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**To: Directors of Adult Social Services**

**Copy to: Chief Executives of NHS Mental Health Trusts**

**For circulation to adult social service teams and appropriate partners**

**Local Authority responsibilities for the Approved Mental Health Professional role**

We are writing to highlight issues in relation to the regulation and approval of the Approved Mental Health Professional (AMHP) role and the statutory responsibilities of the Director of Adult Social Services for the AMHP service in their local authority area. The quality and adequacy of mental health services is increasingly high profile and subject to considerable political and media attention.

AMHPs are critical to delivering better mental health services and outcomes, taking urgent decisions about the least restrictive options for people requiring care and treatment, protecting people's human rights and promoting the principles of the Mental Health Act: Code of Practice (2015). With AMHP services and individual AMHPs remaining the responsibility of local authorities, it is imperative that organisational arrangements are in place to support AMHP practice, including supervision and professional development, in line with our intentions for the new regulatory body for social work.

The Mental Health Act 2007 made changes to the Mental Health Act 1983 (1983 Act) to allow a broader range of professionals to be approved to carry out various functions under the Act, including the role of the AMHP, which was carried out previously by the Approved Social Worker (ASW). However, social workers continue to make up nearly 95% of all AMHPs<sup>1</sup>.

However, regardless of the professional background of the individual AMHP, the local authority has a number of key duties in relation to AMHPs undertaking assessments on

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<sup>1</sup> Response to FOI request from the lead AMHP in Manchester City Council (2014)

their behalf, **whether or not they are on the payroll of or employed directly by the local authority on whose behalf they are acting as an AMHP** – these include:

- Ensuring that all AMHPs have access to professional supervision and support;
- Facilitate, support and encourage AMHP Leads to engage on a local and national level with the AMHP Lead Network;
- Provide a minimum of 18 hours refresher training relevant to the AMHP role every year, as determined by the local authority; and
- Responsibility for their professional competence in their AMHP role, including suspension or removal of their warrant as necessary.

Good practice guidance issued in October 2008 by the National Institute for Mental Health in England (NIMHE) <sup>2</sup>and ADASS and, more recently, the 2014 paper by Dr. Ruth Allen for the College of Social Work on the role of the social worker in adult mental health services, clearly state that local authorities should have robust arrangements in place to ensure a potential AMHP has undertaken the required professional training and has sufficient knowledge to be approved.

Following the 2014 paper, the Department has just published a suite of resources to help improve social work across the mental health sector and make sure the value of social work in improving mental wellbeing is recognised. These are part of the sector-led 'Social Work for Better Mental Health' initiative and are available from:

<https://www.gov.uk/government/publications/social-work-improving-adult-mental-health>

These publications are of course, underpinned by “The Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008” which were made in April 2008 under section 114 of the 1983 Act. Schedule 1 lists the professional requirements for appointment as an AMHP. Schedule 2 lists the key competencies that AMHPs are expected to demonstrate, irrespective of their professional background. Given this is such a critical role in the mental health system, we wanted to particularly draw your attention to the following list of values at Key Competence Area 1, which reflect values that are grounded in social work:

- 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.

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<sup>2</sup>[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_d/h/groups/dh\\_digitalassets/documents/digitalasset/dh\\_106654.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_d/h/groups/dh_digitalassets/documents/digitalasset/dh_106654.pdf)

## **Section 75 (s75) Agreements**

Over the last few years, changes to the AMHP employing body in the 1983 Act, along with the move to greater integration of health and social care, has led some local authorities to transfer all of their mental health provision, including AMHPs, to health trusts under a section 75 of the NHS Act 2006 or similar agreement. While governance and accountability arrangements between the 'host' authority and relevant organisation should in theory provide continued accountability and oversight for social care and AMHP activity, feedback from AMHPs suggests that in many places, AMHPs are 'falling through the gaps,' with local authorities becoming distanced from their obligation to ensure AMHPs are properly supported, including with access to legal and professional advice, supervision and a development programme.

The response by some local authorities has been to take their AMHP service back 'in house,' resulting in a variance in the AMHP services according to their location in a health or social care setting. The absence in some local authorities of a senior manager with responsibility and knowledge of the AMHP role, has further diminished its status and standing, with the role often being held responsible for shortcomings in other parts of the system.

We believe this situation is further compounded by the lack of a national system for approving AMHPs, with local authorities free to set their own systems for approval leading to inconsistent quality. We are working with colleagues in the Department of Health and the Care Quality Commission (CQC) to look at how we can improve the current approach to monitoring AMHP provision, including whether there is a need for greater regulation of AMHP services.

## **Responsibilities for the AMHP service within Local Authorities**

It is expected that social workers will continue to make up the largest proportion of the AMHP workforce and thus leadership roles are most likely to fall to people from a social work professional background. In your role as DASS, we would ask that, as part of your strategic leadership and planning for mental health services in your local authority, you ensure that the AMHP service is consistently supported –specifically by ensuring that:

- the AMHP service is well led, with an identified AMHP service lead or manager in place to oversee availability of legal and professional advice, supervision and a development programme;
- the local authority is involved at senior (DASS/AD) level in strategic, multiagency planning for local mental health services;
- effective workforce management and succession planning, to enable on-going sufficiency of AMHPs and good workload management;
- forums for the sharing and resolution of systemic issues affecting AMHP practice, e.g. with other partners, such as the police and ambulance service; and
- collation of AMHP intelligence and data to inform practice and service improvement locally.

Social workers and other professionals undertaking the AMHP role do so in often difficult and challenging circumstances, to make sure that the needs and wishes of people subject to compulsion are heard and that the least restrictive options are considered. They

deserve the best support to be most effective and, in particular, they deserve explicit recognition of this role as part of a practice focused, career pathway progression.

We hope this information is helpful. If you would like to discuss any of the issues raised in this letter, please contact us at the details below.

Yours sincerely,



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