

# What issues do people want support with?



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People draw on the support of an IMHA whilst they are in a mental health setting - or are in the community under restrictive arrangements (such as a Community Treatment Order or Guardianship).

There is a massive list of things people will want you to support them with! In this booklet we are going to explore some of the more common requests for help.

# 'Get me out'

The most frequent request for advocacy support is to get out of hospital. Many people are held there against their will and do not want to be there.

As an advocate you have an important role in ensuring that safeguards and processes that are designed to protect people against wrongful or arbitrary detention are accessed and used.

Advocates frequently need to explain the appeal process and will help people to:

- learn about a Tribunal and how this can review their detention
- apply to the Tribunal (for eg accessing the correct forms, making sure they are filled in and submitted in time)
- understand what happens at a Tribunal
- access legal representation (by providing a list of local solicitors who are approved to undertake this work)
- prepare for a Tribunal (by going through Tribunal reports)

# 'Get me out'

An advocate can also support their partner during the Tribunal. You can attend the Tribunal in order to help your partner understand what is happening and to also participate. They may also want you to help reframe questions or talk to their legal representative. As an advocate you are not allowed to ask questions yourself or take notes - but you can talk to the solicitor if you want to raise something important.

## TOP TIP!

Develop a relationship with the Mental Health Act Administrator. They will have the forms to apply for a Tribunal and are responsible for processing them. They will also have accessible information about the Tribunal process that you can use to support your partner.

# Medication

Most people you will be supporting, will be prescribed medication for their mental health illness. Some people are in agreement with the medication and are happy to take this. Others will hate the medication and will resist taking it.

Your role as the IMHA is to listen to what the person wants and help them to get this. This might include:

- changing the medication
- finding out *why* the medication is being prescribed
- reducing the dosage of the medication
- reducing the time they are expected to take it
- exploring side affects - and what can be done to minimise them
- changing how the medication is administered (orally, tablet/liquid, injection)
- asking for alternatives

# Medication

It is essential that when you support a person on issues connected with medication, that you use reputable and trusted sources. NICE guidelines are one such trusted source and can provide the latest guidance on the treatment of significant illnesses.

NHS England also publish guidance and you should research information there to support your partner's outcomes.

Remember that you are not there to advise a person but to act as a conduit to access information so they can make choices.

# STOMP

STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life.

Psychotropic medicines affect how the brain works and include medicines for psychosis, depression, anxiety, sleep problems and epilepsy. Sometimes they are also given to people because their behaviour is seen as challenging.

People with a learning disability, autism or both are more likely to be given these medicines than other people.

As an advocate you should research STOMP and refer to their guidelines whenever you are supporting a person with a learning disability or an autistic person.

*<https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>*

# Medication and non instructed advocacy

If a person lacks the capacity to instruct you as an advocate, one action you can undertake is to look at the medication being prescribed and represent the person and their likely views.

This could include you taking the following action:

- asking for a list of medications and their purpose
- checking when and how often PRN is used. Look to see if there are patterns and try to unpick what is happening and why
- ask when the medication was last reviewed
- explore if there are any side affects and what is being done to minimise these
- ask what the long term plan for medication is
- check medication against STOMP



# Medication & advance decisions

Your advocacy partner may want your help in writing down their views and preferences for medication for future care and treatment planning. This is particularly important where the person has strong views about treatment (either what they want or what they do not want) or has an illness which affects their ability to make judgements and decisions.

By supporting a person to think through and make decisions about future treatment and medication you are empowering the person to take more control and have influence to what happens to them.

# Second Opinion

Anyone can request a second opinion but the Mental Health Act provides the **right** to request a second opinion from an approved doctor to certain people who are being given medication. This is a crucial safeguard, especially when a person is being forced to take the medication against their will.

As an IMHA you can support a person to find out when they have a right to request a SOAD, and a legal right to use the SOAD service. You can also help by accessing the SOAD - getting the forms, filling them in, submitting them to the right person.

# Cultural needs

People may approach the advocate for help and support in making sure their cultural needs are respected and taken care of. This could include support in:

- observing faith or religious practices (such as praying, or attending services)
- feeling connected to 'community' - this could be talking and maintaining relationships with community or church leaders
- expressing and engaging in cultural routines
- expressing and exploring issues of faith and religion as part of their recovery

Advocates need to be culturally sensitive and aware of practices that are important to people and offer support to individuals so they can express these and have them met.

