

Dundee Service User Network



Service User Consultation on Dundee City Councils Mental Health Officer Service

Remit

Lynsey McCallum (Mental Health Service User Involvement Co-ordinator, Dundee Voluntary Action) was approached to undertake an evaluation of the Dundee Mental Health Officer (MHO) service from the Mental Health Service User population in Dundee as part of the team's action plan.

Gareth Eastwood (Team Manager with MHO's team) and Rose Sinclair (Senior Officer Strategy and Performance Health and Social Care Integration) who are currently leading the MHO action plan, provided a set of questions that they wished to put to this population to consult on their experience. However, it was agreed that the questions used to gather feedback were the same questions used in the last MHO review undertaken in 2014.

Participants

During consultation with the Service User Network (Dundee S.U.N), a total of 17 individuals fed back their experience of being supported by a Mental Health Officer. Questionnaire and focus groups were the methods used to garner feedback from respondents

The following methods were used with a breakdown of individuals engaging with said methods

Method	Number of participants/respondents
Focus Group	0
Questionnaires *completed with researcher	17
Total amount of participants	17

*Please see appendix 1 for questions used

**Outreach visits – Carseview Hospital (Ward 1, Ward 2 and IPCU), Dundonald Centre, Dundee Association for Mental Health, Hearing Voices Network and SUN Drop In service. Other mental Health services had made the consultation process known to their clients. However, due to the specific nature of enquiry, no other service identified individuals as applicable or willing to engage.

Inclusion criteria for participating in consultation

Participants must have been supported by a Mental Health Officer in Dundee presently or during the last five years. There were clear inclusion criteria, however, there were no exclusionary criteria to participation in the process.

During participant recruitment, it became clear that potential participants who may have been supported by an MHO and in a position to give feedback, felt like they could not participate. This was due to being unclear if they had in fact been supported by or in contact with an MHO whilst they had been in hospital. In particular, individuals who were accessed via outreach visits in community mental health organisations and groups.

Please note that two questionnaires were partially completed due to the participant feeling unclear about who their MHO is or their role. They felt unable to answer all of the questions.

Analysis and Overarching themes from feedback

Questionnaire feedback has been reported back in a descriptive manner in the results section of the report.

Though there was the option to participate and give feedback via focus groups, no one opted for this, instead choosing to complete a questionnaire.

Feedback from questionnaires has been amalgamated into what appears to be the main themes. Themes have been identified through repetition.

Themes

- **Limited knowledge over the role of an MHO** – A significant amount of participants expressed uncertainty and limited knowledge over the role and responsibilities of an MHO. A small number of participants had noted that their introduction to their MHO was quite brief and although they perhaps said “I am your MHO” they did not take the time to explain what this entails or how they can or cannot help with and influence in an individual’s compulsory treatment order (CTO) and tribunals.
- **Uncertain who my MHO is** – A number of participants said that they were aware that they have an MHO. However, they were unsure who their MHO is

in relation to their care. This appears to have been due to the fact that they had not seen their MHO for a long period of time. See the comments below table 1 on page five.

