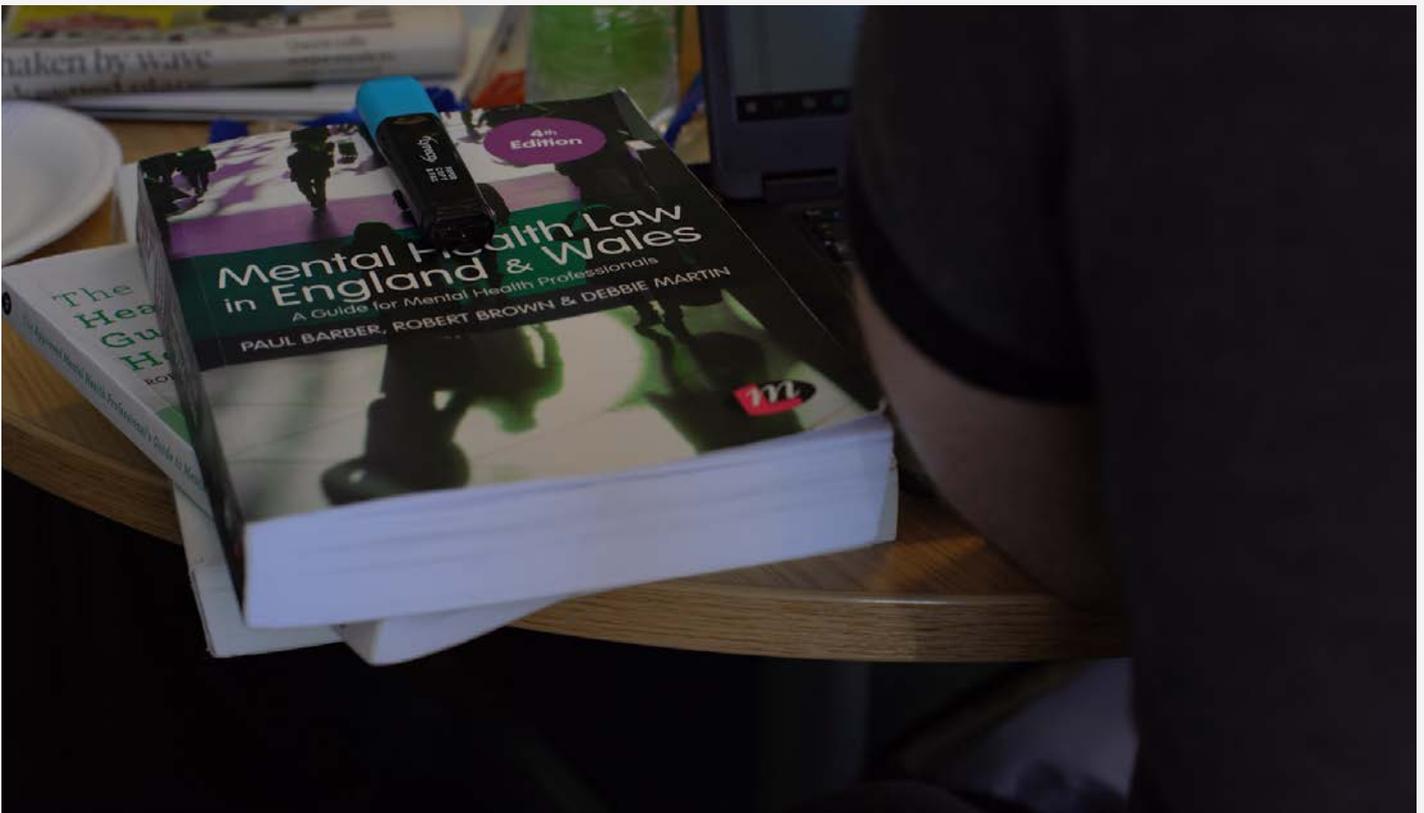




# Approved Mental Health Professional (AMHP) National Service Standards

## Evaluation, Mapping and Planning Toolkit

Part of the National Workforce Plan for Approved Mental Health Professionals (AMHPs)



Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)



**THE NHS**  
CONSTITUTION  
the NHS belongs to us all

## Contents

<b>Executive Summary</b>	<b>3</b>
<b>Background</b>	<b>4</b>
<b>AMHP Service Standards</b>	<b>5</b>
 1. Local authority governance and connection to national and regional AMHP networks	 4. AMHPs' personal, professional, physical and psychological safety
 2. Governance within 24-hour AMHP services	 5. Service and professional development
 3. AMHP service scope	 6. Improving the experience of people who come into contact with AMHP services
<b>The evaluation, mapping and planning tool</b>	<b>8</b>
<b>References</b>	<b>44</b>



