



Authorised Mental Health Practitioners – Expectations and Requirements

The Authorised Mental Health Practitioner (AMHP) role is to assess and refer a person suspected of having a mental illness for examination by a psychiatrist among other specified clinical roles.

The Chief Psychiatrist views the role of an AMHP as critically important and acknowledges the high level of skill and professionalism that accompany this role.

Who can be an AMHP

S.538. Mental health practitioners

A mental health practitioner is a person who, as one of the following, has at least 3 years' experience in the management of people who have a mental illness —

- (a) a psychologist;
- (b) a nurse whose name is entered on Division 1 of the Register of Nurses kept under the Health Practitioner Regulation National Law (Western Australia) as a registered nurse;
- (c) an occupational therapist;
- (d) a social worker.

S.539. Authorised mental health practitioners

(1) The Chief Psychiatrist may, by order published in the Gazette, designate a mental health practitioner as an authorised mental health practitioner if satisfied that the practitioner has the qualifications, training and experience appropriate for performing the functions of an authorised mental health practitioner under this Act.

The Chief Psychiatrist has determined that while a mental health practitioner can be employed by external employment agency it would not be appropriate for the clinician to be an AMHP. The reason for that determination is that while being employed by an external employment agency the clinician is providing a service to a public or private mental health service and the pathways of governance differ, one being an employer/employee pathway and the other being a clinician/service pathway. In effect the clinician cannot be an AMHP if not nominated by a senior member of the mental health service for whom they are providing a service.

Practitioners employed by Non-Government Organisations (NGO) may be eligible for the AMHP program. There must be an identified need by the service for practitioners to conduct face to face assessments and refer a person suspected of having a mental illness for examination by a psychiatrist. There must be appropriate governance, including the provision of local clinical supervision approved by the Chief Psychiatrist.

Expectations of an AMHP

Communications

The Office of the Chief Psychiatrist main form of communication with AMHPs is via email. It is the responsibility of the AMHP to ensure contact details held by the Office of the Chief Psychiatrist are up to date.

It is important an AMHP responds to requests of the Chief Psychiatrist. AMHPs who do not respond will be deemed as not meeting the requirements for authorisation and the process of revocation may commence. The AMHP Delegate for the Service will be notified of noncompliance.



Reporting Continuing Professional Development

AMHPs are expected to undertake appropriate continuing professional development (CPD) in the area of practice to broaden knowledge and expertise and maintain competence to perform in the role of AMHP. AMHPs have a professional responsibility to complete CPD to maintain professional registration and the Chief Psychiatrist expects at least 5 hours per year of this CPD to be specific to the AMHP role. However, a record of all CPD is requested. CPD records include participation in the following activities:

- a. Tertiary, vocational and other accredited courses including distance education (needs to relate to context of practice);
- b. Conferences, forums, seminars and symposia;
- c. Short courses, workshops (including OCP Refresher and other OCP training courses), seminars and discussion groups through a professional group or organisation who may issue a certificate of compliance/completion;
- d. Mandatory learning activities in the workplace in the area of practice
- e. Self-directed learning, i.e. A report on the literature searches with references to the articles that the AMHP has read.

Reporting Clinical Supervision

AMHPs are also expected to undertake regular and relevant Clinical Supervision specific to their role as an AMHP on a monthly basis for at least one hour. At the **minimum** to maintain compliance there should be no less than 6 sessions during a 12 month period, in recognition of holidays, sickness and other operational issues.

These sessions must be arranged by the AMHP and is a shared responsibility between the service and the AMHP. There are a number of different clinical supervision formats of which two are outlined below:

- a. Individual supervision: one-on-one clinical supervision meeting which may be held face-to-face or using media such as tele or videoconferencing.
- b. Peer group supervision: group discussion of key clinical issues.

AMHPs should maintain a record of CPD and Clinical Supervision on the templates provided on the Chief Psychiatrist's website. When requested, the Chief Psychiatrist has determined AMHPs should provide the record of CPD and Clinical Supervision for auditing purposes. Failure to participate/undertake CPD and Clinical Supervision could result in the Chief Psychiatrist revoking authorisation.