- **Legal position is not clear for individuals** – A significant amount (50%) of the total participants said that they are unclear on the legal position of their individual circumstances, receiving treatment under the Mental Health Act. Participants said that they felt that that more time could have been given to explaining the legal position. Including, providing information in a way that is easy to understand and also taking the time to fully explain this verbally. A small number of participants noted that perhaps their MHO may have touched on the legal position when they were first placed on a CTO. However, a common denominator for these individuals is the fact that they had only seen their MHO once and a long period of time ago. For one individual, they had a very brief meeting with their MHO six and a half months ago and have not seen their MHO since. This individual cannot remember some of the information that was given. Other participants noted that when you are first placed on a CTO you are unwell and “your thoughts are disorganised”. This means it is very hard to take in and retain any information. Participants felt that it would be very beneficial for your MHO to revisit the legal position among other important information at a later date, to ensure clarity on all aspects of legalities, care and treatment and rights.
- **MHO's should have more regular contact with their client** – A significant number of participants expressed that they felt that it would be beneficial to have more regular contact with MHOs. This response was echoed in relation to a variety of questions within the questionnaire. Including, what you think MHOs could do better? A small number of individuals had said that they have only met their MHO once or twice some time ago and felt that this was not enough contact. A participant shared an experience of their MHO not turning up for a meeting which left them feeling like they do not know what is going on or when they will next see their MHO. This can cause some anxiety for individuals. If MHOs require to cancel appointments, including at short notice, it would be appreciated if they let people know as soon as possible and also reschedule meetings in a timely manner. Participants also expressed that they feel that MHOs should visit more regularly to ensure clarity of understanding about their care and treatment under the Mental Health Act. This notion is reinforced by a participant who said “When people start to feel better, come back to them to make sure they understand everything”.
- **I want to be more involved in my decisions** – A small number of participants expressed that they would like to be more fully involved in “my decisions”. Participants discussed feeling like “you do not have much control over your own life”. There was some discussion and feedback around MHO's

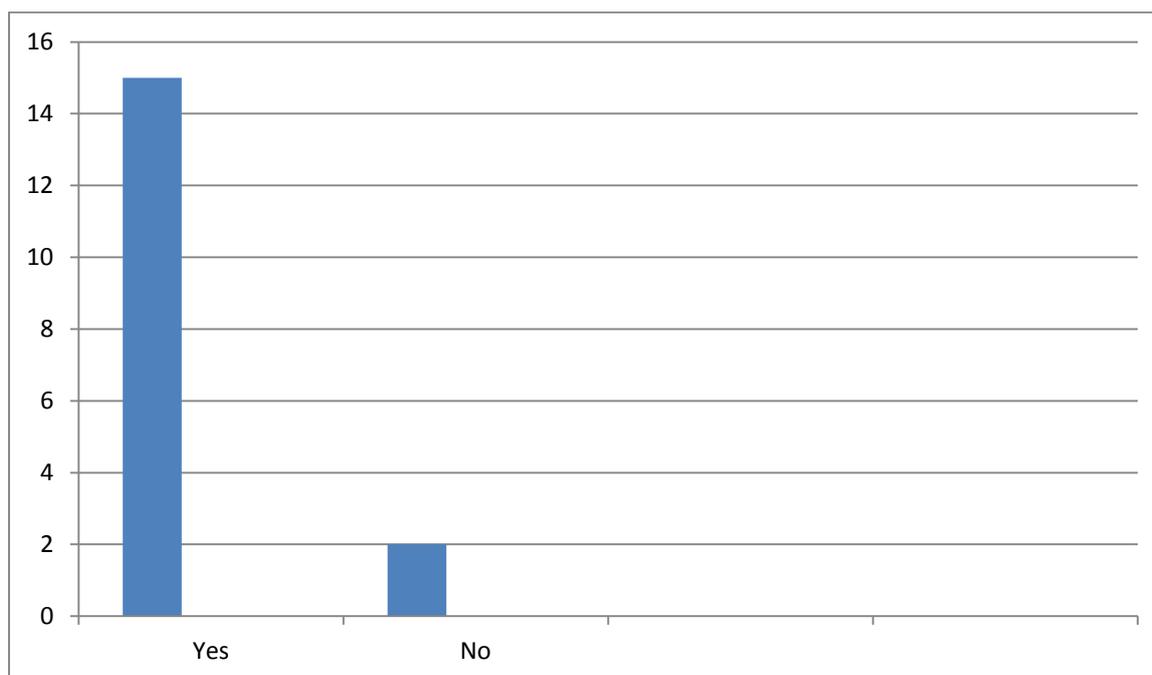
asking service users more questions about what they would like to see discussed at important meetings and also allowing patients more input on living conditions. This is in relation to a small number of people feeling that their CTO has gone on too long. An individual also spoke of “feeling humiliated” at things that were written in their social circumstances report. It is a recommendation that individuals are more involved in the writing and or reviewing of their social circumstances report before it is presented at meetings, due to its importance in informing an individual’s future care and treatment. These reports should be balanced with people having the opportunity to contribute meaningfully within a report or give feedback during their meeting about statements written within their report. It would also be extremely useful for people to have more information that is easy to understand coupled with a verbal explanation about social circumstances reports, what they are and their influence.

