

Case study



Interview with an Occupational Therapist Approved Clinician

Donvé Thompson-Boy

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We interviewed Approved Clinician (AC) Donvé Thompson-Boy from England, about how she stepped into the role and the impact she has had:



Donvé Thompson-Boy

1. What supported your decision to become an AC?

I had a supportive Head of Profession and Director of Therapies who encouraged me to consider the AC development opportunity available in the Trust.

I started working with my mentor (a consultant psychiatrist) early in the process and he was willing to assist my development. He helped me identify learning opportunities and gave me feed-back for my portfolio.

A learning set of peers was also important to share and reflect on our learning experiences together. We could help each other with our portfolio development which was invaluable.

It was essential to have protected clinical time which I carved out from my substantive role, to give me space to develop my AC competencies. Additional time during evenings and weekends to read about mental health case law and complete the course requirements was also necessary.

2. What did you do to become an AC?

I needed to be proactive and create learning opportunities which addressed the AC competencies. I identified professionals I could learn from in service areas I was less familiar with.

I shadowed a Responsible Clinician (RC) from acute mental health services and also an Approved Mental Health Professional (AMHP). This helped me develop a better understanding of mental health act processes in acute settings.

I attended mental health tribunals to develop a better understanding of the RC role in applying the mental health act. I observed him presenting evidence to the Tribunal including his rationale for continued detention. I also worked alongside the RC while liaising with the mental health act office, and the AMHP team.

It was important to keep a detailed log of every learning opportunity so I could collate the evidence I needed for my portfolio. This also helped me identify the gaps in my learning and the AC competencies I needed to focus on more.

I could then look for opportunities which would enable me to develop and demonstrate the necessary knowledge and skills. I worked in my own time to collect the evidence and pull my portfolio together.

3. What helped you most to become an AC?

My post-graduate mental health law course helped me appreciate and understand what my responsibilities would be as a RC. It equipped me to better understand and apply mental health and mental capacity acts while also considering relevant case law.

I was able to reflect on how I would incorporate my occupational therapy (OT) values into the role. Also, about how this could enhance people's recovery and potentially reduce their period of detention under the mental health act.

I developed a better understanding of how to evidence and demonstrate the core AC competencies required. On the course we had a Multi Professional Approved Clinician (MPAC) present their learning and share their portfolio. It gave us the opportunity to learn from her experience and ask questions which supported me, as an aspiring MPAC on the journey.

4. What values and beliefs sustained you through the process?

I believed I had a wealth of clinical experience through working in adult rehabilitation and community mental health services. I believed this could make a difference in the lives of some people subject to detention.

I believed, as a senior clinician, I could lead a team of multi professionals. That I could hold overall responsibility for the care and treatment of people detained under the mental health act. I felt that I had something unique to add, as an occupational therapist (OT).

I believed that as an OT, I could hold a clinical leadership role which was on a par with my colleagues from other disciplines. They were already in consultant roles but these were not available to OTs in my Trust. I was motivated to demonstrate that OTs can be on an equal footing and that consultant OT roles should be available. I strongly believed that the AC role would support this workforce development.

I valued bringing a different experience of care to people whose occupations are restricted because of their detention under the mental health act. I believed my OT expertise could contribute to better outcomes for people and have a positive impact on their length of detention.

5. What other aspects of yourself did you draw on?

I was championing occupational therapy. We have lots of experience and a unique contribution to make as clinical leaders rather than only being led by others. I didn't want the OT profession to be left behind when this opportunity became available.


I also drew on my commitment to people's recovery. By leading a multi-disciplinary team and working in collaboration with people who use services, I felt I could achieve the best outcomes.

It presents OTs with an alternative career development pathway as opposed to a management pathway. This was exciting and something I felt very passionate about exploring.

6. What impact have you had as an AC?

People in my service now have choice about who their RC could be. As an OT, I approach recovery and treatment differently and I use this to enhance people's experience. Anecdotal evidence suggests that MPAC involvement contributes to lower lengths of stay and shorter detentions under the mental health act.

I have shared my learning about the benefits of the AC role with other OTs. I have encouraged them to consider it as part of their development. It has created conversations with colleagues to promote awareness of this exciting career development opportunity within our profession.



For additional case studies of Multi-Professional Approved Clinicians please read HEE's **Approved Clinician implementation Guide**