



The Right to be Heard

*Review of the Quality of Independent Mental Health
Advocate Services in England*

Karen Newbigging and June Sadd

Detention, disengagement and disempowerment

- ❖ Rising numbers of people subject to the MH Act
- ❖ From 1,000 people, 300 will experience mental health problems and 6 will become inpatients
- ❖ Existence of cultures where control and containment are prioritised over treatment and support (CQC 2012)
- ❖ Majority of 90 service users we interviewed described detention under the MH Act as frightening and disempowering

Advocacy and empowerment



Independent Mental Health Advocacy (IMHA)

An IMHA is

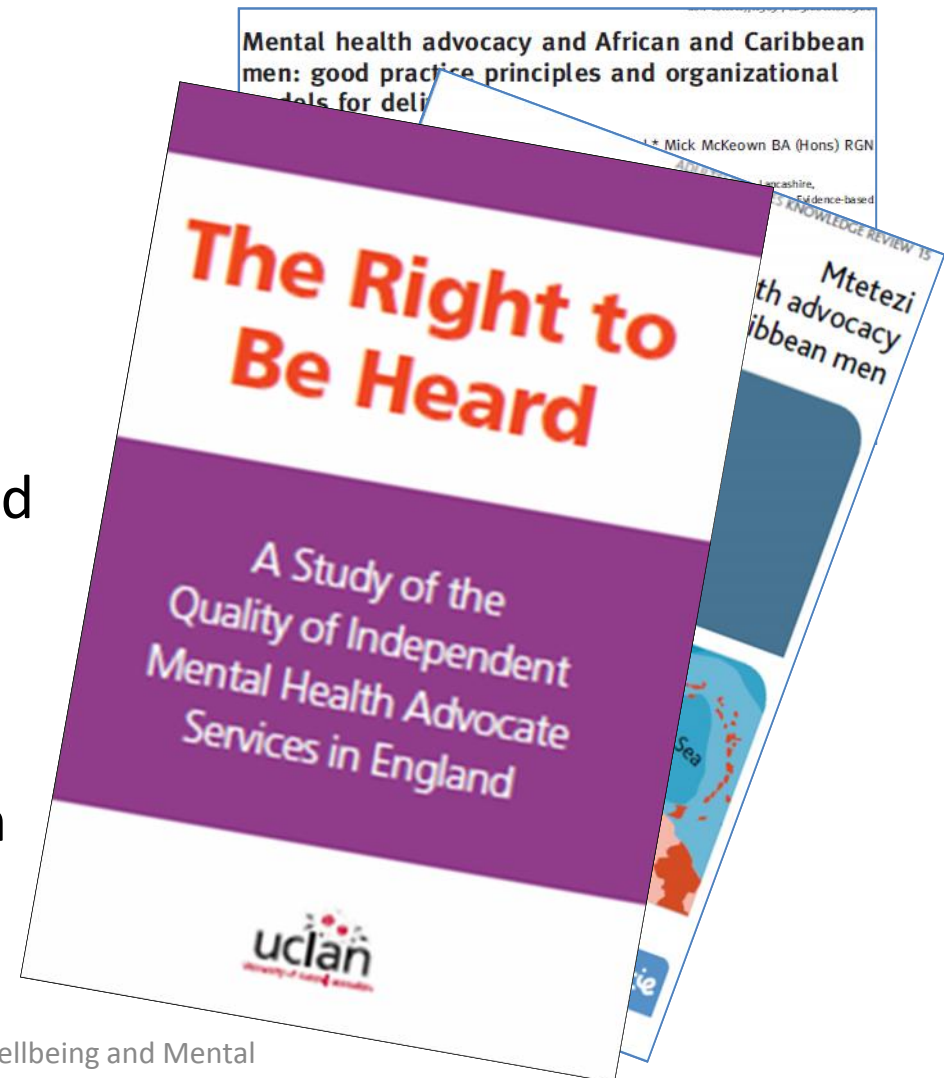
- A specific type of advocate for people detained under the MH Act
- To safeguard the rights of qualifying patients and enable them to participate in decisions about their care and treatment under the MH Act

“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”

(IMHA user)

Study Background

- Commissioned by the Department of Health Policy Research Programme
- First national review of IMHA services in England
- Builds on previous research and networks in relation to advocacy, empowerment and social justice
- Example of co-production with service users



Impacts for service users

Reported outcomes included:

- ❖ Greater understanding of rights and rights under the MH Act protected
- ❖ Changes in individual care and treatment
- ❖ Resolution of complaints
- ❖ User-defined outcomes achieved
- ❖ Increased capacity to self-advocate
- ❖ Greater voice and equalising power
- ❖ Changes in ward environment and wider changes at a system level

Some barriers.....

