

The Right to Be Heard

Review of the Quality of Independent Mental Health Advocate (IMHA) Services in England

Research tools

June 2012

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1. IMHA organisation questionnaire

IMHA Services 2011 (Final)	
1. INTRODUCTION	
<p>The Department of Health has funded researchers at the University of Central Lancashire to evaluate how Independent Mental Health Advocates (IMHA) services are working in practice and what makes a good quality IMHA service.</p> <p>The Cambridgeshire 3 Research Ethics Committee and the International School for Communities, Rights and Inclusion Ethics Committee at the University of Central Lancashire has given ethical approval for this study to go ahead.</p> <p>This questionnaire has been sent to all IMHA providers in selected case study areas in England. It asks for background information about your advocacy service, the organisation of IMHA provision within your service, about the staff providing IMHA services, the funding and commissioning arrangements, and about the people you provide an IMHA service to.</p> <p>The survey is divided into six main sections and should take about 20-30 minutes to complete.</p> <p>The information from the questionnaire will ensure that the interview with the IMHA service manager and/or IMHAs concentrates on individual experiences and opinions of those who are part of or manage IMHA services.</p> <p>Thank you in advance for completing the questionnaire.</p> <p>If you would like any further information or have further questions about the research, please ask any member of the research team or contact the Principal Investigator Karen Newbigging by e-mail on KNewbigging@uclan.ac.uk or by phone on 07974622367.</p>	
2. ABOUT YOUR ADVOCACY SERVICE	
*1. ADVOCACY SERVICE DETAILS	
Your Name & Position:	<input type="text"/>
Name of Service:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
Region:	<input type="text"/>
Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>
*2. In what year was this advocacy service set up?	
Year:	<input type="text"/>
*3. When did your advocacy service/organisation start to provide IMHA services in this area? (Please state month and year)	
<input type="text"/>	

IMHA Services 2011 (Final)

***4. Which of the following types of advocacy does your service provide? (Please tick as many as apply)**

- | | |
|---|--|
| <input type="checkbox"/> Generic | <input type="checkbox"/> Citizen/Volunteer |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Peer |
| <input type="checkbox"/> Statutory IMHA | <input type="checkbox"/> Collective |
| <input type="checkbox"/> Statutory IMCA | |

Other (please specify)

***5. Does your advocacy service provide IMHA support to children and young people under 18 years?**

- YES NO

***6. Which of the following groups are you a) COMMISSIONED to provide advocacy of any kind to, and b) do you PROVIDE advocacy of any kind to? (Please tick as many as apply)**

	COMMISSIONED	PROVIDE TO
People with learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>
People with mental health problems	<input type="checkbox"/>	<input type="checkbox"/>
Older people	<input type="checkbox"/>	<input type="checkbox"/>
People with dementia	<input type="checkbox"/>	<input type="checkbox"/>
People with physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>
People with sensory impairment	<input type="checkbox"/>	<input type="checkbox"/>
People with drug/alcohol problems	<input type="checkbox"/>	<input type="checkbox"/>
BME groups	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

IMHA Services 2011 (Final)

***7. Which of these best describes the area where the advocacy service is located?**

- Rural area
 Urban area
 Mixed urban/rural
 Coastal

***8. Which area and population is the service intended to provide advocacy support to?
(Please state geographical area and size of population your service is supposed to cover)**

***9. Which NHS Primary Care Trust(s) or local authorities are you contracted to provide IMHA services for? (Please name all relevant bodies)**

10. What are the primary aims of your advocacy service? (Please provide brief statement)

***11. Please briefly describe your organisational structure in terms of its size (eg local, national) and management structure. For example, a local voluntary organisation that is part of a larger national organisation such as Rethink, or local voluntary organisation run by a management committee or Board of Directors.**

***12. In providing an appropriate and accessible IMHA service, do you have to work with and/or signpost individuals to other local advocacy services or other specialist services?**

- YES NO

13. If you answered YES, please tell us which services you regularly work with/refer to and what they provide.

If NO, what are the reasons for this?