All AMHPs whilst authorised must ensure compliance with Regulation 17 of the Mental Health Regulations 2015 for the reporting period

Training

It is expected AMHPs attend an OCP AMHP Refresher Course at least every 2 years. Other training opportunities are provided by the OCP and AMHPs can access these courses. Training information can be found on the OCP website.



Requirements of AMHP

AMHP audit

AMHPs will be required to participate in the annual self-report survey, reporting their CPD and Clinical Supervision requirements via an online reporting system each financial year. When the portal is opened each year all AMHPs will be informed via email and requested to fill in the details of their activities during the year.

The Clinical Consultant will perform audits on a randomly selected group of AMHPs (at least 10% of all AMHPs) to note that they are complying with these Requirements for continuing authorisation. If an AMHP is selected for audit they will be required to submit the forms detailing continuing professional development and Clinical Supervision. An AMHP may also be asked to provide supporting documentation for CPD eg. Certificates of attendance. Documentation may be requested to support periods of leave and or extended periods of sickness.

Should an AMHP fail to comply with the self-report survey and the random audit they risk revocation of their AMHP gazettal (see Revocations).

Revocation

An AMHP must be revoked if they are no longer registered by the Australian Health Practitioners Registration Authority (AHPRA) or, in the case of social workers, no longer eligible for membership of the Australian Association of Social Workers.

Managers should inform the Consultant, Statutory Authorisations and Approvals by completing the appropriate form on the Chief Psychiatrist website and returning to amhp@ocp.wa.gov.au

Regulation 17(5) The Chief Psychiatrist can revoke an AMHP if they have failed to complete approved annual professional development or completion of annual clinical supervision. The Chief Psychiatrist may also revoke authorisation of an AMHP on any of the following grounds;

- mental or physical incapacity
- incompetence
- neglect of duty or misconduct.

Revocation will be advised in writing and published in the Gazette.

Resigning

An AMHP can resign from the role at any time by completing the Request for Revocation Form and returning it to amhp@ocp.wa.gov.au. Arrangements will be made to have the revocation published in the Government Gazette. *If an AMHP decides to resign they should inform their line manager.*

It is strongly encouraged that AMHPs who have transitioned to non-clinical roles where AMHP status is not required relinquish their AMHP status. Should a practitioner move into a clinical role in the future requiring AMHP status, reauthorisation is possible.

An AMHP is expected to resign if their manager has made a decision that a mental health practitioner acting in the AMHP role is no longer required by the service.



CHIEF PSYCHIATRIST of Western Australia

Changes

The onus is on the AMHP to inform the Chief Psychiatrist of any changes.

Please note - If an AMHP is unable to be located and has not responded to correspondence, they will be automatically revoked on 30 October of each year. AMHP Delegates will be informed of this prior to the revocation.

Changes include;

- a. changes to name - must complete the Change of Name Form
- b. changes to workplace - must complete the Change of Workplace Form and provide evidence the new workplace supports the continuation of AMHP status (an email with manager include will suffice)
- c. taking extended leave of more than 12 months eg maternity etc.

If an AMHP moves from one service to another the AMHP **must** have the approval of the Approved Delegate (see OCP website for list of delegates) at the new service to continue in the role of an AMHP. Forms are available on the OCP website. Evidence from the delegate must accompany the form.

Leave

AMHPs are required to advise the Chief Psychiatrist should they go on extended leave of more than 12 months. The Chief Psychiatrist has set the six (6) required Clinical Supervision sessions and five (5) hours of CPD to accommodate periods of leave or illness. All AMHPs whilst authorised must meet the minimum requirements despite leave taken. Should an AMHP go on leave 12 months or more they will be encouraged to consider revocation. Reauthorisation is possible once the practitioner have returned to their position.

Please contact amhp@ocp.wa.gov.au prior to going on leave to discuss possible options.

Forms

The website provides all the forms for reporting and managing your AMHP Gazettal can be found on the OCP [website](#)

Contact Details

amhp@ocp.wa.gov.au - for all enquiries regarding gazettal and maintaining authorisation

training@ocp.wa.gov.au – for all training enquiries

mha2014@ocp.wa.gov.au – for all clinical queries whilst discharging your function as an AMHP

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Correct as of 23 May 2019

*with the approval of the Delegate