- **Lack of awareness of advanced statements** – A small number of participants have noted that while their MHO has given them some information on advocacy, they cannot recollect ever being advised about advanced statements. It is important that people are fully aware of advanced statements moving forward in their recovery to ensure people’s rights are realised by the individuals own anticipatory care and treatment planning. If more individuals are aware of and have an advanced statement in place, perhaps this may have a positive influence in relation to other key themes that have emerged in consultation. For example, ‘I want to be more fully involved in my decisions’ where an individual stated “you don’t have much control over your life”.
- Additionally, during recruitment at Carseview Centre (In wards 1,2 & IPCU), patients who are/have been supported by a MHO were identified by the nursing team and were approached to ask if they wished to participate in the consultation.

Results

Question 1 – Are you aware of who your Mental Health Officer is/was in relation to your care?

Table 1 – Responses to question 1 – Are you aware of who your MHO is in relation to your care.



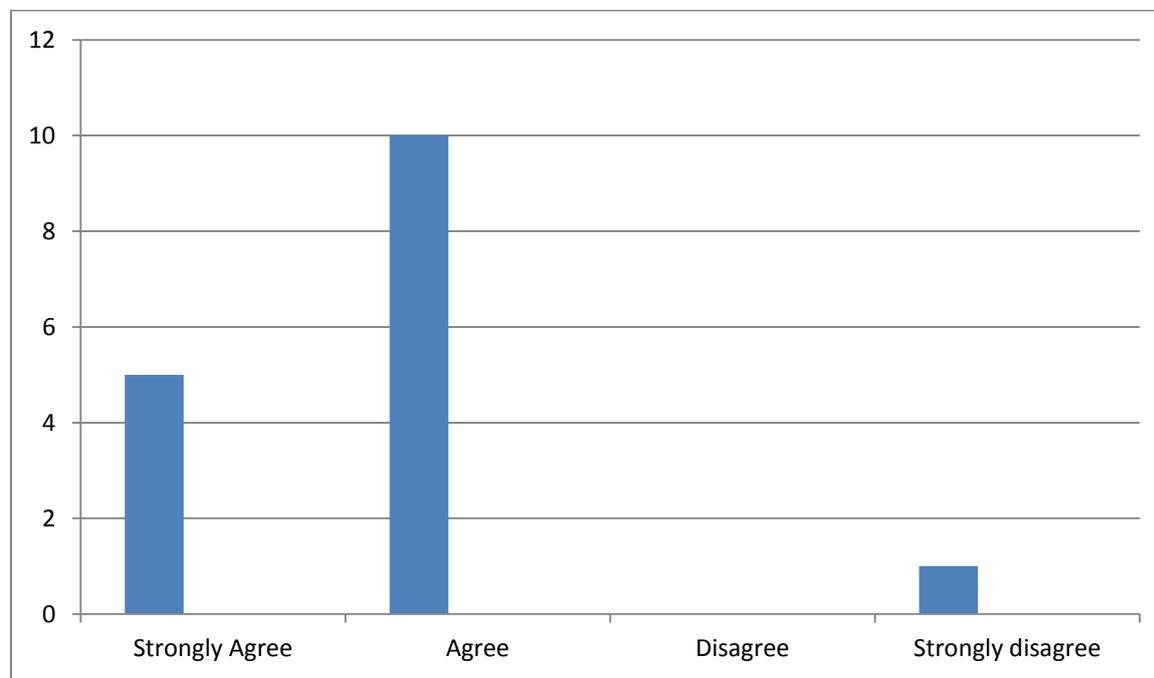
A significant number of respondents indicated that they did know who their MHO was in relation to their care. Nevertheless, this should be treated with caution. Fifteen (89%) of the seventeen respondents said they knew who their MHO was and only two (11%) said they did not know who their MHO was in relation to their care. However, four people also made comments saying that they were not sure who their MHO was in relation to their care. This included two individuals who answered yes to the question.