3. ADVOCATES IN YOUR SERVICE

IMHA Services 2011 (Final)

1. How many advocates in total do you have in your service? (Please include both paid and volunteer advocates)

No of Paid Advocates

No of Volunteer Advocates

2. How many full-time equivalent IMHAs posts do you have?

Number of FTE

***3. How many of your PAID advocates are a) IMHAs, b) IMCAs and c) both? (Please give total numbers)**

a) Number of IMHAs

b) Number of IMCAs

c) Number who are both

***4. How many of your IMHAs are also generic Mental Health Advocates?**

Number

5. How many of your VOLUNTEER advocates act as either IMHAs or IMCAs? (Please state number for each or 0 if none)

Number who act as IMHAs

Number who act as IMCAs

Number who are both

6. What is the gender of the IMHAs in your service? (Please give numbers of men, women or transgender)

Women

Men

Transgender

7. What is the ethnic background of your IMHA staff?

White

Black African/Caribbean

Asian

Chinese

Dual/Inbred heritage

Other

Not known

IMHA Services 2011 (Final)

8. How many of your current IMHAs have completed or are in the process of completing the National Advocacy Qualification IMHA Module? (Please give number for each of the options below)

Completed
Currently doing IMHA Module
No training

9. What is the AVERAGE caseload size per full-time equivalent IMHA working in your service? (Please take into account all cases including generic or IMCA cases they may have)

Caseload size (number)

10. On average, what percentage of this caseload will be IMHA clients/partners? (please give percentage)

Percentage %

11. Do IMHAs from your service spend a fixed amount of time or make a fixed number of visits per client/partner?

YES, period is fixed per client NO, period is open ended

12. If you answered YES above, please tell us what this fixed period is per client/partner.

4. FUNDING AND COMMISSIONING IMHA SERVICES

***1. Do you have a service level agreement to provide IMHA services with a PCT(s) or local authority?**

With PCT(s) With both PCT and LA
 With Local Authority No service level agreement

IMHA Services 2011 (Final)

***2. Does the PCT(s) or local authority commission you to provide an IMHA service to a specified number of people each year? (If yes, please explain in box below)**

NO

YES

3. Does the advocacy service receive funding from any of the following sources of funding? (Please tick as many as apply)

PCT/health

Private donations

Local authority

Membership fees

Charitable body eg Big Lottery

Other (please specify)

4. What was the annual income overall for the advocacy service (including IMHA) for April 2010 to 31st March 2011?

Income in GB £

5. What percentage of this income is for IMHA provision?

Percentage %

6. Which ONE of the following best describes the duration of funding for IMHA provision in your service? (Please select ONE option)

Reviewed annually

Reviewed every 3 years

Reviewed every 2 years

Other (please specify)

5. PEOPLE WHO RECEIVE IMHA SERVICE FROM YOU

IMHA Services 2011 (Final)

1. Which of the following commonly refer individuals for IMHA support? (Please select as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> Individuals/self | <input type="checkbox"/> Psychiatrists |
| <input type="checkbox"/> Relatives/carers | <input type="checkbox"/> Mental Health Act Administrators |
| <input type="checkbox"/> Nursing staff | <input type="checkbox"/> CMHT staff |
| <input type="checkbox"/> Social Workers | |

Other (please specify)

2. Of these referrers, which ONE makes most referrals for your IMHA service?

*3. In the PAST YEAR (1st April 2010 to 31st March 2011) how many individuals were referred to your service for IMHA support? (Please include all referrals even if individuals did not take up the service)

Number _____

*4. In the past year, how many individuals did you actually provide an IMHA service to?

Number _____

5. In the past year, what was the gender of individuals that you provided an IMHA service to? (Please tell us the number who were women, men, or transgender)

Women _____

Men _____

Transgender _____

6. In the past year, how many individuals receiving IMHA support from your service were in the following age groups?

16 and under _____

17-64 yrs _____

65 yrs or over _____

*7. In the past year, how many of those who received IMHA support from your service were on supervised COMMUNITY TREATMENT ORDERS?

