

## **Information and support for Approved Mental Health Professionals, AMHP leads and Principal Social Workers on the role of Approved Mental Health Professionals during the Covid-19 Pandemic**

This information has been prepared by BASW, with support from the Approved Mental Health Professional Leads Network and the Chief Social Workers office to provide up to date information on the AMHP role as the country responds to the Covid 19 pandemic. It is based on the many discussions we have had with AMHP Leads and partner agencies, including our recent two webinars.

This was written before the Bill was passed and received Royal Assent. Whilst this resource has been updated to reflect this, a further version will follow with relevant adjustments to reflect the Coronavirus Act and further additions for Cymru.

BASW's Covid-19 regular updates can be accessed here and via a tab on the website main page: [www.basw.co.uk/coronavirus](http://www.basw.co.uk/coronavirus)

We all want to thank AMHPs and leaders of AMHP services working in Local Authorities or NHS Trusts for the work you are doing to support people at this very challenging time. We recognise how difficult the current situation is for the Social Workers, Nurses and Occupational Therapists who are working as AMHPs during the Covid 19 crisis.

The Government has announced a range of measures designed to reduce the spread of infection across the country, or to support public services. These arrangements are likely to have a considerable influence upon the work of Local Authorities and NHS Trusts. We are working with the government in relation to the guidance and support needed for the mental health aspects of the Coronavirus Act 2020.

Local Authority mental health services – many of whom are integrated across health and social care services or with the police and VCS - will be producing their local plans to deal with Covid 19 locally and we should all follow the updated advice from the chief medical officer and Public Health England.

The following is a collection of advice and information collated following a number of helpful conversations with DHSC colleagues, Local Authorities, AMHP Leads and Principal Social Workers involved in planning for COVID-19. We hope that this will provide some clear information about the options for Local Authorities and MH Trusts in relation to AMHP services and answers to questions posed by AMHP leads. We will update this information as appropriate, as this is a constantly changing situation.

If you have social work or AMHP experiences to share, any concerns or queries, please go to the BASW ongoing Covid-19 short survey here <https://www.basw.co.uk/social-work-during-coronavirus-covid-19-ongoing-survey>. The survey will collect information throughout the crisis period.

## **General information about Coronavirus and mental health**

### **1. Summary of changes to the Mental Health Act 1983 by the Coronavirus Act 2020**

The current novel coronavirus (Covid 19) outbreak, which began in December 2019, will have major implications for health and care services in the UK. The Covid 19 emergency legislation has been brought in to try and mitigate some of the effects of the pandemic by making temporary changes to the statutory responsibilities of councils and NHS Trusts over the coming weeks and months.

It is important to remember that changes to the Mental Health Act and Care Act (in Part 2 of the proposed coronavirus legislation) and some other provisions of relevance to AMHPs, will only be implemented if the situation deteriorates further.

Here are the main provisions:

This is the Coronavirus Act 2020

[http://www.legislation.gov.uk/ukpga/2020/7/pdfs/ukpga\\_20200007\\_en.pdf](http://www.legislation.gov.uk/ukpga/2020/7/pdfs/ukpga_20200007_en.pdf)

This is the Govt summary of the Act:

<https://www.gov.uk/government/publications/coronavirus-bill-what-it-will-do>

This is the Govt summary of the impact of the Act:

<https://www.gov.uk/government/publications/coronavirus-bill-summary-of-impacts/coronavirus-bill-summary-of-impacts>

This is a good summary of the Human Rights Implications of the Act:

<https://www.bih.org.uk/Blog/the-corona-virus-bill-and-human-rights>

The following is a good summary of the mental health aspects of the Coronavirus Act by mental health specialist lawyers:

<https://insights.doughtystreet.co.uk/post/102g268/how-does-the-coronavirus-bill-change-the-mental-health-act>

This is a good summary of the issues and ethics around the changes to the Care Act in the Coronavirus Act:

<https://lawinthetimeofcorona.wordpress.com/2020/03/20/the-coronavirus-bill-and-the-care-act-the-profound-implications-for-local-authority-obligations-to-meet-care-needs/>

## **2. Ethical Standards for Social Workers working within the Covid 19 arrangements**

This has been produced by the Chief Social Workers office to support social workers and social care workers making decisions during the Covid 19 period.