To further explore some potential reasons or solutions for these findings there were a number of key points made in response to the question in the questionnaire. All identifying information has been anonymised in the following quotes.

- Yes, I have an MHO but I have only seen her once and forget her name. Six and a half months I have been in here.
- I'm not 100% sure
- I'm not sure who my MHO is but I know they are female.
- I'm not sure who my MHO is.

Question 2 – I found Mental Health Officers are respectful?

Table 2 – Responses to question 2 – I found Mental Health Officers are respectful?



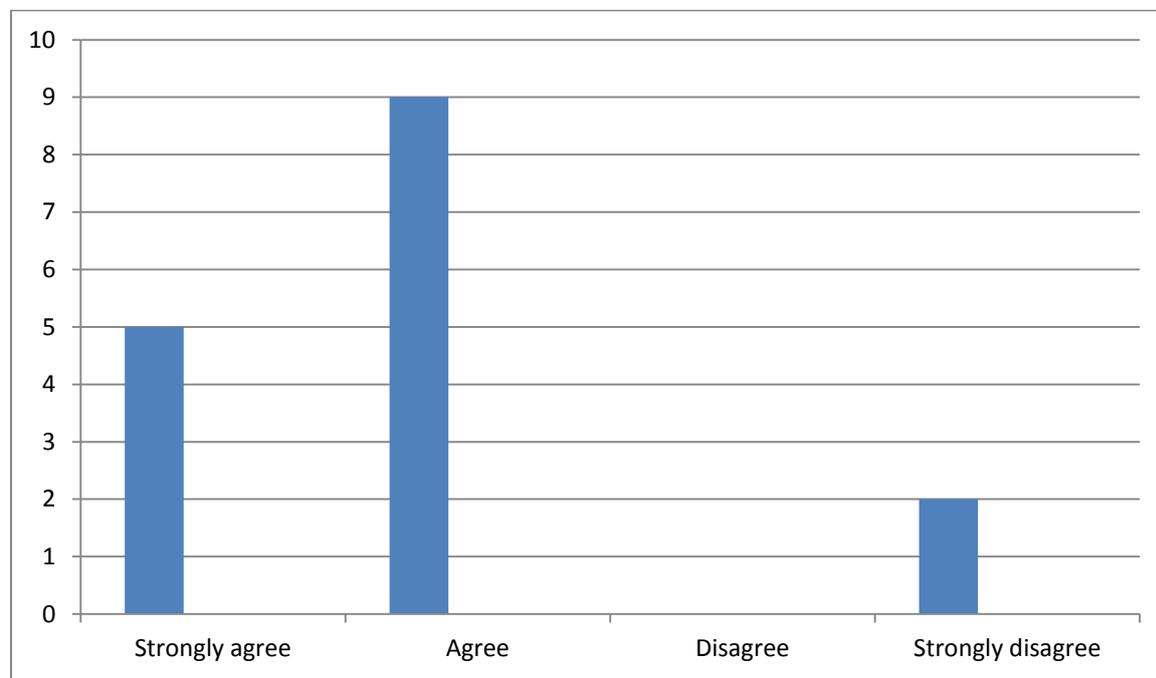
A significant number of respondents said that they felt that their MHO has been respectful. Overall 63% said agree, 31% said they strongly agree and only 3% (one person) said they strongly disagree.

To further explore some potential reasons or solutions for these findings there were a number of key points made in response to the question in the questionnaire. All identifying information has been anonymised in the following quotes.

