Mental Health Network Greater Glasgow

Mental Health (Scotland) Bill

Mental Health Network Greater Glasgow is a service user led organisation that seeks to improve mental health support and treatment in the Greater Glasgow Area. We have over 600 members and have been in existence for fourteen years.

We have developed a number of projects relating to the peer-promotion of rights, self-management of mental wellness and Advance Statements. We currently have a contract to deliver ‘user-involvement’ within Mental Health Services with NHS Greater Glasgow and Clyde.

Advance Statements

We feel that the inclusion of the advance statement in medical records, and a copy being retained by the Mental Welfare Commission (MWC) was generally felt to be a positive and welcome move forward. A central register of advance statements also makes sense providing there are clear and explicit guidelines around access to potentially sensitive information. When promoting advance statements we recommend a ‘distribution list’ is made and retained with the statement, this could explicitly identify people with access to the statement and involvement in the care of the person making the statement.

We also note that the contents of an Advance Statement often duplicate information within assessments and contained within medical records, where the development of an advance statement more closely aligned to the development of care plans (assuming the patient is well enough to consent) then a statement could be built and reviewed much more ‘organically’ and frequently and the documentation would be more of a ‘living document’ that reflects current issues and views on treatment. We feel this approach would increase the number of statements made and greatly improve the workings of the mental health ‘system’ as well as treatment outcomes.

Promotion of Advance Statement

We feel that a well made Advance Statement has significant potential to improve treatment, strengthen the patient voice, promote greater involvement of carers as well protect a person’s rights. Therefore we feel that legislation should require health boards and local authorities to raise awareness and promote the use of advanced statements. Many admissions are repeat admissions (and so a statement can be routinely developed on the basis of experience of treatment) and so organisationally there is a clear benefit in improving crisis response and treatment outcomes from having a well written and credible advance statement as well as benefits for the mental health tribunal process.

Advance Statements and Personal Statements

Advance Statements and Personal Statements offer the opportunity for people with mental health issues to ensure that the issues that they feel are important are
acknowledged within their treatment. The issues they feel are important are often out-with the immediate scope of the Advance Statement but impact qualitatively upon their treatment outcomes (e.g. security of home, family contact, religious support, finances, etc). Recognition of the personal statement would make the process of making an advance statement more attractive to people with a lived experience as well as creating the opportunity to identify and discuss issues such as looking after children and identifying carers/named persons. We feel that many issues that recur on a daily basis (e.g. carers unable to access information or be involved in the treatment process) can be circumvented by using the Advance/Personal Statement as a pro-active tool.

**Named Persons**

We feel that a person should have the right NOT to have a nominated named person as this may be better than a person who may be ineffective in this key advocacy role because they do not know them or what the role entails.

We feel this is a frequently occurring scenario because:
1. Many of our members are socially isolated and so lack an appropriate person who would be effective in the Named Person role.
2. The role demands both effective advocacy skills as well as knowledge of both a particular person and the mental health treatment/tribunal processes.

Due to the nature of the role within compulsory treatment process we feel that formal, written consent to undertake the Named Person role is essential. Relationships between the Named Person and the person receiving treatment can easily be damaged during the treatment/tribunal process. This is a significant concern and risk where the named person may be a spouse, partner or relative of the person receiving treatment.

We feel that explicit resource (training and information resources) should be developed to enable persons wishing to undertake the Named Person role to be effective in this role and realise their powers in relation to it. We feel that this would be beneficial to the treatment and tribunal processes.

There will be many occasions where a professional will have to undertake the role of Named Person (anecdotally often at short notice) and we would like to see the formalisation of standards around this in order for the professional to develop a relationship with the person to enable them to better advocate on the behalf of the person receiving treatment.

**Amendments to the suspension of detention provisions**

We echo the views of VoX in that suspension of detention is welcomed as a lessening on restrictions to freedom however the fact that the order is left in place could mean it is not reviewed when it should be and is left in place as a safeguard as opposed to through necessity.

**Requirement of a MHO to submit a written report to the Mental Health Tribunal**
We welcome the requirement for the MHO to submit a written report to the Tribunal. This is a critical opportunity for the MHO to review and collate information about the patient’s circumstances, the details of individuals who might be party to proceedings (like carers or named persons), and whether the patient has an advanced statement. Where circumstances have changed, this report may be a substantial tool for ensuring the Tribunal has up to date information to work with.

We appreciate that this reporting requirement places an additional burden on the MHO workforce, which is already very stretched.

**Amendments to the removal and detention of patients provisions**

We would query the reasoning behind the increase from two hours to three hours for nurses holding power and whether this is necessary for reasons related to ensuring the safety of a person or for reasons of local pragmatism.

**Amendments to the support and services provisions**

We welcome the extension of assistance to patients with communications difficulties and would highlight that Glasgow has areas with low levels of literacy and significant numbers of people for whom English is not their first language.

Extending provision of services for certain mothers with post-natal depression to mothers with mental disorder is also welcomed.

**Victims’ Rights**

We recognise and support victim’s rights but we are also guarded about media articles which may perpetuate stigmas around mental health, particularly in relation to criminal offences. We would like some system of monitoring to be put in place to examine the impact of this proposed amendment.

**Other issues**

**Advocacy Support**

We feel that access to both individual and collective advocacy is a right and that provision currently patchy at best needs. We feel that this needs to be improved and strongly recommend the inclusion of duties on Health Boards and Local Authorities to provide, monitor and quality check advocacy provision.

**Mental Health Network Greater Glasgow**

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