

Developing Quality Independent Mental Health Advocate (IMHA) Services

Quality Indicators
to Support Local
Development

The IMHA Project team

Karen Newbigging, Dr Julie Ridley, Dr Mick McKeown,
Karen Machin and Dr Dina Poursanidou
Laura Able, Kaaren Cruse, Paul Grey, Stephanie de la Haye, Zemikael Habte-Mariam,
Doreen Joseph, Michelle Kiansumba and June Sadd

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INTRODUCTION

A quality Independent Mental Health Advocate (IMHA) service

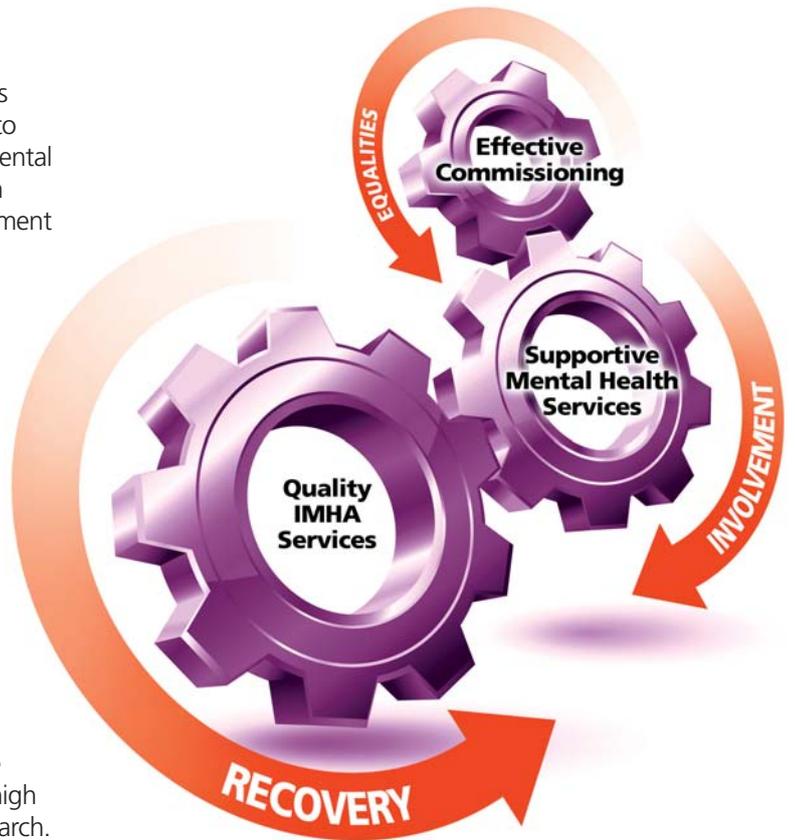
Independent Mental Health Advocate (IMHA) services were introduced under the Mental Health Act 1997 to safeguard the rights of people detained under the Mental Health Act 1983 and to enable them to participate in decisions about their care and treatment (see Department of Health, 2008). These quality indicators have been developed from a review of Independent Mental Health Advocate (IMHA) services in England¹.

We found that quality IMHA services are: easily **available**; one in which the service user has **confidence and trust**; enables them to **express their views and be heard** and thus **potentially influence decisions** about their care and treatment under the MH Act and thus ultimately **is likely to support their journey to recovery**. This reflects the legal position that people detained under the MH Act have **the right to be heard**.

The commissioning of IMHA services has been the responsibility of Primary Care Trusts since 2009 but moves to local authorities in 2013². The aim of these indicators is to enable local stakeholders to develop high quality IMHA services in their area, based on the research.

Background

In 2010, we were commissioned by the Department of Health to review IMHA services. We asked nearly 300 stakeholders what they thought made a good quality IMHA service. This included over a 100 people detained under the Mental Health Act, most of whom had used IMHA services but we were also able to understand why people did not use IMHA services from talking to people who had not used them. We also interviewed IMHAs, managers of IMHA services, mental health professionals, including mental health nurses, psychiatrists, psychologists, social workers and occupational therapists, people with responsibility for commissioning IMHA services and people involved in the administration of the Mental Health Act, particularly Approved Mental Health Professionals and also hospital panel members and a solicitor.