- My MHO shows me respect, she does this in the way she relates to me.
- She was willing to listen in a laid back informal manner. I was free to speak my mind.
- I am finding MHOs respectful all the time I am in hospital by seeing and having conversations eye to eye
- They are good at listening to what I am saying to them
- They have been patient with me and spoke to me in a respectful way
- She was respectful and listened to me without judgement
- In hospital I was shown empathy, when upset and at home I was glad to see her.
- She feels she can tell you what to do. She doesn't fully involve me in decision making.

Question 3 – I found Mental Health Officers communicated well?

Table 3 – Responses to question 3 – I found Mental Health Officers communicated well



A significant amount of participants said that they found their MHO communicated well. Overall, 58% said agree, 33% said agree strongly. However, 9% said they strongly disagree.

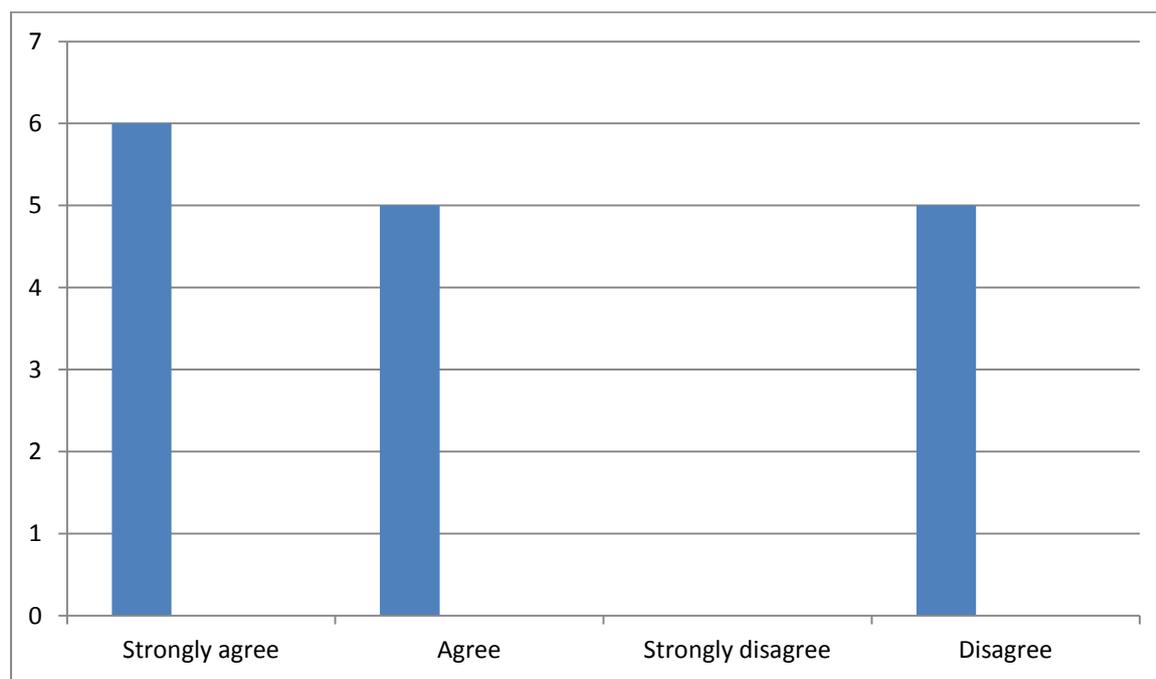
To further explore some potential reasons or solutions for these findings there were a number of key points made in response to the question in the questionnaire. All identifying information has been anonymised in the following quotes.

- She gave me space to speak and listen to me well. She told me I communicated well
- Eye contact, smile and reassurance. She took her time and built the information she was giving me gradually.
- She sympathises with me in a realistic way
- She communicated well, she listened well.
- Explained case clearly
- She has spoken on my behalf and has always been there when I was speaking to my social worker. She has stuck up for me when speaking to a doctor.
- She is a fan of my doctor and not of me. She tried to be nice but is not understanding of my situation
- I can't remember her speaking to me

- She explained my situation a bit quick, the meeting only lasted about 5 minutes and she was using word I didn't really understand, like MHO but she didn't really explain the meaning of the words

Question 4 – I found my MHO provided sufficient information?