<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care>

Social workers should cross reference with the Social Work England regulatory standards:

<https://www.socialworkengland.org.uk/standards/professional-standards/>

and the BASW UK Code of Ethics:

<https://www.basw.co.uk/about-basw/code-ethics>

## **3. Support and information for mental health service users in relation to Covid 19**

This is a useful document produced by people who use mental health services:

[https://docs.google.com/document/d/1doINJPh5p8HLz0dq\\_XGbBqVSDDiPPkrqPH0mU-HQ3a8/mobilebasic](https://docs.google.com/document/d/1doINJPh5p8HLz0dq_XGbBqVSDDiPPkrqPH0mU-HQ3a8/mobilebasic)

This is a summary of the new rules about Housing rights and reducing the threat of evictions from social and private housing:

<https://www.gov.uk/government/news/complete-ban-on-evictions-and-additional-protection-for-renters>

## **4. Information for mental health professionals working with people who may be infected with Covid 19 or vulnerable to the infection**

BASW is working with the Chief Social Workers office and others to further improve national guidance for social workers in all fields of practice in relation to infection control and access to relevant Personal Protective Equipment.

These two guides by the Royal College of Psychiatrists and the Royal College of Nurses are useful for all mental health professionals working with vulnerable or infected people within inpatient settings or the community:

[https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/guidance-for-psychiatrists-and-other-professionals-working-in-mental-health-settings-\(covid-19\)](https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/guidance-for-psychiatrists-and-other-professionals-working-in-mental-health-settings-(covid-19))

<https://www.rcn.org.uk/clinical-topics/mental-health/covid-19-guidance>

AMHPs services will need to follow the clear government criteria for social distancing and protecting themselves from infection. The govt directive for social distancing is here:

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

There is also government guidance on protecting and shielding vulnerable people:

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

**AMHPs who have underlying health conditions need to be additionally protected from infection and should ensure their employers know the extent of their vulnerability.** For example, where AMHPs have conditions like Asthma which is usually well controlled, they should none the less use PPE regularly whilst undertaking face to face assessments.

### **Assessing via Skype or other forms of Video conferencing**

There may be situations where assessing via video conferencing is a better (more timely, safer) option for the person and the professionals than attempting a face to face assessment. For example, where someone is on a s136, but initial assessment indicates that a community support plan is available and suitable, it may be better to use a video assessment (if suitable technology is available) rather than continuing to detain a person to allow someone to travel and attend in person.

It won't always be possible or appropriate to use technology to assessed people remotely, but where practical (for example, on wards) it may be a useful option. Discuss the potential of this within your teams and organisations and ask for equipment to be upgraded to enable this if needed.

The emphasis should always be on what is in the best interest of the person, and a balance made between people's right to a thorough enough assessment and being detained longer than necessary.

Information on using video conferencing within mental health services:

<https://www.mentalhealthonline.org.au/Assets/A%20Practical%20Guide%20to%20Video%20Mental%20Health%20Consultation.pdf>

### **Assessing the level of risk & the need for Personal Protective Equipment when undertaking assessments.**

A number of service users will require a face to face assessment which cannot be carried out via skype or facetime. Prior to or at the beginning of such an assessment, the person should be asked the following questions:

- do they have a new continuous cough?
- and/or a high temperature (of 37.8 degrees centigrade or higher).

If they do not exhibit symptoms, then the review should go ahead, considering the needs of both service user and assessor and observing general infection control and social distancing advice. These assessments should be able to go ahead with minimal PPE, but care should still be taken to keep at a set distance where possible. See related advice above around protecting staff and service users with underlying health conditions.

If they are exhibiting symptoms, then AMHPs, section 12 doctors and others involved in assessments will need to be using PPE as prescribed by guidance. Appropriate PPE equipment should be made available for AMHPs to carry out the interview.

## **Getting hold of appropriate Personal Protection Equipment**

Some Local Authorities may provide their AMHPs with **Personal Protection Equipment** such as gloves and face masks. In other areas, Mental Health Trusts have been supporting AMHPs to access this vital equipment. The important thing is that appropriate PPE is available to all AMHP that need it in order to comply with guidance.

Many AMHPs and MH Social Workers have asked about access to PPE – personal protective equipment - for assessments and home visits. The following information came out from government recently and whilst is mostly directed at home care agencies it is also relevant for social care workers:

If care providers have immediate concerns over their supply of PPE, there is now a dedicated line for you, the health and social care sector.

The National Supply Disruption line  
Tel: 0800 915 9964  
Email: [supplydisruption@nhsbsa.nhs.uk](mailto:supplydisruption@nhsbsa.nhs.uk)

In the future, if a care provider is unable to get PPE from their normal supplier, the supplier is will be asked to report this to the National Supply Disruption Response (NSDR) team (as above), who can advise on alternative suppliers.