We reviewed the literature on mental health advocacy services, particularly research but also standards and other quality indicators that have been developed, and we undertook shadow visits with IMHA services to get an in-depth understanding of what it was like to work as an IMHA. We combined all of this data to develop a framework for the quality indicators and to establish the detail of the indicators.

You can read about our research at:
www.uclan.ac.uk/schools/school_of_health/the_right_to_be_heard.php

¹ See Newbigging, K., Ridley, J., McKeown, M., Machin, K., Poursanidou, D. et al (2012). *The Right to Be Heard: A Review of the Quality of Independent Mental Health Advocate services in England*, University of Central Lancashire, Preston.

² Section 43 of the Health and Social Care Act 2012.



A FRAMEWORK FOR THE QUALITY INDICATORS FOR IMHA SERVICES

Ascertaining the quality of IMHA services involves understanding the contributions of commissioning, the host mental health services, and the organisation and management of IMHA services. This all takes place in a context of inter-relationships between service users, families and carers and relevant partnerships with community organisations.

These quality standards take account of the complexity of these contributory factors, and do not merely focus on the advocacy provider. Commissioning relationships are crucial, particularly the level of funding and the service specification. The operational context provided by the mental health services organisation and relevant mental health professionals is necessary for the support of high quality advocacy. Social networks, including family, other carers, peer support networks and community organisations can be influential in facilitating access to advocacy; although a lack of support networks means that advocacy can be particularly important for people who are isolated. Informed and knowledgeable service users are better placed to utilise advocacy to its fullest extent.

USING THESE INDICATORS

We think that these indicators will be most effective if the process of using them involves local stakeholders: qualifying patients, mental health services users, carers, IMHAS and their managers, mental health professionals, commissioners and people involved in the administration of the Mental Health Act.

QUALITY INDICATORS FOR IMHA SERVICES

There are 30 indicators, organised around the following eight over-arching themes:

1. Effective commissioning for IMHA services
2. Availability and accessibility of IMHA services
3. IMHA Service Characteristics
4. Organisation and management of IMHA services
5. The IMHA role
6. Meeting diverse needs
7. Monitoring and outcomes of IMHA services
8. The mental health services context

Effective commissioning of IMHA services

Quality indicator 1 – Working in partnership with mental health commissioners

Those commissioning IMHA services work in partnership with commissioners of mental health services, so that the impact of IMHA provision on mental health service development can be understood and maximised.

Quality indicator 2 – Assessment of need for IMHA services

Commissioning IMHA services should be based upon:

- A local needs assessment, which considers:
 - the demographic profile
 - the disproportionate detention of people from specific communities
 - the potential number of people who might require non-instructed advocacy
 - nature of the geography

- challenges facing the mental health service provider in terms of patient mix, turnover.
- An understanding of the factors influencing historical patterns of demand for and use of IMHA services.
- The views and experience of qualifying patients of IMHA services and of community organisations with specific experience of potential needs of under-served communities.
- An equality analysis to ensure that provision is non-discriminatory and meets the diverse range of needs.

Quality indicator 3 – Co-design with mental health service users and carers

- Commissioners work with a diversity of service users, particularly IMHA partners, and carers and community organisations to ensure a thorough understanding of IMHA services and co-design appropriate services.
- Service users, particularly IMHA partners and carers, are involved in the tendering process.
- Service users, particularly IMHA partners and carers, are involved in contract monitoring.
- Support and appropriate reimbursement, is provided to support service user and carer involvement in commissioning.

Quality indicator 4 – Designing IMHA services

- The design of IMHA services includes instructed and non-instructed advocacy.
- IMHA services are designed to meet the diverse needs of qualifying patients and attention is paid to IMHA provision for: children and young people; older people; people from BME communities; gender-sensitive provision; LGBT people; people with learning difficulties, physical disabilities or sensory impairments.
- The design reflects a whole system approach so that the interfaces with other forms of advocacy are easy to navigate, particularly generic mental health advocacy, IMCA services, peer advocacy and advocacy for specific groups.