Table 4 – Responses to question 4 – I found my Mental Health Officer provided sufficient information



A significant amount of participants said that they found their MHO provided sufficient information. Overall, 38% said strongly agree, 31% said agree. However, a number of participants 31% said disagree.

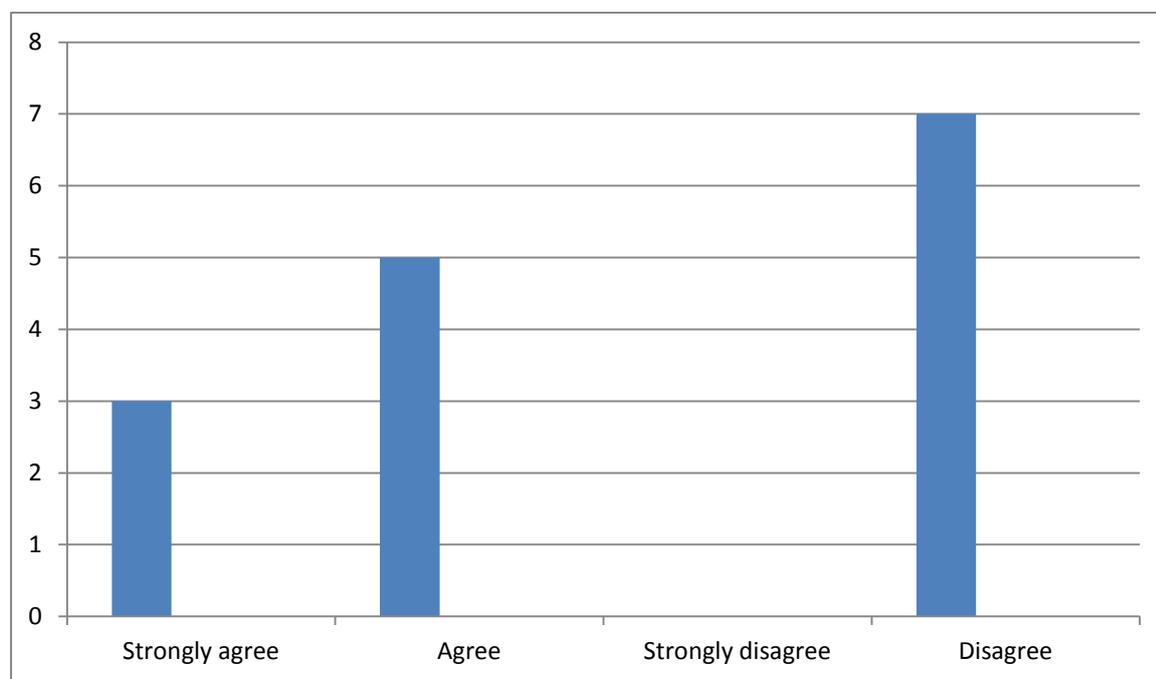
To further explore some potential reasons or solutions for these findings there were a number of key points made in response to the question in the questionnaire. All identifying information has been anonymised in the following quotes.

- The sufficient information give by my MHO are helpful to have those information, can be used for knowing my rights
- My MHO gave me a staple full of paper work regarding tribunal, including advocacy and named persons
- Always listened to them. Previously given information. It was easy to understand.
- They gave me information but didn't talk it through with me
- Not really, she hasn't given my anything that I can remember
- She did give me some information but she did not tell me about advance statements

- I can't remember anything apart from her smiling and introducing herself. I didn't get much information.

Question 5 – The Mental Health Officer explained the legal position?

Table 5 – Responses to question 5 – The Mental Health Officer explained the legal position



Overall, a significant number of participants 47% said they disagree the legal position was explained fully. However, 33% said agree and 20% said strongly agree.