## Executive Summary

The [National Workforce Plan for Approved Mental Health Professionals \(AMHPs\)](#) (November 2019) is aimed at local authorities and the new regulatory body, Social Work England. It sets out a review of the most recent evaluations of AMHPs and AMHP services, along with illustrative statistical data and suggested areas for development. The Plan highlights essential considerations for the employment, recruitment and retention of AMHPs.

The Plan also contains a draft version of the national AMHP Service Standards for England, which had been developed over three years with input from the AMHP Leads Network, the Department of Health and Social Care, the Association of Directors of Adult Social Services

(ADASS), Social Work England, Social Work for Better Mental Health, Skills for Care and a number of other key stakeholders.

Following the publication of the Workforce Plan, guidance supporting the AMHP Service Standards was developed and tested in some local authorities. This work was carried out with [Social Work for Better Mental Health](#) and with the support of the Health Education England's [New Roles in Mental Health Social Work's](#) group.

Out of this work, the final draft of the AMHP Service Standards was agreed and an accompanying toolkit is offered here to support local authorities and others in using the standards. We publish this alongside the new [AMHP e-learning resource](#) developed with HEE, and a range of short film clips about the role of the AMHP. We hope that these developments create a range of products and tools to support the AMHP role.





## Background

In its 2018 review of AMHP Services, the Care Quality Commission (CQC, 2018) noted the lack of any national standards or workforce plan for AMHP services; any evaluation of them would therefore be subjective and lacking agreed parameters. Despite the AMHP role and its predecessors having been in existence for some six decades, this lack of a unifying or supporting framework has resulted in a variety of service designs and organisational support on offer for AMHPs across the country. While AMHP approaches and practice itself should be consistent in principle – based on the regulations of the Mental Health Act – there is no system of harmonisation or consistency from one local authority to the next.

Literature on AMHPs and AMHP services is often focussed on the legal decision-making aspects and independence of the AMHP role, or the AMHPs' experience of working in resource-challenged systems; with all the associated stress and frustration felt by AMHPs at the subsequent impact on those requiring urgent hospital admission or more appropriate and least restrictive provisions.

AMHPs themselves are recognised as a highly skilled and educated workforce, whose practice is founded upon regulatory competencies; statutory levels of legal update and training, and adherence to the relevant case law and Code of Practice (2015). AMHP practice is often viewed a solitary concept and this has likely contributed to the lack of attention to the systems in place to support AMHP practice. AMHPs themselves are not 'owned' by one national body; rather AMHP practice transcends numerous organisations, professional bodies and communities of interest.

As the AMHP Workforce Plan summarises, recently there has been a long-overdue focus on AMHPs and the demands that they and their services face. When seeking clarity on how to arrange AMHP services previously, the

New Roles (NIMHE, 2008) guidance was virtually the only source of support in this area.

This guidance, however, primarily focusses on issues of approval, authorisation and training requirements, rather than what AMHP services needed to focus on to support their AMHPs. The Office of the Chief Social Worker for England (Adults) (2016 and 2019) and ADASS (2018) have more recently reminded local authorities and mental health trusts of their responsibilities towards AMHPs and the arrangements for supporting them. It is here where the notion of a nationally-recognised and agreed set of AMHP Service Standards has the opportunity to offer AMHPs, AMHP services and local authorities a framework to develop a shared language and understanding of what makes for excellent AMHP services.

The aim of these standards, therefore, is to bring together the limited direction that has been previously available to AMHP services; to address the operational concerns of AMHPs in relation to their welfare, to draw on the emerging principles and priorities of the Mental Health Act Review (2018) and to encourage the voice of those who come into contact with AMHP services to aid service development. This is being undertaken to formulate a codified set of service standards that can be utilised regardless of service model, or arrangements between the local authority and mental health trust.

The standards are not prescriptive as to how services should be set up or operate, but they do encourage AMHP services, and those who work within them or are responsible for them, to consider any areas of potential development. Promoting the welfare of the AMHP is a crucial element of the standards.

Included in this document is a simple mapping, evaluation and planning toolkit to support AMHP services in their consideration of how to apply these standards to their AMHP service and identify areas of development for the future.

