**Shropshire Referral Route for Mental Health Act Assessments to the AMHP Service**

**The objective of a Mental Health Act Assessment (MHA Assessment) is to determine whether the criteria for detention are met, and if so, whether an application for detention should be made or whether alternative less restrictive arrangements can be appropriately made. A Mental Health Act Assessment must be viewed as a ‘last resort’ rather than a solution to a problem.**

**“It is essential that all those undertaking functions under the Act understand the five sets of overarching principles which should always be considered when making decisions in relation to care, support or treatment provided under the Act”**

**In particular the ‘Least Restrictive Option and maximising Independence’ Principle states “Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained”**

**(Mental Health Act 1983 Code of Practice 2015)**

Referrals for MHA Assessments are to the AMHP Desk or outside office working hours to the Emergency Duty Team (EDT). Referrals would usually be from:

* GPs
* Community Teams, e.g. Crisis Resolution & Home Treatment (CRHT), Midland Partnership Foundation Trust (MPFT) Pathways, Local Authority Mental Health Social Work Team (MHSWT), Adult Social Care Teams (ASC), Memory Service, Children’s Social Care Teams, CAMHS (Child & Adolescent Mental Health Services)
* Acute Inpatient Services
* Police and other Emergency Services as appropriate
* Nearest Relative as defined in s26 MHA

**The following Checklist should be followed before referral:**

* The Shropshire AMHP service is responsible for co-ordinating MHA assessments for people who are within the county at the time that the assessment is required. If there is doubt because the person lives near the county’s border then it is the AMHP service for the local authority to which their Council Tax is paid
* The referrer should usually have seen or spoken with the person recently (within 24 hours) and advised them of the concerns and intention to refer them for a MHA Assessment, unless there are clear, justifiable reasons not to do so
* If the referrer is not a senior worker then they will be expected to have discussed the referral with a senior member of their team in order to rule out alternative support or treatment options
* If the person is open to an MPFT pathway, all attempts should be made to manage the crisis within the team through multi-disciplinary discussion and interventions. If the person becomes more unwell and can’t be managed by the team, a referral must be discussed with CRHT prior to referral to the AMHP desk. It is not unreasonable to expect robust attempts to have been made by CRHT to engage with the person or for an Out-Patient Appointment or home visit by a psychiatrist to have completed.
* If the person is open to the Memory Service, and/or an ASC team the principle of first managing in the community or care home with a multi-disciplinary approach still applies, using more intensive Home Treatment and possibly CRHT as appropriate*.* The Hospital Avoidance Scheme based on Oak Ward should have been consulted with/ referred to prior to a referral to the AMHP Desk/ EDT.
* All cases should be discussed with the relevant team psychiatrist to consider all options and should include a home visit by the psychiatrist.
* It is expected that the care co-ordinator, social worker or memory team worker who is responsible for the care and support plan will support the AMHP with the assessment wherever possible and appropriate
* Other possible options to be considered prior to referral are:
* Should the person be first seen by their GP or if out of normal office hours by Shropdoc, in particular to diagnose and treat any possible underlying physical illness that may be affecting the person’s mental state?
* Has the referrer considered referral for a Care Act Assessment and/or Carer’s Assessment as an appropriate alternative?
* Has the referrer considered or made a referral to the Memory Service or CRHT to avoid an admission to hospital?
* Has the person’s Crisis Contingency Plan been implemented?
* Has the referrer considered and discussed with the patient an informal admission to hospital or to Oak Paddock?
* Has consideration been given to use of Mental Capacity Act and guiding Principles, including, capacity, consent, views of LPA, Advanced Decisions etc. as an alternative to the MHA?
* Has adequate consideration been given to the views of the person/carers/ family and respect for their private and family life (Article 8 ECHR) and to empower them in decisions about their care? Have less restrictive alternatives to admission been considered? (Article 5 ECHR)

**What the AMHP Service will require to proceed**:

* The above checklist to have been followed
* Full demographic details of the person being referred
* A clear Care Plan with up-to-date information to include relapse/ contingency plans.
* A clear up-to-date Risk Assessment – to inform arrangements for a possible MHA assessment and to potentially share with other support services or the Bed Management Service should compulsory admission be required
* It is essential, in order to proceed with a referral, that the referrer remain available for consultation /discussions regarding their referral and/or joint visits with an AMHP and assessing doctors in order to consider further community options. If this is not possible then there must be an availability of a senior worker who has discussed this with referrer and supports the request

**What you can expect from the AMHP Service:**

* The referrer will be advised that the AMHP service has received the referral
* An AMHP on the desk will undertake an initial triage of the referral; they will look at the nature of the request and take account of risk, risk management and appropriateness of the referral and will decide how best to proceed
* The AMHP will gather further full information by contacting GP, Nearest Relative, family etc whilst paying due to regard to the confidentiality of the person to be assessed.
* If the evidence suggests that there is no need to proceed with a MHA assessment, the AMHP will contact the referrer to advise of this
* If the need for a MHA assessment is necessary, the AMHP will proceed to arrange an assessment
* If the criteria are met and it is appropriate the AMHP will make an application under the Act for compulsory admission to hospital
* An AMHP will arrange for conveyance of the patient to an identified inpatient bed
* The AMHP will complete their report of the assessment on Liquid Logic ( LAS for Adults & LCS for those under 18 years) which will be copied and scanned into the National Health Trust databases and the outcome will be shared with the local community team and GP as necessary
* The referrer will be advised of the outcome, including writing to a Nearest Relative referrer if no application is made

**People unknown to services**

* It would usually be expected that the person will first be seen by their GP
* The GP can then consider referral through the usual pathway to the appropriate mental health service
* All requests from GPs will be discussed and redirected to the local community team if appropriate. The local team should undertake an initial assessment of the person and following the principle of least restrictive options, attempt to manage the case without requiring a MHA assessment
* If the local team is unable to manage the case safely, the team should refer to the CRHT as a possible alternative to hospital admission and use of the MHA.
* For urgent, high risk circumstances (e.g. violence to self or others) the GP can make a direct referral for a MHA Assessment and should remain available for discussion/information/advice/assessment
* Requests from Nearest Relatives will be considered and further information gathered. The AMHP may redirect to community teams or recommend contact with the GP for alternative options before considering a MHA assessment

Contact points**:**

**Shropshire AMHP Desk: 01743 210174**

**Shropshire Emergency Duty Team: 0345 6789040**

**Shropshire Crisis Resolution & Home Treatment Team: 01743 210100**

***To view the Hospital Avoidance Protocol document, please press ‘ctrl’ and click the link below:***

[**Hospital Avoidance Protocol**](file:///H:\AMHP\Policies\Local%20Policies\Hospital%20Avoidance%20Protocol%20DO%20NOT%20MOVE%20DOCUMENT%20FROM%20THIS%20LOCATION.docx)

**November 2019**