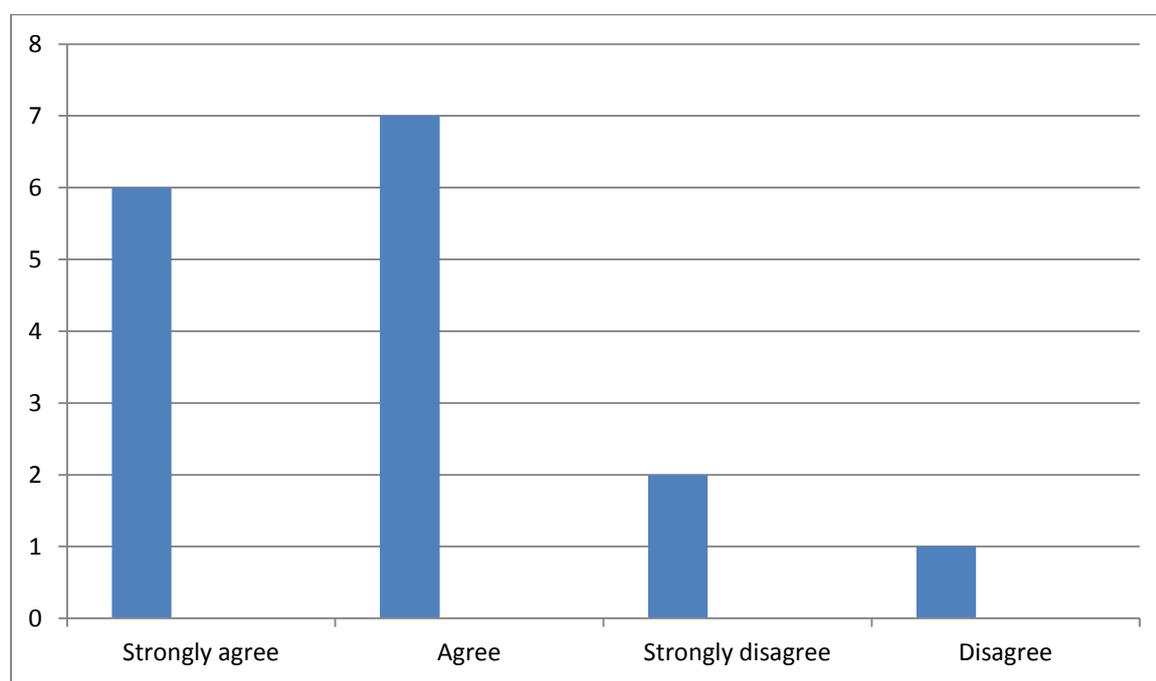
To further explore some potential reasons or solutions for these findings there were a number of key points made in response to the question in the questionnaire. All identifying information has been anonymised in the following quotes.

- I wasn't well on arrival so I find it hard to remember.
- I have only seen her once in 6.5 month and I have been here and now it has been that long since the meeting. I can't remember the stuff she said to me.
- I feel I should have been given more information about the legal position
- I think they should be asking me more questions about what is discussed at panel meetings
- Been here too long. Now I want to make my own decisions. I could be more involved in my decisions.
- Things could have been made clearer. Things don't always make sense when you are unwell, your thoughts are disorganised.
- I feel I should have been given more information about the legal position
- I do not understand the legal position. I feel humiliated I was admitted the way I was and the things said about my living conditions in my report

- She could have introduced herself better to me and make clear what an MHO is and does
- About my CTO happening and getting it revoked. I was always strongly but gently made aware throughout my treatment and the legal implications/position
- ...statutory rights provided by MHO are sufficient. I am very happy with them.
- Explained the legalities.

Question 6 – Overall I am satisfied the Mental Health Officer service were sensitive to my needs as a service user/patient?