At the time of the publication of this draft, some local authorities are testing out the evaluation, mapping and planning tool contained here. The aim will be to eventually develop an online version of the toolkit to aid AMHP services in benchmarking their provision against the service standards and produce summary reports for sharing within their organisations.

## AMHP Service Standards

### 1. Local authority governance and connection to national and regional AMHP networks



- 1.1** Local AMHP services and leadership structures should be constructed in such a way as to ensure that there is a direct 'line of sight' and regular reporting between 24-hour frontline AMHP services and the responsible Director of Adult Social Services (DASS) and Principal Social Worker (PSW) or equivalent head of service. Where services are located within mental health partnerships, the chief executives and Trust boards of those Trusts should also be formally sighted on the activity of AMHP services in their area through regular reporting structures.
- 1.2** The DASS should ensure that a lead AMHP or AMHP manager from their authority is linked into the National AMHP Leads Network forum, so they can contribute to, and disseminate information from, that national forum. It is important that this individual is a practicing AMHP. The DASS (or nominated deputy) is responsible for ensuring that the authority notifies any changes in post-holder to the AMHP Leads Network to ensure continuity
- 1.3** The DASS should ensure that its AMHP workforce is supported to maintain alignment to the AMHP competencies throughout its practice, has access to the appropriate level of continuous training, and has systems in place to manage the register of approved and authorised AMHPs, including the suspension or removal of approval when required in line with the "New Roles" (NIMHE, 2008) guidance. The DASS should also ensure that AMHP succession and workforce planning remains a central consideration in the management of the service in line with the direction set out in the national AMHP Workforce Plan (2019).
- 1.4** The DASS should work with neighbouring authorities to ensure that cross-border lead AMHP forums are in operation and are supported by its organisations. The DASS should also ensure organisational support for the development and maintenance of wider regional forums, themselves feeding into the National AMHP Leads Steering Group.

### 2. Governance within 24-hour AMHP services



- 2.1** AMHP services, regardless of design, should be constructed in such a way as to ensure that AMHPs have clear and timely access to managerial, professional, peer and legal support across the 24-hour time period, in line with expectations set out in the "New Roles" guidance (NIMHE, 2008).
- 2.2** AMHP services should ensure that referral management and data collection are explicitly supported as part of the routine function of the service; including supporting the completion of the Adult Social Care Workforce Data Set (ASC-WDS) [formerly the National Minimum Data Set for Social Care (NMDS-SC)], any other national datasets and securing local data sufficient to ensure the maintenance of informed and robust AMHP services. This data should be shared routinely – in line with legal and information governance requirements – with local partners to support multi-agency working arrangements and to feed into demand planning, strategic commissioning discussions and improvements to local operational practices, in line with the expectations set out in the national AMHP Workforce Plan (2019).
- 2.3** Each AMHP service should have clear contingency plans to ensure capacity is available at times of high demand, and that lead AMHPs and AMHP managers are empowered and supported to mobilise resources as required.
- 2.4** There should be clear mechanisms through which AMHPs are able to report issues and delays and for those issues to be directed toward the appropriate body. As stated in the MHA Code of Practice, AMHPs should be supported by their local authority in such circumstances. AMHP service leads should be empowered to work creatively and collaboratively with partner agencies to identify and resolve resource issues.
- 2.5** The AMHP manager or lead designated to maintain engagement with regional and national forums should ensure essential updates are disseminated throughout local AMHP forums. AMHP services should maintain a record of minutes and attendance at all forums.

### 3. AMHP service scope



- 3.1** AMHP services should be viewed as integral to mental health and related services, with representatives encouraged and supported to take an active role in the development of regional and local policy and practice, particularly in areas of prevention, safeguarding, crisis care and multi-agency working. These agencies include, but are not limited to, NHS primary care, general hospital, mental health and ambulance trusts, police forces and the judiciary.
- 3.2** AMHP service structures should promote 'localism' to ensure that AMHPs remain connected with, and are integral to, service delivery in local communities. The AMHP service should be able to contribute to the functioning of other specialist teams and services and be viewed as part of the broader safeguarding responsibilities of local authorities and partner agencies.
- 3.3** AMHP services should be accessible and connected to all mental health service areas, not just adult mental health teams. The interface with other specialist services should be clearly set out and access points promoted with partners.
- 3.4** The AMHP workforce should reflect the diversity of its community and targets should be set to reflect this aspiration and AMHP services able to demonstrate an awareness of that community's specific needs.

