

# *Mental Health Act*

## *Information Event for Carers*

Author Deryn Sparrow, Mental Health Involvement Worker

Understanding more about being sectioned under the Mental Health Act 1983 and what it means to carers.

**Speakers:** All from Hertfordshire Partnership University NHS Foundation Trust (HPFT).

**Rebecca Byrne** – AMHP Operational Service Manager

**Su Wiggins and Fiona O’Conner** – Mental Health Legislation Department

**Introduction:** - Deryn explained that she had organised this event in response to questions asked at one of our Mental Health Forums. She consulted with a few carers who came up the following points they would like covered:-

What does it mean to be sectioned under the Mental Health Act?

1. If a carer has concerns about the mental health of the person they care for, who should they contact and what can they do to be sure their concerns are taken seriously? *We hear many stories of carers who have frequently contacted services and no action is taken until the situation has become dangerous and out of control.*
2. How/Why/When is a Mental Health Assessment triggered? Who has the right to request a Mental Health Assessment?
3. What are the criteria for someone to be detained under the Mental Health Act?
  - a) Brief explanation of various sections that may be used and how the public can find out about this.
  - b) Have the criteria for someone to be section under the Mental Health Act changed over the last 10 years? Carers have stated that they feel that people would have been detained at an earlier stage a few years ago and they have

voiced fears that some of this maybe down to bed management / lack of treatments available and funding.

4. What are the procedures following an Assessment for person the involved and their Carer?
  - a) If that person is detained under the Mental Health Act. What information is shared with the carer? Would information be shared if the Person had not given consent, or previously given consent but withdrawn when they became unwell? How do staff know if consent has/has not been given?
  - b) If that person is not detained under the Mental Health Act at that point, why? The person who has been assessed is still likely to be unwell, if not at a stage when a section can be issued, how is this person and their carer supported? What rights do the carers have if they feel that they and/or family members/friends/local community are still in danger of harm?
5. What does it mean to be the Nearest Relative? What information is shared with this person? What happens when the person who is unwell refuses to give consent for information to be shared?
6. What happens when a section under the mental health act comes to an end. How carers are involved and are their opinions taken into account.

**Carers Story:** - Deryn read the story carers had agreed to share as unfortunately they were unable to attend.

*On the last occasion that our son was sectioned we had no help whatsoever. We knew he was ill and contacted his GP and also 'Out of Hours' for support and both came to see him but neither were interested in his condition. He was paranoid, verbally aggressive about our identity and writing messages on the walls of his flat but they just dismissed all this. We had no idea at the time of what to do because we weren't listened to.*

*Luckily, our son came to our house and was clearly unwell so we called the Police who stayed with us for the next seven hours because they were concerned for our safety. They told us due to the fact Royston uses Cambridge for mental health they didn't know how to help (I think it is different now). I phoned the out of hours again and someone listened and a lovely social worker organised the team to assess him. Again the team did not think he needed a section but the social worker insisted and the rest is history.*

*Our son was in Fulbourn for nine months and in that time another two weeks in PICU at Edith Cavell in Peterborough, clearly then unwell! Strangely enough Hertfordshire and Cambridgeshire still didn't take responsibility for him and we had such a lot of difficulty in placing him in the right placement. Oh to live on a county border.*

*This is I am sure an example of the difficulties people have to put up with and with no knowledge of how to get the correct help.*

## MH act assessments – a carers prospective

Deryn then handed over to **Rebecca**, who presented this PowerPoint presentation which is self-explanatory and is a good record of all she spoke about.

Powerpoint P Presentation – MH act assessments – a carers prospective



Mental\_Health\_Act\_  
Assessments\_A\_Care

Recorded below are points made by Rebecca and any Comments (C) made, questions (Q) asked and answers (A) given:-

a.	Rebecca acknowledged the carers story and told us she that she hoped that her presentation would help carers understand why some of these difficulties arise and it sometimes takes time for the process to begin and be completed.
b.	AMHP – Approved Mental Health Practitioners – These are qualified and experienced workers, usually Social Workers or Community psychiatric Nurses (CPN's) but could also be Occupational Therapists (OT's) or psychologists who have undergone intensive 4 months of training. Before they can practise they have to obtain their warrant from Herts County Council (HCC), this has to be applied for and issued every 3 years. When carrying out an assessment AMHPs are working as an independent for HCC not as an employee for HPFT.
c.	Hertfordshire currently have 68 AMHP's, all are social workers and CPN's. Cover is needed 24/7 and they liaise with out of hours services. On average they have 130/170 requests for a mental health assessment per month 50/70 are out of hours.
d.	<b>Q.</b> have the number of requests for assessments risen over the last 10 years <b>A.</b> Yes numbers are increasing. Some likely reasons:- >Police can only hold someone under Section 136 of the Mental Health Act for 24 hours (was 72 hours) unless someone is medically unfit. >Care in the Community is not always meeting people's needs. Acknowledged that the revolving door and people being discharged early can be distressing.
e.	Places of safety in Hertfordshire – 3 - 136 suites. 2 at Kingfisher Court and 1 on Oak ward are the dedicated places of safety in Hertfordshire. If agreed anywhere can be dedicated as a place of safety, whatever is most appropriate. A 136 suite is currently being built for young people at Forest House, Kingsley Green.
f.	<b>Sectioning process</b> - 6/7 AMHP's on duty per day – there can be as many as 15 referrals per day therefore it is sometimes necessary to prioritise. > People on a medical ward need to be seen a.s.a.p. > People on 136 suites – aim to be seen within 3 hours  It is important not to rush and it can take 5 hours to be fully prepared. It