Table 6 – Response to question 6 – Overall I am satisfied the Mental Health officer service were sensitive to my needs as a service user/patient



Overall, a significant amount of participants said that they are satisfied the Mental Health Officer service were sensitive to their needs. Overall, 43% said agree, 37% said strongly agree. However, 12% of participants said they strongly disagree and 8% disagree.

To further explore some potential reasons or solutions for these findings there were a number of key points made in response to the question in the questionnaire. All identifying information has been anonymised in the following quotes.

- She never explained to me that she was there for me. She didn't explain what an MHO was or what she can do in my interest. A lot didn't get explained when I was being admitted.
- She doesn't understand me, if I raise my voice in frustration I'm ill. If I swear I'm ill. They don't understand it is hard work being in here.

- I feel my MHO has been sensitive to my needs to a degree
- I feel I was treated as an individual, everyone will have different needs
- She told me my good points
- She does listen to conversation with me and she has acted on my behalf
- Fairly sensitive and allowed to appeal.
- My MHO has helped me to try and understand and take on board the decisions made by the panel so that I am not sectioned again.
- The MHO service meets my needs fully in a respectful way and I'm happy about them too.

Question 7 – What do you think Mental Health Officers are doing well?

Below is some of the feedback gathered in response to question 7 – What do you think Mental Health Officers are doing well

- My MHO is aware of some problems I have been having and I'm sure she is going to act on them. It is good knowing someone will have my interests on my behalf.
- They are good listeners as well as discussing things on your behalf.
- They are open minded people with extra care and attention to listen
- Good at listening without judgement
- She was good at being present when the doctor spoke to me and good at showing she listened
- My MHO has done well by giving me information, but ward staff give me more help

Question 8 – What do you think Mental Health Officers could do better?

Below is some of the feedback gathered in response to question 8 – What do you think Mental Health Officers could do better?

- Seeing patients more often
- Letting me know what's happening
- Tell people they can have an advanced statement
- Explain themselves better and visit more regularly
- I feel I wasn't introduced properly. She said she was a Mental Health Officer but she never explained what that consists of
- She told me she was going to be here last week but she didn't turn up and I have had no contact with her since. It would be good if they let you know your appointment is cancelled so you know what is going on
- Visit more regularly
- I'm not really aware of them

- When people start to feel better come back to them to make sure they understand everything clearly
- Involve me more in my decisions...
- They should see people more often I would like to see my MHO more often and have her be at more meetings
- My MHO has not spoken to me at all about advance statements. They don't really give enough information
- Allow for more patient input regarding mental conditions and living conditions

Mental Health Officer Service survey

1. Are you aware of who your Mental Health officer (MHO) is /was (in relation to your care)?

Yes

No

Please consider the following statements and tell us whether you strongly agree, agree, disagree or strongly disagree....

2. 'I found that MHOs are respectful'

Strongly Agree

Agree

Disagree Strongly

Disagree

Comments:.....
.....
.....

3. 'I found MHOs communicated well'

Strongly Agree

Agree

Disagree Strongly

Disagree

Comments:.....
.....
.....

4. 'I found MHOs provided sufficient information'

Strongly Agree

Agree

Disagree Strongly

Disagree

Comments:.....
.....
.....

5. 'The MHO explained the legal position'

Strongly Agree

Agree

Disagree Strongly

Disagree

Comments:.....
.....
.....
.....

6. 'Overall I am satisfied the MHO service were sensitive to my needs as a service user/patient'

Strongly Agree

Agree

Disagree Strongly

Disagree

Comments:.....
.....
.....
.....

And Finally:

7. What do you think MHOs are doing well?

8. What do you think MHOs could do better?

Additional comments:

.....
.....
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.....

Please tell us....

Would you like a copy of this report when finished?

Yes

No

IF YES PLEASE NOTE YOUR PREFERRED CONTACT DETAILS BELOW –

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Thank you for your feedback. This will be collected by Dundee Service User Network and fed back to Dundee City Council. The report will be made available to all interested parties.