### 4. AMHPs' personal, professional, physical and psychological safety



- 4.1** AMHP service arrangements should ensure that AMHPs' safety and well-being are at the forefront of operational considerations and that the expectation to lone-work in non-contained environments is removed.
- 4.2** Arrangements for supporting AMHPs who have gone past their normal working hours should be clearly set out, including clear contingencies to promote their safety and how they will be compensated for their time.
- 4.3** AMHP services should support the independence of AMHP decision-making, while ensuring that they have access to individual, peer and professional support to explore their working practices in a safe manner, including the provision of timely de-brief sessions. AMHP supervision should be viewed as the cornerstone of good-quality AMHP practice.
- 4.4** AMHPs should have the opportunity to carry out a full range of AMHP functions in order to maintain practice standards across the workforce, to meet the requirements of re-warranting and to adhere to the AMHP Key Competencies set out in Regulations.
- 4.5** AMHP services should promote a culture of open and honest communication in their services. AMHPs should have routine opportunities to record and share their experience and contribute to service development.



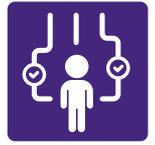


## **5. Service and professional development**



- 5.1** AMHP services should be open-learning environments to promote social models of mental health within the broader system. AMHP services should seek opportunities to promote child and adult safeguarding, rights-based agenda, early intervention, strengths and asset-based approaches and access to social care.
- 5.2** All AMHPs should be supported to take up a system leadership role and to use their place in the system to effect wider change.
- 5.3** AMHPs should have routine opportunities to contribute toward the learning of others, identify their own learning needs and be provided opportunities for personal and professional development.
- 5.4** Routes into AMHP training should be clear for all qualifying professional groups, regardless of employer or profession. All professions who carry out the AMHP role must be supported to maintain their on-going professional registration.
- 5.5** AMHP services should recognise and support AMHPs who have skills and roles outside AMHP work, where possible, and seek to avoid organisational and professional isolation.
- 5.6** AMHP professional development should give emphasis to the value of service user and carer experience of the AMHP role as a spur for learning and development. AMHPs should be supported to explore the impact of social trauma on the experiences of detention and how this shapes the responses of both service user and the AMHP.

## **6. Improving the experience of people who come into contact with AMHP services**



- 6.1** AMHP services should promote the dignity, human and civil rights of those it encounters and within the organisations where AMHPs work. AMHP services should promote personalised and preventive care, equality of access to legal entitlements and aim to reduce stigma and discrimination. Attention should be paid to tackling racial and cultural disparity through the development of competence, awareness, staff capability and behavioural change.
- 6.2** AMHP services should seek to embed the principles of co-production as part of their operations. Services should explore ways of ensuring the patient and carer experience and perspective are captured and harnessed, to support both the development of services and to ensure that this learning is not lost. AMHP services should identify ways in which patients and carers are able to engage with, and influence, the development of AMHP services and AMHP practice.
- 6.3** AMHP services should promote an understanding of social models of mental health and this should be reflected in AMHPs' recording and reporting systems. AMHP reporting should make clear reference to the principles of the MHA and how the AMHPs have considered these throughout their work with individuals and those connected to them.
- 6.4** AMHP services should provide access to clear information about the AMHP role, and the role of other professionals and advocates in the mental health service. Such information should be co-produced, culturally appropriate and accessible to people with additional needs, such as physical, sensory, learning difficulties and disabilities, and those for whom English is not their first language.

## The evaluation, mapping and planning tool

AMHP services can use the following 'toolkit' to map, evaluate, plan and rate the health of their services against the AMHP Service Standards.

The process should take about two to three hours, following the necessary preparation.

### Preparation

To make this process effective, a meeting should be convened to include frontline AMHP representation from all parts of the service, for example

- daytime and out of hours staff
- AMHP managers and/or lead AMHPs; and
- a senior representative of the local authority with direct reporting responsibility to the Director of Adult Social Services (DASS).

To get the most from this process, an editable version of this document should be downloaded from [<hyperlink to be added when document finalised>](#) to record your findings. This document can be shared before the meeting so participants can formulate any early thoughts and gather views from those who can't join the meeting.

A chair should be nominated; if possible, someone not directly connected to the AMHP service, but with enough knowledge of the AMHP role to act as an informed contributor.