Quality indicator 5 – Investment matched to need

- The level of investment in IMHA services reflects the local demands and needs, as established through the needs assessment process.
- This is reassessed on an annual basis and adjusted to reflect changing rates of qualifying patients and specific issues encountered by the IMHA service.

Quality indicator 6 – Service specification and contracts

- Local commissioning of IMHA services adheres to national minimum standards and agreed service specification and reflects minimum levels of investment, agreed nationally.
- Service specifications and contracts include time for activities other than direct contact, particularly in relation to building awareness of the role, stimulating demand for the service and infrastructure costs

including staff development and training and administrative time to support service monitoring and time to train mental health professionals.

- Service specifications and contracts include measures to ensure that the diversity of qualifying patients are able to access appropriate IMHA services. This may include specifying partnership arrangements with community organisations and/or investment in community organisations to develop their capacity to provide IMHA services. It also means ensuring that IMHA services are available across the age range and as people move from one service to another.
- Contracts with IMHA services are established for a minimum of three years.
- Commissioners fund IMHA services for people using mental health services in their area, including people who are not ordinarily resident in their area. Thus clear arrangements are in place for funding IMHA services for people placed in services out of area, including on their return to the original locality.

Quality indicator 7 – Monitoring

- The availability and access to all eligible people from diverse communities, people with physical disabilities, people of all eligible ages and people on CTOs is monitored across the different equality strands on a regular basis and involves service users and carers in this process.
- Commissioners monitor IMHA services on specified outcomes of IMHA provision, agreed with IMHA providers, service users and carers.
- Commissioners monitor statutory mental health services on providing information and facilitating access to IMHAs for qualifying patients.
- There are clear methods for people who have used IMHA services to provide feedback on their experience to commissioners.

Availability and access to IMHA services

Quality indicator 8 – Availability of IMHA services

- Minimum provision and other standards for IMHA services are agreed nationally.
- There should be a sufficient number of local IMHAs to meet assessed need and a suitable number and variety of IMHA services are funded to meet the diversity of local need.

Quality indicator 9 – Access

- An opt-out, as opposed to an opt-in, system where IMHA services are routinely offered on detention and discharge is in place.
- A proactive approach to address inequalities of access is evident: including commissioning organisations that have the trust and networks with diverse communities.



- Information is shared between mental health NHS Trusts and IMHA services about who qualifies for IMHA services.
- IMHA services are easy to contact and respond promptly.
- Easy access to interpreters, for people for whom English is not their first language, or signers for deaf people, where services aren't provided directly by people from those communities.
- Mental health professionals understand the contribution of IMHA services and their role in facilitating access.
- The responsible local authority/NHS Trust ensures that all qualifying patients and their carers receive information about entitlement to IMHA and the IMHA providers in their area.

Quality indicator 10 – Service promotion

- Promotional materials in a range of formats are available in the full range of mental health services.
- IMHA services provide and promote clear, accessible information for qualifying patients about the IMHA role, how it relates to other forms of advocacy and how to access an IMHA. This includes posters with information clearly displayed and pictures of the IMHAs in wards and community settings as well as leaflets and DVDs particularly aimed at those with communication issues.
- IMHAs operate regular drop-in sessions on hospital wards and in community-based services.
- Mental health services routinely provide information to the nearest relative and carers about IMHA services.
- Information about IMHA services is widely disseminated through service user and carer networks.

Quality indicator 11 – Strategies to increase uptake

- Advocacy services are able to evidence what proactive strategies they have used to increase uptake from marginalised groups (for example access to specialist services for people from diverse communities, collaborative working with community organisations, specific outreach sessions etc).
- Mental health services and IMHA services are able to provide evidence of measures to provide information about entitlement and access to IMHA services to people on CTOs.
- There is a reasonable uptake by people on CTOs, determined by local needs assessment and monitoring information.
- Where necessary, there is ready access to interpreters and training for IMHAs to work with interpreters, with agreement about how the costs of interpreters are to be met.

Quality indicator 12 – Understanding of IMHA role

- Advocacy services have clear, accessible information for service users and carers about the IMHA role and how to access advocacy services.