# Environment

The locked environment of a mental health hospital, can for some people, be a safe place, somewhere to recover.

But for many others the environment of the hospital can present challenges which can make their recovery and experience of hospital much worse than it needs to be. This can include:

- Noise. Hearing shouting, screaming, people in distress, physical interventions, alarms, beeps etc can be very distressing.
- Light. Many hospital wards have strip lighting which can be very overwhelming and bright.
- Heating. People may feel uncomfortable at being too cold or too hot - which is made worse by not having any control over temperature settings.
- Layout of the wards. Some wards have simple corridors which means there is physically nowhere to walk except up and down a single corridor. This can feel like 'pacing the corridors' when the person just wants to walk around.

# Environment

The environment of the hospital setting has a massive impact on autistic people who are staying there.

Autism is increasingly being understood and viewed as a sensory processing difference instead of a behavioural deficit. Many (avoidable) sensory stimulants - such as bright lights, loud and constant noise, lack of control over your environment, new and strange people talking at you, sudden noise like alarms - can stack up and overwhelm an autistic person leading to meltdowns.

As an advocate, it is important for you to consider how the environment is impacting on your partner (remembering that everyone is different and will respond differently to sensory stimulants). You can talk to the hospital about how to reduce sensory input and improve the environment.

# section 17 (leave)

Advocates often spend time helping a person request and access leave under s17 of the Mental Health Act.

The Responsible Clinician is the person who can authorise leave, how long the person can take leave from the hospital and what type (escorted, ground leave etc).

One of the biggest challenges in getting leave is actually getting a clear decision from the RC about leave! You might find it helpful if your partner wants leave, to raise issues early with the RC and ask very specific questions to enable the person have the best chance at securing leave.

# Discharge planning

When a person leaves hospital, it is important they receive support they need to live well in the community. Different people will need different levels of support - which will require different levels of planning.

Advocates can help ensure the right level of support is arranged by:

- supporting the person to think through what support they want in the community
- requesting assessments are completed
- exploring housing options
- requesting aftercare planning under s117 is discussed early
- talking to commissioners about care and support arrangements

# Discharge planning

When supporting a person to think about what support they want and need to live well in the community you might explore the following:

- what makes them happy and successful in their own home
- what promotes their wellbeing
- which relationships are important to them
- where do they want to live and who with
- how do they want their care and support needs met
- personal budgets and if they want to use direct payments

An important part of discharge planning is to ask questions early and hold decision makers to account.



# Day to day 'ward' issues

Staying on a ward and being subject to restrictive rules and practices can lead people to want help on a range of issues. These can include:

- security of personal items. Personal items can get lost or broken, especially clothing. This often needs checking and chasing
- food and drink - being able to access it at times the person wants (having easy access to water can often be a problem) as well as dietary needs (resulting from lifestyle choices, religious observance, cultural needs or medical needs)
- being able to exercise
- activities during the day
- relationships (having access to family, children, friends etc)
- smoking (mostly being able to smoke)

The potential list is endless! Be prepared to support people on any day to day issues that is causing unhappiness or distress.

# Safeguarding

Advocates working in mental health settings find they need to raise safeguarding alerts in two situations.

Firstly it could be because the person you are advocating with, tells you something that means they could be at risk or have suffered harm or abuse.

For instance they tell you about bullying or being hit by another patient. Or they disclose abuse from a member of staff within the hospital.

In these instances it is essential that you listen to your partner, support them to decide what they want to happen and follow your organisation's policy on safeguarding.

# Safeguarding

Secondly, you might become aware of safeguarding issues from things you see or witness. This can include institutional abuse whereby the culture allows the mistreatment of people. It is usually caused by systematic poor practice that affects the whole setting. It can also occur when staff are inadequately trained, not supported by management or poorly supervised.

Closed cultures (this is where new ideas, external visitors, care management is discouraged) can also lead to abuse to happening as poor practices go unchecked and escalate into abuse. This has been witnessed in the horror of abuse that occurred at Whorlton Hall and Winterbourne View.

As an advocate, your independent observant eye is critical in preventing closed cultures and abuse. Question things that don't seem right. Take action when you see anything that is wrong. And above all else, listen to people.

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learning