This service is currently stating that we should contact the NHS supply service first and this is an illustration of how difficult this is for social care services, as the service is set up for NHS delivery. We are raising this within DHSC and NHSE and would be interested in hearing the experiences of AMHP Leads across the country.

## **Emergency Planning & Response Teams**

Local authorities, along with police, health and key services all have responsibilities to work together to respond to crises in their communities. Currently, they are working together to co-ordinate their response at a local level to the current pandemic. This may include coordination of local resources, support to allow communities to self organise and information for local organisations and the public. They are a useful resource for highlighting concerns, ensuring risks issues are understood and escalated to a regional and national level.

Where issues develop around access to resources, feeding information back via AMHP Leads & Principal Social Workers can be an important way of highlight and resolving dilemmas.

Staff mental health issues are considered here:

<https://www.mentalhealth.org.uk/publications/looking-after-your-mental-health-during-coronavirus-outbreak>

This is very helpful from the World Health Organisation:

<https://apps.who.int/iris/bitstream/handle/10665/331490/WHO-2019-nCoV-MentalHealth-2020.1-eng.pdf>

## **5. Updated arrangements for MHA Tribunals under Covid 19**

One of the issues raised by mental health social workers and PSWs is in relation to the ability to undertake their responsibilities to tribunals and hospital manager hearings via a remote Skype link or meetings where reports are considered in isolation. Guidance has now been produced to allow this.

[http://www.mentalhealthlaw.co.uk/Tribunals Judiciary, %27Guidance from the Chamber President and Deputy Chamber President of HESC regarding the Mental Health jurisdiction%27 \(Coronavirus, 19/3/20\)?id=200320-2243](http://www.mentalhealthlaw.co.uk/Tribunals%20Judiciary,%20Guidance%20from%20the%20Chamber%20President%20and%20Deputy%20Chamber%20President%20of%20HESC%20regarding%20the%20Mental%20Health%20jurisdiction%20(Coronavirus,%2019/3/20)?id=200320-2243)

## **6. BASW webinar on AMHPs and Covid 19**

We have held two webinars for AMHPs and AMHP Leads to answer questions about the Covid 19 act and support services in planning for this. You can see and hear the webinar here:

<https://www.basw.co.uk/covid-19-webinar-amhp-leads-and-psws>

<https://www.basw.co.uk/covid-19-webinar-frontline-amhps>

## **7. Questions from AMHPs and AMHP leads on Coronavirus**

This section is designed to provide AMHP services with the current available information in relation to specific questions asked by AMHP leads and practical issues raised by the Covid 19 act. This is NOT official or legal guidance or advice but a description of the current situation so that Local Authorities can make their own decisions about how to deal with the issues arising locally. The Guidance to the emergency Act may update some of this.

One of the important issues to consider in this section is that issues relating to the employment and authorisation of AMHPs are within the regulations of the MHA 1983. These have not been changed by the Coronavirus Act. These regulations give the responsibility for deciding who is a fit person to be an AMHP to the local authority, which has considerable flexibility to make these decisions based on the principle that they are satisfied that the person meets the requirements to be an AMHP.

	<b>Question/issue raised by AMHP Leads</b>	<b>Response</b>
1	Can an LA re-approving lapsed or retired AMHPs	<p>The simple answer to this is <b>yes</b>. An LA can authorise an AMHP to act on their behalf if they believe that the person is competent and meets the requirements to be an AMHP. The person must have been previously approved as an AMHP (there is no time limit in the regulations from last approval), or if never approved <u>as an AMHP</u>, they must have completed the AMHP training course within the past five years.</p> <p>If the local authority are satisfied that the person is competent (as per the AMHP competencies in the regulations), the person is required to undertake 18 hours of appropriate training during the year following their approval. This requirement is laid out in the MHA Reference Guide 30.15.</p> <p>The following people would not be able to be reapproved:</p> <ul style="list-style-type: none"> <li>• People who last approved as an Approved Social Worker and did not transfer to AMHP status and have never been approved as an AMHP.</li> <li>• People who have not taken part in any relevant training</li> <li>• People that the LA do not think are ready to act as AMHPs</li> </ul> <p>We suggest that LAs have a process that they can use to ensure returning AMHPs meet the relevant level of competence and meet these criteria.</p>
2	Can an LA add trainee AMHPs to the workforce without full exam board approval	<p>It is for LAs to decide who is a fit and proper person to be an AMHP. The regulations require a person to have <i>completed</i> the course. Students who have finished their course, are felt to be competent but are awaiting exam board approval can be authorised by the LA to support the local AMHP service (as is happening in the NHS with final year nurses) if all of indicators are that the person will pass the exam board stage and the LA is confident they are competent to support the AMHP service. Exam boards often take many months to complete their process and this is likely to be delayed by the Covid 19 issues.</p> <p>We would recommend that there are clear criteria for how these new AMHPs are used in order to ensure they are not put in situations that are inappropriate for inexperienced staff.</p>