Number _____

IMHA Services 2011 (Final)

8. In the past year, what was the ethnicity of the individuals who received an IMHA service? (Please give numbers in all relevant groups)

White	<input type="text"/>
Black African/Caribbean	<input type="text"/>
Asian	<input type="text"/>
Chinese	<input type="text"/>
Dual/mixed heritage	<input type="text"/>
Other	<input type="text"/>
Not known	<input type="text"/>

9. In the past year, have you provided IMHA support to individuals who were asylum seekers or refugees?

YES NO

10. In the past year have you provided IMHA support to individual(s) with sensory impairment, e.g. people who were hearing or sight impaired? (Tick all that apply)

Individual with visual impairment Neither
 Individual with hearing impairment

11. In the past year have you provided IMHA support to individual with communication difficulties/needs?

YES
 NO

12. If YES, please tell us about the type of communication issues and how you met these needs

13. In the past year have you had to work with language interpreters in providing IMHA support to some individuals?

YES
 NO

IMHA Services 2011 (Final)

14. How long is a typical IMHA case kept open, that is from qualifying for IMHA to closing the case?

- Under 1 month 7-12 months
 1-3 months Over 12 months
 4-6 months

Any Comments?

15. What are the FIVE most frequent issues that IMHAs deal with? (e.g. medication, Tribunals, leave etc)

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>

6. MONITORING

1. Please briefly outline the type of information you routinely keep about IMHA service provision and the people receiving IMHA support. Give details of any regular reports compiled about your IMHA provision for example, to commissioners.

***2. Do you routinely keep any of the following types of equality monitoring information about the people receiving IMHA support? (Please tick as many as apply)**

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Religion/Faith | <input type="checkbox"/> Ethnicity |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Age |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sexuality |

3. How are service users involved in monitoring the quality of IMHA services? (Please describe any individual feedback mechanisms or collective forums set up to involve service users)

7. ANY OTHER ISSUES?

IMHA Services 2011 (Final)

1. Are there any other issues that YOU would like to highlight for this evaluation of the quality of IMHA services? Please tell us about any particular issues that are important in providing an accessible, and appropriate quality service.

2. Interview schedules

INTERVIEWS WITH IMHA SERVICE USERS

Introduction

1. I understand that you have made use of IMHA support. Can you tell me how that happened?

Understanding of IMHA advocacy

2. In your view, what is the purpose of Independent Mental Health Advocacy?
3. What is your understanding of the role of Independent Mental Health Advocates (IMHAs)?

Accessing IMHA support

4. When you used an IMHA service, how did you find out about it?
5. Who referred you to the IMHA service? (Prompts: Did a member of the hospital staff refer you? Did you refer yourself?)
6. Were you able to choose your IMHA advocate? If so, how did you decide?

Advocacy needs and activity

7. What were your reasons for involving an IMHA advocate?
8. What changes did you want the IMHA to help you make? (Prompts: What decisions did you want the IMHA to help you make? What options did you want the IMHA to help you explore?)
9. What specific things did your IMHA do in order to support you with your issues? Can you give me examples of what your IMHA do to support you with your issues? (Prompts: have they attended your CPA, tribunals or other key meetings with you?)
10. How long did you use IMHA support for?
11. When you used IMHA support, did you have an Advance statement/directive?

12. **If you did not have an Advance directive/statement then**, have you got one now? If so, did your IMHA play a part in you setting up an Advance directive/statement?

Or If has an advance directive how did your IMHA support you to fulfil the wishes expressed in your Advance statement/directive?

Impact of IMHA support

13. Did the IMHA support you received make a difference for you in any way?

14. More specifically, what difference (if any) did the IMHA support you received make in relation to:

- a. The quality of your care and treatment under the Mental Health Act?
- b. Managing your mental health and recovery?
- c. Your confidence to deal with the issues you brought to IMHA advocacy?
- d. How you felt about yourself and your abilities?

