates that the AMHP has considered and discharged their/ any Local Authority responsibilities within the Care Act 2014. Yes/No responses, which can provide extra detail, as required, to the following questions:

Is any action needed to protect of care for children?

In cases where the service-user has parental or caring responsibilities for children which may be impacted by their mental disorder, a clear summary should be provided as to any alternative arrangements made for the care of those children. This section should detail any communication which has taken place with appropriate partnership agencies, such as the Children and Young Persons' Directorate or Emergency Duty Team, in terms of providing interim care and safeguarding for young people under the age of 18. In cases where there are family networks available to provide appropriate care-giving, the identity of the care-giver(s) should be recorded here.

Are there likely to be visits to the hospital by children?

If there are likely to be children visiting the service-user in hospital, admitting ward staff should be made aware at the earliest opportunity that appropriate facilities should be made available to accommodate the age-specific needs of any family visitors. Providing as much detail as possible will enable the ward manager and clinical team to make appropriate arrangements to offer an age appropriate and suitably private space for families to meet and interact. A designated 'family room' is available for this purpose at Wotton Lawn Hospital.

Is any action needed to protect adult dependents?

In cases where it becomes apparent that there is a dependent adult who will be impacted by a service-user's mental ill-health, this section should be used to itemise actions taken to provide alternative caring arrangements and support for the cared-for individual(s). Any communication with partnership agencies, such as the Community and Adult Care Directorate or the Emergency Duty Team, should be summarised here, with a clear management plan included, to acknowledge the role of the service-user as care-provider and contingency plan put in place.

Is any action needed to protect pets?

Under the Care Act 2014, section 47 restates the duty originally set out at section 48 of the National Assistance Act 1948, for local authorities to prevent or mitigate loss or damage to the moveable property of adults who have been admitted to a hospital or to a residential care home, and are unable to protect it or deal with it themselves. This duty applies to any tangible, physical moveable property belonging to the adult in question, including pets. Therefore, actions taken by the AMHP to provide caring arrangements for pets should be itemised in this section.

Is any action needed to protect property?

As stated above, the s47 Care Act duty applies to the property of the service-user and appropriate arrangements should be made, and recorded, in terms of locking the property

and ensuring that the service-user's absence does not impact upon the property's security/utilities.

Completion of AMHP Report:

In order to complete the AMHP report and for it to be directed to the peer reviewer's workflow for signing off, the AMHP should sign their name, address, date of completion and telephone number. The form can be edited until it has been signed off by a supervisor and they can make suggestions as to any amendments or adjustments that might enhance the quality of the report.