

The Right to Be Heard

A Study of the
Quality of Independent
Mental Health Advocate
Services in England

WHAT IS AN INDEPENDENT MENTAL HEALTH ADVOCATE (IMHA)?

An advocate helps by speaking up for someone and finding out information for them. They do this when someone feels unable to do this for themselves and the purpose is to help that person have a voice. Advocacy is useful when someone is using mental health services as they can feel that they lack any power to have a say in what happens to them.

Independent Mental Health Advocates, known as IMHAs have been specially trained to understand the Mental Health Act. Their job is to help patients who are under the Mental Health Act to:

- Understand what this means for them
- Look after their rights
- Enable them to take part in decisions about their care and treatment.

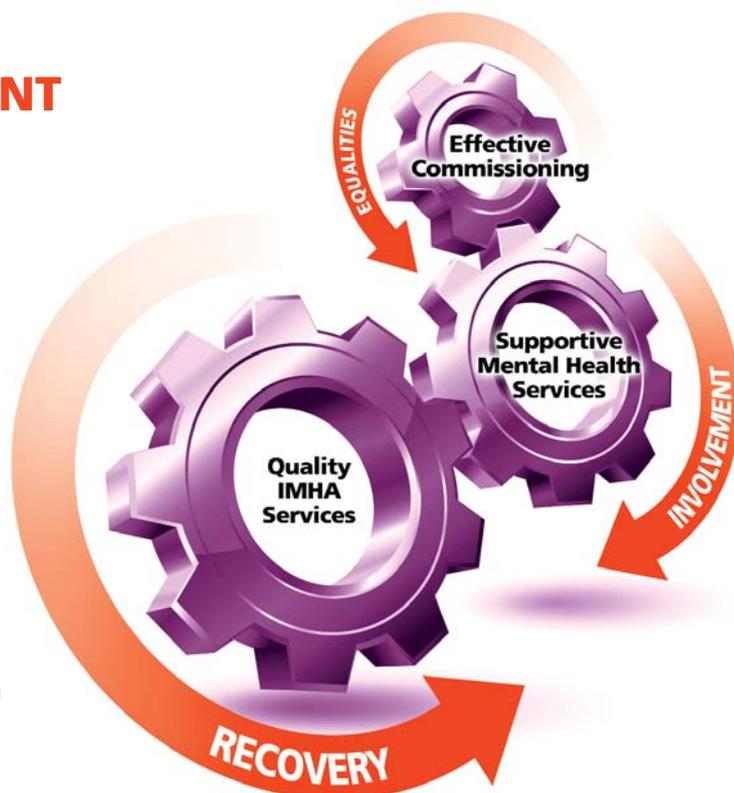
Patients have a choice about whether they want to have the services of an IMHA. It is their right to have one and they can choose not to.

THIS RESEARCH

The Department of Health paid for this research in 2010 to find out how well IMHA services were doing.

They wanted to look at what makes a quality service and what does not.

This will help them to know what is going on and will help people who pay for IMHA services and those who provide them know what to do. It will be helpful for mental health services to understand how they can support the IMHAs in doing their job.



It should also be useful for service users and those who qualify for IMHA services, and their families and carers so that they know what they can expect.

This research was carried out by a team from the University of Central Lancashire. The team included people with experience of using mental health services and of the Mental Health Act.

WHAT WE DID

We did several things to help us build up a picture of how IMHA services are working and how they could be improved including:

- Looking at books and papers that have been written about advocacy and the Mental Health Act.
- Holding 11 focus groups across England for people involved with IMHA services including service users.
- We went along on visits with four IMHA services to understand how they work.
- We came up with some ideas about what made for good quality IMHA services and we discussed these with a panel of experts.
- We did in depth case studies into what was happening in eight mental health services. In these case studies we:

- Sent out a questionnaire to the IMHA services.
- Interviewed 214 stakeholders including 90 patients who qualified to have an IMHA but not all of them had one. These people also completed a questionnaire so that we could build up a picture of who we interviewed.
- Looked at mental health service and advocacy records for people who had and had not used the IMHA service.
- Sent out a questionnaire to independent service providers.

OUR FINDINGS

We found out that good quality IMHA services...

- Are easy to find and contact; are accessible.
- Are services that the service user has confidence in and can trust, and doesn't feel judged by them.
- Help the person express their views and be heard, having a voice and being listened to.

One IMHA user said, *"I think that IMHAs are meant to be able to put the patient's point of view across and to support the patient when they haven't really got so much of a voice."*

- May lead to service users changing decisions about their care and treatment under the Mental Health Act.
- Are likely to support a person's road to recovery.

Another IMHA user said... *"Someone on my side, opening up options"*

Other Important aspects of IMHA services...

- They are independent
- They safeguard and protect rights
- They give the person more power in dealing with mental health services.

However, some service users said they maintain things as they are (the status quo) and didn't change things.

More Results... This is what happens now

We found that overall less than half of those who qualify for IMHA services actually got in touch and used one.

Service users who need the IMHA the most were using it the least. This included:

- People on Community Treatment Orders (CTOs)
- People from black and minority ethnic (BME) communities
- Children/young people
- Older adults
- People with sensory impairment
- People with learning disabilities.

Service users who understood IMHA services were more likely to make the best use of them.

We also found that IMHA services were not always well advertised.

Understanding of what an IMHA does is important in determining whether someone uses the service.

In some hospitals, people didn't understand what IMHAs were supposed to do and there was confusion with other types of advocacy. Some professionals saw their own role as *"patients' advocates"*.

Not all professionals understood they had to promote IMHA or IMHAs' right to see patient records.

In other hospitals there was a good understanding of the IMHA role.

A Psychiatrist said: *"They are a good bridge"*.



We looked at different needs

Patients who used IMHA services usually thought they were good, even if it did not lead to changes in care and treatment.

But there was little to show that needs were taken into account when the services were first planned and paid for.

Most IMHAs are female and white so there is not much choice for men or people from BME communities.

Clear records were not always kept so it was not easy to tell whether patients were given this service as they should be.

RECOMMENDATIONS FOR WHAT NEEDS TO HAPPEN NOW

- We think that we all need to remember the core values of the Mental Health Act and how advocates are the link to recovery and personal rights.
- We think that service users should get an advocate automatically and if they don't want one then they can tell them that.
- We think that all the different groups who find it hard to get an IMHA need to be top of the list and a close eye kept so they get the service they need.
- Non-instructed advocacy needs to be readily available. This is when an IMHA acts on behalf of someone who lacks capacity to safeguard their rights.
- Information that mental health professionals and IMHA services keep about the involvement of advocates needs to be clear and with clear standards so the same type of records are kept.
- Mental health services need to support the role of IMHAs by making sure the IMHA can meet people who qualify for their services in private and be involved with the service user at key meetings
- Resources such as money will be needed to ensure that these important suggestions happen. But some things are about changing attitudes too.
- It is important that service users give their point of view about how these services are planned and go forward.

Contact for more information

The full research report is available at:
www.uclan.ac.uk/schools/school_of_health/the_right_to_be_heard.php

You can get a hard copy of the summary report on request from the IMHA project, School of Health, BB235, University of Central Lancashire, Preston PR1 2HE, Tel No: **01772 893650**

If you are under the Mental Health Act you may be entitled to have an IMHA to help you get your voice heard. If you are not under the Mental Health Act, you may also be able to have an advocate.

You can find out more information about advocacy services in your area on the Action for Advocacy website <http://www.actionforadvocacy.org.uk/> or by asking a service user group or a mental health professional that you trust.