	<p>takes time to gather all relevant information and to find 2 appropriately trained section 12 doctors (one should be known to the service user and the other independent i.e. from another team or an appropriately trained GP.</p> <p>AMHPs are responsible for keeping forms correctly, they work as independents and can be challenged. A range of things must be tried to avoid admission if possible, this sometimes means a person may be reassessed after a period of time.</p>
g.	<p><b>C.</b> carer feels that criteria has changed – feels that person wasn't section because there was no bed available.</p> <p><b>A.</b> AMHP's are responsible for making the decision, not finding the bed. It has been known for an AMHP to stay with a person for 7/8hours until that person has been given a bed.</p>
h.	<p><b>Nearest Relatives</b> have the right to request a Mental Health Assessment, this can be done via the local community mental health team, GP, if have difficulty contact PALs (patient, advice and liaison service).</p> <p>The nearest relative can ask for their loved ones to be detained but this can be very complex and it can cause relationship problems between the care and their loved one. AMHP always consults with the nearest relative and asks their views, If the nearest relative lives out of county the contact it is likely to be phone contact. If a section 3 is in place the AMPH has the responsibility to check if they have any objections, this may be done a few days later.</p>
i.	<p>Criteria for a Mental Health Act Assessment</p> <ul style="list-style-type: none"> <li>➤ <b>Section 136 (Place of Safety)</b> – used by the police</li> <li>➤ <b>Section 5(2)</b> up to 72 hours - used on ward by a doctor/AMHP to ensure immediate safety or voluntary/informal patient on ward</li> <li><b>Section 5(4)</b> up to 6 hours - holding power for a nurse</li> <li>➤ <b>Section 4</b> – 72 Hours – urgent section only one doctor</li> <li>➤ <b>Section 2</b> – up to 28 days for assessment</li> <li>➤ <b>Section 3</b> – 6 months treatment order which can be renewed</li> <li>➤ <b>Section 117-</b> aftercare, only issued when a person has been detained under Section 3. May include supported housing</li> </ul>
j.	<p>After a section under the Mental Health Act the care of the Service User is handed over to the Ward or Crisis team and no longer the responsibility of the AMHP. Carers need to contact the ward if they have any questions, it would also be advisable to keep in contact with the community team. If this proves difficult try contacting via PALs.</p>
k.	<p>Discharge from hospital – following discharge Service User should receive a phone call from HPFT within 72 hours and a visit within a week; this recognises the risk of becoming unwell again when first discharged.</p> <p>Service User may be discharged home, sometimes to reduce the risk of the revolving door they will also be referred to the Acute day treatment Unit (ADTU). HPFT also have Host Families to which service users may be referred.</p> <p>Carers should be told when their loved ones will be discharged providing there is consent to share information. If it was felt the carer was at risk they would be told about discharge even when consent had not been given.</p>

	Sometimes people are discharged with a Community Treatment Order (CTO) but this is not suitable for everyone, it can help prevent re admissions.
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Deryn thanked Rebecca for her talk and handed over to **Su and Fiona** who presented this PowerPoint presentation which is self-explanatory and is a good record of all they spoke about.



Carers\_Rights\_Presentation.ppt

Powerpoint presentation – MH Legislation and Carers rights

Highlighted below are important points made by Su and Fiona

1	The Mental Health Legislation Department ensure that the Law is adhered to and the code of practice is followed. The Laws and code of practice is freely available on the internet.
2	Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Wherever possible a patient’s independence should be encouraged and supported with a focus on promoting recovery wherever possible. (see slide 4. and notes below)
3	Carers have a right to request a Mental Health Assessment for the person they care for. (see slide 8 and notes below, also point J above)
4	Carers have a right to discharge the patient from hospital provided that your relative is not there because of a court order or subject to special restrictions. (see slide 9 and notes below for details)
5	Using carers as intermediaries or interpreters is not good practice and should only exceptionally be used – including when the patient is a child or young person. Interpreters (professional and non-professional) must respect the confidentiality of any personal information they learn about through their involvement ( slide 10 refers)
6	What happens if a carer feels their loved on lacks capacity? See slides 11, 12 and 13 picking out some aspects of The Mental Capacity Act 2005.
7	Good practice for Service User to make and Advance Statements/Advance Decisions when they are well, these can be logged with HPFT and will be flagged up on their computer system if they become unwell (see slide 14).

Deryn thanked Su and Fiona for the talk and all were invited to stay for a sandwich lunch.