



For better
mental health

Independent Mental Health Advocacy

The Government has introduced Independent Mental Health Advocacy (IMHA) into the Mental Health Act 2007. This means people under the Act will have the right to an advocate, and IMHA services will be commissioned across England and Wales to provide this service, similar to the IMCA service.

Who will have a right to an IMHA advocate?

Nearly all patients under the Mental Health Act will have the right to an IMHA, including:

- people on supervised community treatment orders (so IMHA will not only be in hospital settings)
- voluntary patients who are considering treatment under section 57 - psycho-surgery or hormone implants
- voluntary patients under the age of 18 who are being considered for treatment under section 58 - ECT or medication beyond three months.

What will IMHA services look like?

- IMHA advocates will be paid.
- There may be regulations about specialist advocacy services such as BME advocacy.
- Advocates should be independent of the treatment team.

The functions of an IMHA advocate

IMHA advocacy is a statutory service, so IMHA advocates will have certain functions laid down in law. Their role will be to help patients in obtaining information about and understanding:

- the provisions of the legislation under which he/she is subject to
- any conditions or restrictions he/she is subject to
- the medical treatment being given, proposed or being discussed and the authority under which this would be given

IMHA will also help a patient in obtaining information about and understanding his/her rights and how to exercise those rights.

In order to provide this help, IMHAs will be able to:

- visit and interview a patient in private
- visit and interview any person who is concerned with his/her medical treatment
- require the production of and inspect any records relating to the detention or treatment in any hospital or registered establishment or to any after-care services provided under section 117 (with consent of the patient)
- require the production of and inspection of any social services authority records which relate to the patient.

IMHA will have to comply with any reasonable request to visit a patient received from their nearest relative, responsible clinician or approved mental health professional. The patient can decline support from the advocate.

Hospital managers, responsible clinicians and social services will be under a duty to:

- inform patients about the advocacy service
- take all steps practicable to ensure patients understand what is available to them and how they can obtain help.

Information about the advocacy service and how it can be contacted also has to be given to the nearest relative unless the patient requests otherwise.

When is IMHA going to be made available?

Implementation of the new Mental Health Act 2007 is expected in October 2008. We do not know whether IMHA advocacy will also be implemented then or later.

Commissioning IMHA

Local commissioners will be asked to commission services to provide IMHA. Mental health advocacy services will be in a good position to bid for the service. We would strongly advise LMAs who already provide advocacy to detained patients or voluntary inpatients to consider putting in bids.

Costings for the IMHA service have been worked out according to each case taking an average of four hours to complete, but this assumption is made on the basis that every person under the Mental Health Act will want and use an advocate – not all will. We think this is a fairly reasonable budget. We do not know how this will be translated into a budget per locality.

We do not as yet know what implications there will be for existing mental health advocacy services. As we understand it, there will be new money for IMHA which will cover the entire cost of implementation and the service. We will be campaigning strongly that the money allocated is sufficient and that the commissioning of other advocacy services are not affected.

It is worth thinking about what you might need to put in a bid now, so that you are well prepared. It would be particularly good to consider:

- Equality of access - how you could provide specialist advocacy for BME groups, children and young people, people who lack capacity (Would it be worth finding partners who specialise in these areas if you do not and putting in a joint bid?)
- How you can cover inpatients and community patients
- Experience of working with the Mental Health Act
- How you might provide evidence of good outcomes and how you monitor your performance – evidence might include cases completed, how the service user is progressing in terms of their ability to self-advocate, how service user is satisfied with progress of their case
- Case studies that demonstrate outcomes and processes in your work
- Complaints procedures and risk strategies
- Focus on service user involvement, getting user feedback etc.

Anna Bird, Policy Officer, September 2007