15. Was there anything that the IMHA advocate couldn't help you with? If they couldn't help you, what happened?

16. If you are no longer in touch with IMHA services, what made IMHA support come to an end? Are any arrangements in place or where there arrangements for you to access other types of mental health advocacy?

Interviewee's relationship with the IMHA

17. How would you describe your relationship with your IMHA?

18. Were there aspects in your relationship with your IMHA that you feel were particularly positive? If so, what were these aspects?

19. Were there any difficulties in your relationship with your IMHA? If so, what were they? How did you manage these difficulties?

Satisfaction with IMHA support

20. Did your IMHA ask for your feedback and comments about your experience of receiving IMHA support at any time? How did the IMHA use your feedback?

21. How satisfied are you with the IMHA support you received? Were your expectations of support met?

22. Were there any aspects of the IMHA support you received that you were a) particularly satisfied with? b) particularly dissatisfied with?

23. How would you improve any aspects of the IMHA support you received?

Previous experience of using IMHA support

24. Had you used IMHA support before your last experience?

25. If so, how did you know about IMHA support then? How did you access it? What were your reasons for involving an IMHA advocate then?

26. How did your previous experience of IMHA support compare with your most recent one?

Experience of generic mental health advocacy and how it compares with IMHA advocacy

27. Apart from using IMHA support, have you used any other mental health advocacy services? If so, can you tell me about that?

28. Were there any differences between IMHA advocacy and other mental health advocacy? If so, what were they?

Quality of IMHA services/Suggestions for improvement of IMHA services

29. Based on your experience and what you have told me today, what do you think makes a good quality Independent Mental Health Advocate?

30. And what do you think makes a good quality IMHA service?

31. Based on your experience, what recommendations would you make for how IMHA services can be improved?

The role of carers and family members in relation to IMHA support

32. What has been your experience of the involvement of your family or carers? For example, when you used IMHA support, were your carers or family members involved in any way in the work your IMHA did with you? If so, how were they involved?

Other comments?

33. Do you have any other comments on your recent experience of IMHA support?

INTERVIEWS WITH SERVICE USERS WITH NO EXPERIENCE OF IMHA SUPPORT (ALTHOUGH QUALIFYING)

Introduction

1. I understand that you have not made use of IMHA support then even though you qualify for such support. Can you tell me how that happened, i.e. how come you have not make use of IMHA support even though you are entitled to it?

Knowledge and understanding of the purpose of IMHA advocacy and the role of IMHAs

2. What is your understanding of the purpose of Independent Mental Health Advocacy?
3. What is your understanding of the role of Independent Mental Health Advocates (IMHAs)?
4. Did you know that you had a right to an IMHA/you were entitled to support from an IMHA?
5. Were there any issues you could have benefited from IMHA support with?
6. What steps did you take to manage these issues? Who else provided support (*Prompts: solicitor, friend, relative etc*)?
7. [*If aware of IMHAs and their role and aware of entitlement to IMHA support*]
How did you become aware of IMHAs and their role back then? **When/At what point during your detention** did you become aware of IMHAs and their role?
Prompts: Who gave you information about IMHAs and their role? Who informed you of your right to an IMHA?
8. [*If aware of IMHAs and their role and aware of entitlement to IMHA support*]
Once you became aware of your right to an IMHA and the role of IMHAs, what did you do?
Did you try to access IMHA support?
[*If you tried to access IMHA support*] What were the issues you needed IMHA support with? What were your reasons for wanting to involve an IMHA advocate? What changes did you want the IMHA to help you make?
How did you go about accessing IMHA support? What steps did you take to access IMHA support?

9. Did you face any difficulties relating to accessing IMHA support? If so, what were these difficulties? How did these difficulties make you feel?
10. Based on what you have told me so far, what were your reasons for not making use of IMHA support even though you qualified for it?
[If you were aware of the role of IMHAs and your right to an IMHA, and you did not face difficulties relating to accessing IMHA support], how come you did not make use of IMHA support when you were detained in hospital ago?
11. In hindsight, what would you have liked to be different with respect to using IMHA support? What needs to happen for you to use IMHA support?