5	Can the 18 hours statutory requirement for annual training be relaxed during the Covid 19 period	<p>There is a statutory requirement for 18 hours update training per year within the regulations. The nature of the of this training has never been fully clarified (the nature of training or when it must be completed), however most LAs operate training a strict approach to this rule that it must be relevant to the AMHP role.</p> <p>It is not going to be possible to change the regulations for the Covid 19 period, however each LA can make their own decision about how they will be satisfied around competence.</p> <p>It is possible for LAs to decide to be more flexible about acceptable training and the use of remote learning through PPT presentations and legal tests. BASW are considering whether it can provide learning material online that local AMHP Leads could choose to use.</p>
7	Relaxation of requirement to write full AMHP report post-assessment	<p>The Mental Health Act and Code of Practice are clear that AMHPs should leave a summary of information on the ward and this has to continue ( CoP 14.93). The Code also suggests that <i>'An outline report does not take the place of the full report which AMHPs are expected to complete for their employer (or the local authority on whose behalf they are acting – if different.(14.95)'</i></p> <p>It is therefore up to the local authority to determine how detailed a report they expect and the timescales for this to be done. It is suggested, however, that as a minimum an AMHP report should contain sufficient information to allow the reader to understand:</p> <ul style="list-style-type: none"> <li>• who was consulted &amp; why</li> <li>• that the AMHP was satisfied that the statutory legal criteria were met</li> <li>• what the AMHP did to ensure the person was interviewed in a suitable manner.</li> <li>• A clear explanation from the AMHP why they decided that admission under section was the most appropriate option. (See COP 14.49)</li> </ul>
9	MoJ requirements for social supervisor reports for s37/41 conditionally discharged patients	<p>We are asking the MoJ for clarification on the possibility of flexibility around this issue. This is the response we have had so far, which is about visiting people and does not refer to the reporting role of social supervisors:</p> <p><i>MHCS have been asked if it possible to suspend the Ministry of Justice requirement for face-to-face, monthly visits. There is in fact no 'requirement' as such. It is not for the Justice Secretary to determine the care and treatment of a discharged patient. That responsibility lies with the local services, who remains responsible for delivering care and treatment plans.</i></p>

10	AMHPs working across LA boundaries	<p>An AMHP must be approved by one local authority but can be authorised to act on behalf of a number of authorities. If an AMHP completes an application on behalf of another LSSA (not their approving LSSA), they must be careful always to record it appropriately on the application form.</p> <p>MHA s13(3) currently permits this. An AMHP can work on behalf of <b>their own</b> local authority in another LSSA area, even if the statutory duty to undertake the MHAA lies with the other LSSA.</p> <p>An AMHP can be authorised to work <b>on behalf of</b> another LSSA (not their approving LSSA), and there is a process of collaboration between the two LAs which permits that.</p> <p>If an AMHP completes an application on behalf of another LSSA (not their approving LSSA), they must be careful always to record it appropriately on the application form.</p> <p>The current statutory duties to undertake s2 and s3 have not changed and this sometimes cause conflict and difficulties between AMHP services.</p> <p>We have asked DHSC to clarify whether a flexible approach to this issue can be considered in the guidance to the Covid emergency bill whilst travel is reduced and staffing under pressure. The provision in para 14.37 of the code of practice already states that <i>These duties do not prevent any other local authority from arranging for an AMHP to consider a patients case if that is more appropriate.</i></p>
11	Electronic signatures	<p>There is a current debate about whether or not electronic signatures are acceptable, and some companies are offering to develop this technology if required.</p> <p>The reference guide and regulations outline the forms that can be sent or signed electronically and currently the AMHP application is not part of this and would require the regulations to be updated.</p>
12	Are AMHPs 'key workers'?	The answer to this is <b>yes</b> as NHS staff and social work staff are counted as key workers
14	What if we need to detain someone with symptoms or who has tested positive or is in self-isolation?	LAs will need to consider the guidance on supporting vulnerable people at risk of Covid 19 and staff undertaking face to face assessments (see above)
16	Can advocates do representation via Skype?	Some areas are using Skype for advocacy