❖ Access

- Approx. 50,000 people a year qualify for IMHA services but overall less than 40% accessing IMHA services
- Considerable variation in access and uptake
- Problematic for marginalised groups, with those whose voice is least likely to be heard missing out

❖ Poor quality commissioning

- Not reflecting need

❖ Understanding

- Lack of awareness of service users and confusion with other roles
- Confusion regarding role by mental health service professionals

Confusion because...

- ❖ Multiple advocacy providers
- ❖ Some staff unaware of their obligations to promote IMHA and provide a supportive context
- ❖ Staff role framed as the “patients advocate” and IMHA seen as unnecessary or understood as best interests advocacy
- ❖ Confusion with the IMCA role
- ❖ Misconceptions about why service users did not access IMHA services
- ❖ Training on IMHA generally superficial, with exception of Approved Mental Health Professionals (AMHPs)

“We’re not aware of IMCAs and IMHAs, we just call them independent advocates. I try to keep things simple in that we just offer it to everybody, with the patient’s right or their voices are not being heard then, you know should we just offer it to everyone.”

Psychiatrist

“The team here are cracking and I think that they advocate for their patients and I think that sometimes the implication that nurses don’t advocate is unfounded.”

Practice Development Nurse

“They’re a bloody nuisance! ... They’re amateurs meddling.”

Approved Mental Health Professional (AMHP)

“We have to do the unpleasant... stuff, it’s the nurses that do it. So you do develop this sort of mentality, a siege mentality that you’re under attack, everything is your fault, so when other people come in, you’ve got the siege mentality because that’s how you’re used to working.”

Ward Manager

Staff: The positives

Effective working relationships

“The person I work with seems very much on the ball and very challenging which is good, I mean it’s what we’re here for, we should be challenged, we need to be challenged, we should always be challenging the system for the benefit of the patient, we need to be kept on our toes.”

AMHP

Service users: The positives

Once service users access IMHA services they are highly valued

“It is important to have someone to talk on your behalf if you can’t. It helps your confidence. I felt more comfortable to know that someone really understands and cares about you, alongside you, so you’re not just a stereotype.”

IMHA partner (Medium secure)

Impact of IMHA Support

- ❖ Key distinction found between *process* impact and action-orientated *outcomes*
- ❖ Most impact in relation to *process*, less on increased participation in decision making

The Potential Impact of IMHA Support

- ❖ Potential of advocacy to create a discursive space and shift the user-professional dynamic
- ❖ Mental health service context plays a critical role in realising potential of advocacy

Engagement in life: Opening up a discursive space

- ❖ Involvement of service users, particularly qualifying patients in the commissioning, review and development of IMHA services
- ❖ Framing advocacy as a right and a mechanism to support recovery and engagement in life
- ❖ Provision of advocacy and its potential on the agenda of service user organisations
- ❖ Promoting access to IMHA services, focused on equality of opportunity
- ❖ MH professionals understanding that access to IMHA services is a right
- ❖ MH organisations respecting the IMHA role through practical measure to ensure the IMHA is able to undertake their role and to address common concerns of qualifying patients

The Right to Be Heard: Review of Independent Mental Health Advocate (IMHA) Services in England

by

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http://www.uclan.ac.uk/research/environment/projects/the_right_to_be_heard.php



Research that makes a difference

Conference: Recovery and Social Justice

Transforming mental health at individual, service and societal levels

Wednesday 9th October 2013

Location: Westleigh Conference Centre, University of Central Lancashire

How should we understand recovery? Is it a model for transforming mental health services? Is it a strategy for wider social justice? Is it used to legitimise a reduction in support for mental health service users? How do the US, Canadian and UK experiences differ?

This one day conference, hosted by Mental Health Research @ UCLan, will explore the nature and practical consequences of a recovery orientation in mental health for individuals, services and wider society. There will be a particular focus on considering to what extent recovery promotes social justice.

This conference will be of interest to those concerned with a critical perspective on recovery and the concrete implications for practice to achieve social change: including service users, carers, advocates, researchers, mental health professionals, commissioners and managers, and third sector organisations.

Speakers will include:

Larry Davidson (Professor of Psychology, Programme for Recovery and Community Health, Yale)

Kathryn Church (Director of the School of Disability Studies, Ryerson University, Toronto)

Karen Newbigging and **Karen Machin** (University of Central Lancashire)

Hari Sewell (Senior Visiting Fellow at University of Central Lancashire)

Geoff Shepherd (Recovery Lead at the Centre for Mental Health)

Comensus (UCLan's community engagement and service user support group)

For more details contact: Liz Roberts, healthconferences@uclan.ac.uk 01772 893809

To register for a place, please visit the conference website at: www.uclan.ac.uk/conferences

Cost: £80 with bursaries available for service users and carers