

AMHP s13 Refresher

Risk, Accountability & Values - Nkosi

“Nkosi’s Referral”

Nkosi is a 24-year-old Black British man of Zimbabwean heritage, living alone in a social housing flat. He has a history of schizophrenia, previously detained under Section 2 MHA, and was discharged from services about a year ago. His family (parents and two younger brothers) live nearby. He has a history of trauma, including a racially motivated assault in 2018.

Recent Events

- Social withdrawal: Nkosi has become increasingly isolated since his mother’s cancer diagnosis and has lost his job due to poor attendance.
- Medication: He has not collected his antipsychotic medication for over a year.
- Family concerns: His brother Patrick reports Nkosi is “scared of neighbours,” possibly carrying a baseball bat, and has been seen with a known local gang member.
- Incident: Nkosi presented at A&E, highly anxious and agitated, asking for lorazepam and saying, “the king of KX is after me.” He disengaged from the psychiatric liaison interview and ran off when security approached.
- Referral: A psychiatric liaison nurse (Sophie) refers Nkosi for an urgent MHA assessment, citing:
 - “Highly paranoid, anxious, disengaged, probable relapse of schizophrenia, non-concordant with medication, not home treatable, previously detained, likely to have a weapon, possible gang involvement, bed available tomorrow, will need s135(1) warrant.”

AMHP Task

You are the AMHP on duty. You receive the referral and are asked to consider whether to proceed with an MHA assessment, and if so, how to approach it.

- Scenario adapted from Simpson, 2022.

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Discussion Prompts:

1. Risk

- What risks are being presented in the referral?
 - To Nkosi? To others? To staff?
- How much of the risk is based on evidence, and how much on assumption or bias?
- What are the risks of intervention (assessment, possible detention) versus non-intervention?
- How might the process of assessment itself increase risk (e.g., escalation, trauma, racial bias)?
- How could you “buy time” or “change gears” to clarify or reduce risk?

2. Accountability

- Who is accountable for the decision at this stage?
 - What is your statutory duty under s13(1)?
- What pressures are you under (from referrers, family, system)?
- How do you ensure your decision is defensible and well-documented?
- How do you share accountability with the wider system (e.g., through multi-agency meetings, consultation)?
- What support do you need from your team or manager to make this decision?

3. Values

- How do your personal and professional values shape your approach to this referral?
- How do you ensure Nkosi’s voice, rights, and lived experience are central?
- How do you address potential structural racism or “racist processing” in the referral and risk formulation?
- How do you balance the principle of least restriction with concerns about safety?
- How do you ensure transparency and collaboration with Nkosi and his family?