- Advocacy services take steps to raise mental health professionals' awareness and understanding of the IMHA role and responsibilities.
- Mental health staff have received specific training on advocacy and the specific role of IMHAs and how this differs from their role.

IMHA Service Characteristics

Quality indicator 13 – Independence

- IMHA services are independent organisations from statutory mental health service provision.
- Mental health service users and their carers are confident that the IMHA service is independent from statutory provision.

Quality indicator 14 – Person-centred focus

- IMHA services have a clear person-centred focus and the centrality of relationship to advocacy work is recognised in service specification and contracts.
- There is a tangible commitment to equality, equity of access and providing a culturally relevant approach.
- IMHA services involve and work with mental health service users, to co-design, develop and monitor the provision of IMHA services.

Quality indicator 15 – Recovery focus

- The IMHA service has a clear recovery focus and identifies and links with opportunities for peer support.

Organisation and management of IMHA services

Quality indicator 16 – Strategic planning

- The IMHA service has the capacity to plan for future provision and can ensure that the service could respond to changing needs and retain high quality staff and expertise.
- Services can describe how they involve people who use their services in service design and development and people who use IMHA services are aware of opportunities to be involved in and influence service developments.
- Services have assessed and considered how to best meet the diverse needs of qualifying patients.

Quality indicator 17 – Leadership and management

- The IMHA service has clear leadership, coordination and a clear direction.
- The IMHA service can show clear plans for how IMHA provision will be delivered, including a system for managing IMHAs.
- The IMHA service has clear policies and procedures, as well as clear lines of accountability.
- There is a system in place for managing caseloads that takes account of the complexity of cases as opposed to number of cases.



- There is a culture of continuous learning and improvement and investment in monitoring and regular reviews of the service, which includes people who have used the service and their carers.

Quality indicator 18 – Organisation and staffing

- IMHA services are provided as part of a suite of advocacy services and sit alongside generic mental health advocacy, IMCA and peer advocacy.
- IMHA services are staffed by suitably qualified and experienced staff as defined by nationally agreed standards.
- The size and experience of the IMHA service reflects the local needs assessment or formal partnership arrangements are in place with other organisations, that have specific skills and knowledge to draw on to enable to enable all qualifying patients to have their advocacy needs met appropriately.
- There are arrangements in place for the regular support and supervision of IMHAs.
- Services have sufficient administrative support to enable them to carry out regular monitoring and review.
- IMHA services are equal opportunities employers.
- The organisation has standard policies (including equal opportunities, lone worker, health & safety etc.) for IMHA provision.
- IMHA providers publish clear statements about the service response times service users can expect.

Quality indicator 19 – Caseload management

- IMHA services are able to provide a degree of choice of advocate and/or work with other relevant organisations to facilitate this.
- IMHA services have caseload management and review mechanisms in place and review caseloads frequently.
- IMHAs are able to devote the time needed to each individual case by having a balanced caseload.
- IMHA services are able to demonstrate a strategy for meeting individuals' broader needs.

The IMHA role

Quality indicator 20 – Role clarity for IMHAs

- Job descriptions for IMHAs outline responsibilities in relation to generic mental health advocacy and non-instructed advocacy.
- IMHA services have a strategy in place for the continuity of advocacy, should it be required, when a person no longer qualifies for IMHA services or there is a transition between services on the basis of age.
- The ways in which IMHAs can help increase service user participation in decision making are clear, e.g. through the use of advance statements.
- IMHA services have the capacity and the flexibility to support clients in relation to issues pertaining to their legal rights under the MH Act in the context of a holistic and client-centred approach to mental health advocacy.

Quality indicator 21 – Promoting self-determination

- The IMHA provides information about Advance Directives and promotes their use.
- The IMHA is knowledgeable about peer support and service user initiatives and facilitates access to these, as appropriate.