Experience of generic mental health advocacy and how it compares with IMHA advocacy

12. Have you used any other (other than IMHA) mental health advocacy services? If so, can you tell me about that?
13. Are there any differences between IMHA advocacy as you understand it and other mental health advocacy? If so, what are they?

Other comments?

14. Do you have any other comments on support from an IMHA?

INTERVIEWS WITH MENTAL HEALTH STAFF

About the interviewee and their service

1. Tell me about your current role and responsibilities
2. How long have you been in this role/job?
3. Tell me a little bit about your service-e.g. How are people referred to the service and who do you provide a service to?

Experience of advocacy

4. Who provides IMHA support to your service?
5. Tell me about your experience of Independent Mental Health Advocacy (IMHA advocacy)
6. Do you have experience relating to other forms of advocacy? (e.g. generic/non-statutory mental health advocacy; Independent Mental Capacity Advocacy)
7. To what extent do you see yourself as having an advocacy role in relation to patients in your care?

Understanding of the purpose of IMHA advocacy and the IMHA role and remit

8. What is your understanding of the nature and purpose of Independent Mental Health Advocacy (IMHA advocacy)?
9. What is your understanding of the role and remit of Independent Mental Health Advocates (IMHAs)?
10. More specifically, what is your understanding of IMHAs' role in Mental Health Tribunals hearings and Hospital Managers' hearings?
11. What is your understanding of any obligations you may have in relation to patients' accessing IMHA support in your service?

Views on importance of IMHA advocacy

12. What are your views on IMHA advocacy?
13. How well received is IMHA advocacy in your service/amongst your team?
14. What are the staff's attitudes towards IMHA advocacy in your service/amongst your team? Could you give me examples?

Training & preparation for the introduction of IMHA advocacy

15. In what way were you and your team prepared for the introduction of IMHA back in 2009?
16. Can you tell me about any training you may have had regarding IMHA advocacy? Who organised and delivered the training?
17. How would you describe the quality of your preparation and training for the introduction of IMHA advocacy?
18. How could this preparation and training be improved?

The advocacy needs of (detained) patients in interviewee's service

19. Do the detained patients in your care have particular advocacy needs that IMHAs need to understand and address? If so, what are these needs?
20. What do you think are the main issues patients in your service need IMHA support with?
21. Are there any service users or groups of service users in your service who make most use of IMHA advocacy?
22. Are there any service users or groups of service users in your service who make least use of IMHA advocacy?
23. How do you make sense of any variation in the uptake of IMHA advocacy in your service?

Access to and provision of IMHA support in interviewee's service

24. How do patients in your service access IMHA support?
25. Is there anything particular about your service which has an impact upon how Independent Mental Health Advocacy is organised and provided here? e.g. security factors
26. What specific things, if any, do you do to support the role and practices of the IMHA advocate (s) in your service?
27. What kind of training/skills/knowledge/expertise do IMHAs need in order to provide effective support to detained patients in your care-in order to understand and address effectively the particular advocacy needs of detained patients in your care?

28. Can you tell me about the working practices of the IMHA advocate(s) in your service? What are your views on these practices?
29. How is the IMHA advocate's (or advocates') access to patients' records managed in your service? How is IMHAs' right to access patients' records translated into practice in your service?
30. Where do you see the role of carers and family members in the provision of IMHA support in your service?

Relationship of interviewee with the IMHA advocate(s)

31. How would you describe your working relationship with the IMHA advocate (s) in your service?
32. What are the positive aspects in your working relationship with the IMHA advocate (s) in your service?
33. Are there any difficulties in your working relationship with the IMHA advocate (s) in your service? If so, what are they?
34. How could your working relationship with the IMHA advocate(s) in your service be improved?