A non-contributing note taker (who can type directly into the toolkit) would also be helpful to enable the group to focus on the task at hand.



### How to use the evaluation tool

There are six chapters comprising 28 individual standards in total. The workbook offers a brief description of each chapter's purpose and provides examples of potential sources of evidence of how you might already be meeting a particular standard locally. Those carrying out this process need not feel constrained by the examples provided, as each local service will have unique features and deserve to be highlighted.

Each of the 28 standards has its own table with which to map, evaluate, plan and rate your organisation's adherence to that standard.

The note-taker ideally should briefly note down the examples of where the group feel the standard has been met (or otherwise) and any relevant responses in the other boxes.

Ideally the evaluation of each standard should be agreed by the whole group. Similarly, the risk rating should also be agreed. It is possible, for example, that the group agrees that a standard is met by one part of the AMHP service (for example, by the Emergency Duty Team), but not by another. Any differences of this type should be noted and should help identify areas for future development.

For each of the 28 standards you will:

- Map
- Record to what extent are the standards already met within your authority's AMHP service and provide brief examples of policies, protocols and best practice as evidence of this.
- Evaluate
- Evaluate the effectiveness of these examples in meeting the standards.
- Plan
- Identify what steps could be taken to better meet the standards locally and use these to construct a service development plan (or inform any that are already in existence).
- Rate
- Give a rating as to the level of considered risk to AMHPs, to the AMHP service as a whole, and to the organisation if a standard is felt not to have been met, either fully or in part.

The chair should ensure that all the contributors have agreed the priorities and areas for future development and consideration.

## Post-meeting

It is advisable to share the results of this exercise with all the AMHPs and relevant stakeholders not in attendance, to invite any further comments and ensure as many views are considered as possible.

The summary arising from this process should then be shared with the DASS, PSW, relevant senior leadership teams and the AMHPs themselves, with the aim of agreeing how the suggested developments and priorities should be addressed.

Clearly some areas will relate to localised arrangements and protocols and may not necessarily be resource-dependent. Some may require a system change and some may require a resource allocation to address.

Having established a baseline, it would be possible then to repeat this process at a later agreed time to establish what progress has been possible.





## 1. Local authority governance and connection to national and regional AMHP networks

This chapter of the AMHP Service Standards is to help ensure that local authorities, and their Directors of Adult Social Services (DASS) in particular, are sighted on the effectiveness and functioning of the AMHP service in their area. It is essential that the DASS and those with senior responsibility for AMHP services are familiar with the detail of the national AMHP Workforce Plan (2019), which sets out the expectations against which local authorities and others must develop in order to ensure the health of AMHP services and can be found [at this link](#).

Key to achieving these ambitions are the development and maintenance of regular reporting structures from frontline AMHPs to DASS and back again. This is especially important if the AMHP service is based within an NHS Trust under integrated arrangements.

This chapter also places a responsibility on the DASS, or nominated deputy, to ensure that their AMHP services are supported to connect to both regional and national AMHP networks and forums. The aim is to ensure the dissemination of key information throughout the AMHP workforce and to provide feedback into broader systems. This requires each authority's DASS or deputy to communicate with neighbouring counterparts to ensure regional considerations and shared understanding of AMHP work are maintained. It is recommended that each area identifies an AMHP lead to manage the service.

Potential examples of evidence to support this standard is being met:

- DASS or delegated senior officer meets regularly with AMHP Leads and provided with routine reporting on the functioning of their AMHP service
- System support in place to capture and report on AMHP demand and issues
- AMHP service provision across the local authority is set out clearly within a single operational policy with line management and organisational structures clearly identified
- Service development plans are in place that link to the national AMHP Workforce Plan
- Local authority approval and authorisation policy exists, is up to date and available
- Local AMHP Lead or AMHP Service Manager is a member of the AMHP Leads Network group
- Local AMHP Lead or AMHP Service Manager is a member of a regional AMHP Leads network or group.













## 2. Governance in 24-hour AMHP services

This chapter concerns itself with supporting local authorities to ensure that the operational governance of their AMHP services is robust and clearly set out. It is essential that, regardless of the time of day, AMHPs in practice have access to the support they need to operate safely and for the organisation to be clear on what work is being carried out under its authorisation at any given time. For example, could a senior manager at any given time know which AMHP was carrying out work on which referral and where that AMHP was currently located?