17	MHA assessments via Skype or other methods	We are exploring the practicalities of this issue with partner agencies in regard to the legal need for assessments to be undertaken in a 'suitable manner'
18	Can Warrants be applied for over Skype or phone	We are checking this but we are assuming this will be the case following recent guidance from the court service.
19	S136 – reducing delays and use of HBPOS	<p>A substantial proportion of the people detained under s 136 are released with health or social care follow up and not detained. LAs may therefore choose to work with NHS Trusts to implement the current role of doctors to assess and release people from s136 if no mental disorder is present.</p> <p>This is a departure from the Code of Practice (16.47) but the possibility of the doctor seeing the patient first is covered at 16.51. A note could be made in the notes for the reason why the doctor saw the patient first without an AMHP present.</p>
20	Creative working to support staff	Many LA and MH Trust areas have been looking at the creative use of existing staff in order to prevent the situation where admission is more likely. This is particularly as issue for out of hours workers such as EDT. Consideration can be given to joining together health and social care out of hours services to support staff in reduced services.
21	Can we let Nearest Relatives arrange detention and admission to hospital if AMHPs are not available	NRs have the legal right to admit someone to hospital under the MHA, however this has always been undertaken by AMHPs and applications by the nearest relative are not encouraged in the Code of Practice (14.30) – the NR requests a MHA Assessment by the Local Authority. There is very little experience across the MH services of facilitating a nearest relative admission under the act. There are currently no plans to change the NR arrangements but we will update you if the guidance to the emergency bill gives a view on this issue.
22	Are AMHPs entitled to PPE	Yes – If this is needed for a safe assessment in line with guidance then AMHPs should use PPE in line with public health advice. See details above.
23	Testing for Covid 19 for AMHPs	This needs to be discussed with local public health authorities
24	CTO guidance	There is no legal rule for the AMHP to see the patient as part of the AMHP agreeing to the CTO, however this is strongly implied. The code of practice states the AMHP <b>should</b> meet the patient rather than 'must' (Para 29.22). In these circumstances, telephone/email contact together with previous knowledge and discussion with the MDT are an option for the AMHP.

25	What are the timescales for the new legislation	The legislation will be passed a few days after coming into parliament – possibly with amendments. Parts of the Act will be introduced immediately, but Schedule 7 (the MHA amendments) will be introduced only when needed, which is likely to be when staffing falls to a certain level.
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**8. Local Authorities should have clear plans in place with NHS and Police colleagues for the top 5 issues that affect AMHP Duty services:**

- Bed availability – Check if there is a formal s140 agreement with the CCG about access to beds in urgent situations and can this be updated to consider the local pressures due to Covid-19.
- Availability of s12 Drs – the availability of s12 approved Drs who can attend an assessment in the day time when AMHPs are organising them, is a major pressure on AMHP, police and ambulance time. Working with the MH Trust and CCG to ensure that a duty s12 Dr is available each day to attend MHA Assessments is one way of reducing pressure in the system.
- A and E attendance – breaches of A & E 12 hr waiting times due to the lack of AMHPs or S12 Drs is a stress on the system – especially out of hours. This is likely to get worse in a time of much reduced staffing arrangements. Some areas are considering placing AMHPs or social work staff in crisis teams or liaison teams to ensure that delays are reduced, and any issues dealt with immediately. Some areas already have this in place.
- Some areas have already decided to divert people experiencing a Mental Health Crisis away from A&E, to designated crisis assessments centres staffed by experienced liaison staff. This is safer for the patient (as it avoids cross contamination with people being admitted via A&E with Covid-19 symptoms) and makes it easier to ensure assessments take place in a calmer environment, at a time that is best for the patient.
- Conveyance in an Ambulance: delays due to conveyance are already a major issue and likely to get worse. Plans to consider how to operate with major delays to conveyance will need to be drawn up. For example, contracting with private ambulance providers, or considering when alternatives to Ambulances (such as black cabs, or patient transport vehicles) might be safe enough.
- Police support: It is likely to be increasingly difficult for police to be able to support assessments unless there is a statutory need to do so, eg s135. This will need some discussion and forward planning with senior officers and updated protection and lone working planning with AMHP Duty systems. In cities such as London where this is already an issue, having dedicated Mental Health Lead officers within the police has been important in ensuring coordination of police resources with ambulance and AMHP services.