Quality and effectiveness of IMHA support and recommendations for improvement

35. On the whole, what is your view on the quality of IMHA support provided to patients in your service?
36. How effectively do you think the IMHA advocate/s meets the advocacy needs and promotes the rights of detained patients in your care?
37. Can you give me examples of what the IMHA advocate/s in your service does particularly well?
38. Are there any areas IMHA support in your service could improve on? If so, what are these areas? How could IMHA support be improved?

Impact of IMHA advocacy

39. In your view, what outcomes are achieved for people's care and treatment under the Mental Health Act as a consequence of IMHA provision in your service?

40. What other outcomes are achieved for service users as a consequence of IMHA provision in your service?

41. How does the provision of IMHA advocacy in your service impact upon...

- Your own role and working practices?
- Other staff in your service and their practices?
- Staff-patient relationships?
- Inter-professional working between advocates and mental health staff?
- The organisation as a whole? Can you give me examples?

Any other observations?

42. Do you have any other comments or observations on your experience of IMHA advocacy in your service?

INTERVIEWS WITH IMHA COMMISSIONERS

About the interviewee and their commissioning organisation

1. Tell me about your role and what responsibilities do you have?
2. How are mental health services commissioned and who is responsible for commissioning IMHA services?
3. How long have you been involved in commissioning IMHA services?
4. Who is responsible within your organisation for commissioning other forms of advocacy (e.g. IMCA, generic mental health advocacy etc.)?

Understanding of advocacy

5. What do you understand by the terms advocacy and IMHA?
6. What do you see as the purpose of advocacy?
7. What do you see as the purpose of IMHAs?
8. What qualities and skills do IMHA personnel need?
9. Have you or your colleagues/team undergone any training in relation to advocacy generally or IMHA specifically?

Commissioning IMHA services

10. Who undertakes the IMHA on your patch?
11. How did you decide to commission [name of the IMHA service] to provide the service?
12. What area is covered and is this co-terminus with the local LA/PCT/MH Trust?
13. Who else is commissioning IMHA services locally?
14. How, if at all, have you collaborated with other commissioners of IMHA services locally?
15. Who is involved in commissioning IMHA services?

- Are mental health service users involved in commissioning IMHA services? If so, how?
 - Are mental health services involved? And if so, how?
16. What arrangements are made for IMHA provision for residents placed out of area?
17. Are you anticipating any changes to the commissioning of IMHA services?

Assessment of need for advocacy services

18. How has the need for IMHA services and mental health advocacy more widely been assessed?
19. Have you gathered information on the specific advocacy needs in relation to IMHA of the following groups: black and minority ethnic communities, lesbian, gay , bisexual and transgendered people, people with mental health problems and learning difficulties, children and young people, older people, people with a sensory impairment or a physical disability?
20. How are these reflected in the service specification?
21. Did you undertake any Equality Impact Assessment?

Outcomes

22. What outcomes do you hope to see as a consequence of commissioning IMHA services?
23. How are outcomes arrived at?
24. How are these reflected in contracts and /or service specifications?
25. Would it be possible to see a copy of the service specification and/or contract and any service monitoring reports?

Contracting

26. What is the approximate size of the budget you spend on IMHA services a year?
27. What is the approximate size of the budget you spend on other mental health advocacy services?

28. What do you expect for this money / (i.e. number of contacts, specific activities etc?)
29. What are the monitoring or regular reporting arrangements? How do you identify shortcomings?
30. Do you ask for feedback on issues relating to the quality of mental health services? If so, can you give an example?
31. How have you built working with IMHA services in to other service specifications or contacts (e.g. with mental health service providers?)

What is your experience of the provision of IMHA services?

32. How well do you think the local IMHA service (s) meet the advocacy needs/protected rights of qualifying patients?
33. What is your view on the quality of this service?
34. What do they do particularly well?
35. What could they improve?
36. What is the relationship with of IMHA to other mental health advocacy services and the IMCA services?
37. How could this be strengthened?