Meeting diverse needs

Quality indicator 22 – Meeting diverse needs

- There is an operational plan in place detailing how the service will be delivered to people with a diverse range of needs.
- The IMHA service employs specialist workers as best represents the local population and/or works in partnership with organisations with specialist skills and knowledge.
- The IMHA service has undertaken an equality analysis.
- The IMHA service has an equalities and diversity training programme in place.
- IMHA provider can demonstrate links and joint working with other specialist agencies.
- The IMHA service works with community organisations to upskill workers to provide IMHA services.
- The service routinely undertakes equalities monitoring.

Monitoring the outcomes of IMHA services

Quality indicator 23 – Systematic information capture

- Commissioners, MH Act Administrators, and mental health services have agreed ways to record qualifying patients' access to IMHA.
- There is systematic monitoring information that shows when qualifying patients access IMHA support.

Quality indicator 24 – An outcomes-based approach

- Advocacy organisations have adopted an outcomes-based approach to monitoring the effectiveness of IMHA support and are able to demonstrate the difference that IMHA makes for individuals and communities.
- There is a system in place to routinely capture information on IMHA outcomes.
- The measurement of outcomes takes account of the complexity of the impact of IMHA as well as of multiple stakeholder perspectives.
- Measured outcomes are associated with the key role and purpose of IMHA, including changes in qualifying patients' knowledge and understanding of their rights, a decrease in the number of unlawful detentions, as well as increases in the number of patients exercising their rights and participation in decision-making.



Quality indicator 25 – Experience of IMHA partners

- The IMHA service has developed and utilises user-focused measures to capture the experience of process and outcome of using IMHA services.
- Information about changes in partners' confidence and abilities to deal with various issues is captured.
- Independent service user-led monitoring of the experience of IMHA partners is routinely undertaken.

The mental health services context

Quality indicator 26 – Promoting access to IMHA services

- All mental health professionals in the service understand the contribution of IMHA services, how this differs from their role, other forms of advocacy and legal representation and their obligations in relation to IMHA.
- There are a range of methods for promoting the IMHA service to qualifying patients and not solely relying on posters and other written information.
- Information is freely available in a variety of formats, recognizing diverse needs and regularly reviewed to ensure that the information is up to date.
- There are protocols for referral of people on CTOs to IMHA services.
- The mental health service regularly reviews access to and uptake of IMHA services to ensure that all qualifying patients are being offered the opportunity and develops an understanding of the reasons that people may choose not to use the services.

Quality indicator 27 – Respecting the IMHA role

- There is an engagement protocol between the mental health service provider and the IMHA service in line with national guidance.
- Qualifying patients can contact and meet the IMHA service in private.
- Care is taken to involve the IMHA in relevant meetings by timetabling key meetings and providing advance notice to qualifying patients and the IMHA.
- There is a policy in place for access to notes and staff understanding is ensured.
- The IMHA is able to carry out their role whilst maintaining independence from the service.
- Arrangements are in place to address concerns that the IMHA has about fulfilling their role.

Quality indicator 28 – Staff development and training

- All mental health professionals working with qualifying patients have received an appropriate level of training that has involved service users and carers in its delivery.
- Mental health professionals working with those on CTOs have received training about their obligation to inform qualifying patients about their right to and eligibility for an IMHA.

Quality indicator 29 – Addressing common concerns

- There is an identified point of liaison between the IMHA service and the mental health provider so that issues to do with IMHA provision can be reviewed to ensure that all qualifying patients have the opportunity to access the service.
- There are clear arrangements in place between the IMHA service and the mental health service so that issues of collective concern about the mental health service can be addressed.
- IMHA service and mental health providers work with people who have used the service and carers to monitor and review mental health services and address specific issues of concern.

Quality indicator 30 – Providing an organisational context for IMHA provision

- The mental health service provider regularly reviews the measures that it has taken to provide a positive organisational context within which IMHA services can be provided and takes steps to strengthen these as needed.

Feedback and further information

We would welcome feedback on what you thought of these indicators, how useful they were and what changes you have made as a result of using them. You may have developed further indicators and we would be interested in these.



Karen Newbigging
knewbigging@uclan.ac.uk
01772 895532

You can find further information about the Review of Independent Mental Health Advocate Services at:
www.uclan.ac.uk/schools/school_of_health/the_right_to_be_heard.php