Central to demonstrating adherence to this principle would be evidencing clear examples of how AMHP work is managed and supported at the time it is occurring, how national and local information and data are collected, how adaptive the service is to periods of high demand for AMHP involvement and how issues and concerns are identified, escalated and acted upon. It is recognised that AMHP service provision can be set out across teams, time frames, and areas within one authority or (where authorities have shared arrangements) several. This should not distract from the need to ensure operational governance within the AMHP provision.

Potential examples of evidence that this standard is being met:

- Clear protocols that demonstrate that AMHPs have 24-hour access to managerial, professional, and legal support
- Routine and reliable collection of AMHP activity data across 24 hours is in place. Routine evaluation and reporting of this data and its finding to both the local authority and partners
- Assurance that the data that is collected is incorporated into how AMHP services develop and plan to meet demands, including the issues and delays AMHPs face
- Local AMHP activity datasets are linked in with partner agencies' data and analysis (such as s.136 data from police and places of safety, for example) to ensure the avoidance of duplication and effective use of information
- Protocols that enable AMHPs to be freed from other roles to meet the organisation's statutory requirements at time of high demand and escalation process













### 3. AMHP service scope

This chapter concerns itself with how your AMHP service connects to the wider mental health system and its impact on the development of local and regional policy and practice. The national AMHP Workforce Plan stresses the importance of connections to multiple bodies and organisations. It encourages AMHP services and those responsible for them to consider how they can best connect to and influence the development and functioning of both specialist and generic services in their localities.

In more traditional mental health systems, AMHPs and AMHP services have often run on a 'duty-based' model. This has minimised the opportunity to influence the broader system. As AMHP services have increasingly reconfigured into teams where some or all AMHPs carry out the role on a full-time basis, AMHP services have been better placed to promote the role and take a more proactive approach to multi-team and multi-agency working.

The increased demand on frontline services, such as the police and A&E departments who often work within limiting time scales has, in turn, increased demand on AMHPs. By considering how AMHP services manage the impact of this with partners, the aim should be to ensure more robust responses to people who come into contact with our services.

This chapter is not just concerned with professional structures and interfaces, however. It also asks AMHP services to look to the communities they serve. AMHP services should reflect the diversity of the communities they serve and be able to ensure that they understand its community's needs.

Potential examples of evidence that this standard is being met:

- AMHPs and AMHP services are represented in key areas of service development within mental health and with external partners. There are opportunities to influence the service design of new teams and systems to minimise unintended consequences upon the AMHP service.
- AMHPs and AMHP services are represented at local multi-agency forums, connect routinely to community and specialist mental health services and ensure that the AMHP perspective is routinely present throughout.
- The AMHP workforce is representative of the community it serves, and recruitment strategies support the development of staff from all backgrounds to take up the role.











#### 4. AMHPs' personal, professional, physical and psychological safety

The key chapter of the Service Standards concerns itself with the welfare of AMHPs. The multiple pressures placed upon those carrying out the AMHP role have been clearly identified through research and reporting. The national AMHP Workforce Plan summarises these also; and AMHP services, and those responsible for them, should have systems in place to monitor these pressures and the impact on AMHPs. These Standards are clear that AMHPs should never be expected to lone work in community settings when carrying out their role.

Consider the practicalities and hazards of working as an AMHP in your locality, including the arrangements needed for working past normal working hours. AMHPs' services and the systems they utilise should support the independence of AMHPs' decision-making, provide clear routes to different forms of supervision and de-brief – these should be seen as essential to the health of an AMHP service and those that work within it. Establishing systems to capture AMHPs' experience should be viewed as one of the positive ways services can learn about their own impact on AMHPs.

AMHP services should promote cultures of open communication with AMHPs and ensure their contribution to service development.

Potential examples of evidence that this standard is being met:

- The presence of clear policies and protocols that focus on the physical well-being of AMHPs, with the removal of lone working expectations being central to the functioning of the service
- Clear policies on time off in lieu (TOIL), over-time and compensations for working beyond normal hours
- Clear working practices that ensure that AMHPs have immediate access to managerial and peer support while undertaking the role
- Clear supervision, appraisal, and de-brief protocols
- Clear opportunities to practise all functions of the AMHP role, not just those related to frontline duty work
- Use of staff surveys, forums and individual supports that promote a culture of open and honest communication and feedback between the organisation and the individual AMHP.













## 5. Service and professional development

This chapter concerns itself with how AMHPs and services can develop together.