Capacity building

38. Have you taken any steps to build the capacity of IMHA providers? (For example provided costs related to training)

Recommendations for IMHA services locally

39. Have you any recommendations for how IMHA services could be improved locally
40. Have you any recommendations for how the commissioning of IMHA services could be improved locally?

Any other comments/observations?

41. Are there areas we have not covered?

3. Service user questionnaire



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The research team would like to try and capture an overall profile of the number and type of people who have taken part in the interviews. We are asking everyone who takes part in this research to complete these questions to provide basic information about themselves. You do not have to answer any of the questions that you do not want to and you do not need to provide your name. If you need any help to fill this in please ask.

1. How old were you on your last birthday?.....

2. What is your gender?

(Please tick the box that applies to you.)

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>

3. What is your country of nationality?

4. How would you describe your ethnicity?

White

British

Irish

European (please specify)

Other (please specify)

Asian or British Asian

Bangladeshi

Indian

Pakistani

Black or Black British

African

Caribbean

Chinese

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background (please specify)

Other ethnic group (please specify)

**5. How would you describe your status?
(Please tick the box that applies to you.)**

British Citizen

Refugee

Asylum Seeker

Other (please explain)

.....

**6. How would you describe your sexual orientation?
(Please tick the box that applies to you.)**

Straight

Gay

Lesbian

Bisexual

Other (please explain)

.....

7. What is your first language?

Spoken or signed:.....

Written:.....

8. Which languages are you fluent in?

Spoken or signed:

Written:.....

9. Do you have a disability?

(Please tick the box that applies to you.)

Yes

No

If yes please describe here

.....

10. How long have you been in contact with mental health services?

(Please tick the box that applies to you.)

Less than 3 months

3 – 6 months

6 – 12 months

1- 3 years

3-5 years

More than 5 years

11. How many times have you been detained under the 1983 Mental Health Act?

(Please tick the box that applies to you.)

Never

Once

Twice

More than 3 times

12. Had you heard about Independent Mental Health Advocacy Services before this interview?

(Please tick the box that applies to you.)

Yes

No

13. Have you ever used Independent Mental Health Advocacy Services?
(Please tick the box that applies to you.)

Yes

No

If yes, please state which services and/or what you received help for:

.....

.....

14. If no, have you ever used other advocacy services
(Please tick the box that applies to you.)

Yes

No

If yes, please state which services and/or what you received help for:

.....

12. Finally we would welcome your comments on the interview

What did you think worked well about the interview?

What did you think did not go well in the interview?

What are your views on being interviewed by a service user?

Thank you. Please put this form into the blank envelope attached to it and hand it back to the researchers.

You do not need to put your name on.

4. Framework for case note analysis

CASELOAD ANALYSIS FOR IMHA USERS (Mental health records and IMHA records)

Case ID		
Personal characteristics	Age	
	Gender	
	Ethnicity	
	Disability	
	Sexual orientation	
	Type of qualifying patient	
Access to IMHA services	Referral source	
	Date of referral	
	Date of first contact	
	How contact instigated	
	Date case closed	
Advocacy provision	Issue(s) raised	
	Advocacy activities provided	
	Action(s) resulting from advocacy involvement	
	Frequency and duration of advocacy involvement	

Outcomes	Service user (including care and treatment under the MH Act)	
	Carer	
	Service	
	Other	
Information relating to patient's wishes and advocacy outcomes	Satisfaction with provision	
	Ease in addressing issues raised	

	Involvement of others	
	Other	
Quality indicators	Positive comments about access or provision of IMHA services or support provided by the mental health service	

CASELOAD ANALYSIS FOR NON IMHA USERS (Mental health records)

Caseload analysis Date mental health records were reviewed:

Case ID Review of mental health records	
Personal characteristics	Age
	Gender
	Ethnicity
	Disability
	Sexual orientation
	Type of qualifying patient
Information about access to IMHA services (When and how informed of right)	
Issues that they could have benefitted from IMHA support with	

Other observations	
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