AMHP services should be viewed as open learning environments and as a vital asset to wider services. AMHPs should be viewed as systems leaders able to contribute to wider service development. AMHPs should be supported to contribute to, and promote, rights-based agenda, early intervention, strengths and asset-based approaches, and prevention, along with safeguarding in its broadest sense.

Despite the role being open to four registered professional groups, social work continues to dominate the AMHP workforce nationally. Every locality should have clear routes to AMHP training for all professions who are eligible to carry out the role, with those professions being supported to maintain the requirements of their own professional registrations.

The multiple skills and roles of individual AMHPs should be recognised. In the development of services, it is important to capture the experience of all who work within, and are subject to, that service. AMHP professional development should emphasise the value of the service user and carer experience and open to the benefits of this.

Potential examples of evidence that this standard is being met:

- High levels of visits to AMHP teams, including students, senior managers, external partners, and so on
- AMHPs providing routine training, workshops and support to other teams, universities and organisations
- AMHPs being released to undertake project work or represent the service when other organisations develop their teams and systems that have a direct impact on AMHP practice and demand
- Nursing, occupational therapy and chartered psychologists undertaking AMHP training, as well as social workers, with clear routes into AMHP practice being understood by organisations and prospective AMHP trainees
- Service users and carers playing a routine part in AMHP refresher training days, along with other opportunities to influence AMHP's understanding and practice.



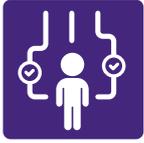












## 6. Improving the experience of people who encounter AMHP services

This key chapter concerns itself with one of the most essential areas for development in AMHP service provision. Traditionally those who come into contact with AMHP services have had little or no opportunity to contribute to the development of those services. Neither has their experience been systematically captured, validated or used to any great extent.

The Mental Health Act (MHA) Review (2018) was clear that those affected by the Act need to have a meaningful say in how these services are designed and provided. As the key recommendations of that review progress into new or amended legislation, it is clear the AMHPs will have an increased role in translating the principles and details of these changes to those they encounter. We, therefore, need to be clear that what we do as AMHPs is having the positive impact intended.

AMHP practice is founded upon the promotion and protection of fundamental human rights, social values, dignity, equality, and autonomy. It is not enough, however, to just ensure that an individual AMHP's practice promotes these ideas and concepts, AMHP services too

have a fundamental role to play. While the research base and innovations in this area are minimal, they are increasing. It is incumbent on AMHP services to explore their own methods of meeting these aspirations and to share their methods and findings and encourage others to do the same. Co-production is one of the key ways that AMHP services can help ensure that these standards are achieved.

Potential examples of evidence that this standard is being met:

- Robust auditing of AMHPs' work and reporting to ensure the promotion of the principles set out in this chapter
- Co-produced and co-attended training and workshops
- Co-produced literature
- Clear connections between 'lessons learned' and AMHP service development
- Localised monitoring of the outcomes of AMHP involvement, with a focus on racial disparity
- AMHP refresher training programmes that focus on the qualitative experience of those who encounter AMHP services, as well as more straightforward legal updates.











## References

Association of Adult Social Services (ADASS), 2018. Top Tips for Directors of Adult Social Care

Care Quality Commission (CQC), 2018. MHA 1983: Approved Mental Health Professionals

DH, 2015. Mental Health Act Code of Practice. Department of Health. London

Department of Health & Social Care (DHSC), 2018. Mental Health Act Review Final Report. London

Department of Health & Social Care (DHSC), 2019, National Workforce Plan for Approved Mental Health Professionals (AMHPs). London

NIMHE, 2008, The Mental Health Act 2007: New Roles. National Institute for Mental Health in England

The Office of the Chief Social Worker for England (Adults), 2016, Local Authority responsibilities for the Approved Mental Health Professional Role. Department of Health. 1 February 2016



## Authors

**Robert Lewis** AMHP Service Manager,  
Devon County Council and Devon Partnership NHS Trust

**Karen Linde** National Lead, Social Work for Better Mental Health

**Mark Trewin** Chair, Health Education England's New Roles in Mental Health  
Social Work Group and  
Mental Health Social Work Lead, Office of The Chief Social Worker,  
Department of Health and Social Care

## Useful links

A learning resource on the Approved Mental Health Professional (AMHP)

Health Education England's New Roles in Mental Health resource hub:  
mental health social work