

National Standards for Mental Health Officer Services

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NATIONAL STANDARDS FOR MENTAL HEALTH OFFICER SERVICES

1. RESPONSIVE SERVICES

All persons affected by mental disorder (which includes learning disability), either in their personal or professional capacity, who require a Mental Health Officer can expect an efficient and helpful response and comprehensive service following a request for a Mental Health Officer to undertake duties in accordance with the Mental Health (Care and Treatment) (Scotland) Act 2003 (**the 2003 Act**), the Criminal Procedure (Scotland) Act 1995 (**the 1995 Act**) and the Adults with Incapacity (Scotland) Act 2000 (**the 2000 Act**).

2. REFERRAL, ASSESSMENT AND ADMISSION PROCEDURES

Service users, carers and others making a referral to the Mental Health Officer service can expect that the local authority makes clear arrangements for the assessment of individuals under the 2003 Act, the 2000 Act and the 1995 Act and instigates action to meet assessed needs.

3. CARE PLANNING AND CARE MANAGEMENT

Service users who are subject to statutory measures under the 2003 Act, the 2000 Act or the 1995 Act can expect that they will benefit from care management and/or Care Programme Approach systems which provide support through keyworking, monitoring and review.

4. INTER/INTRA-AGENCY COLLABORATION AND CO-OPERATION

Service users who are, may be, or have been subject to statutory measures under the 2003 Act, the 2000 Act or the 1995 Act can expect that the local authority social work service works closely with other agencies and other departments to ensure a co-ordinated approach to implementing the legislation and securing required services.

5. EQUITABLE PROVISION AND ANTI-DISCRIMINATORY PRACTICE

Service users and carers can expect that the local authority implements systems and processes for referral, assessment, care planning and service provision which respect the rights of people, especially those who are, have been, or may be subject to statutory measures under the 2003 Act, the 2000 Act or the 1995 Act and which are provided in an anti-discriminatory way.

6. STAFF TRAINING AND DEVELOPMENT

Individual MHOs can expect that their local authority provides appropriate opportunities for continuing professional development and structured specialist professional advice and guidance, as needed, from an experienced MHO.

7. ORGANISATION AND MANAGEMENT

Individual MHOs can expect that their local authority provides proper managerial, administrative and technical support which enables MHOs to fulfil their statutory duties under the legislation in accordance with the principles of the legislation and the associated Codes of Practice.

STANDARD 1: RESPONSIVE SERVICES

All persons affected by mental disorder (which includes learning disability), either in their personal or professional capacity, who require a Mental Health Officer can expect an efficient and helpful response and comprehensive service following a request for a Mental Health Officer to undertake duties in accordance with the Mental Health (Care and Treatment) (Scotland) Act 2003 (**the 2003 Act**), the Criminal Procedure (Scotland) Act 1995 (**the 1995 Act**) and the Adults with Incapacity (Scotland) Act 2000 (**the 2000 Act**).

CRITERIA

The local authority ensures that:

1.1 Information on how to access the Mental Health Officer service and/or a Designated Mental Health Officer whenever needed is available in appropriate languages and formats according to service users' and carers, and, where appropriate, all relevant others' needs. This information is widely distributed and available to the general public and all relevant mental health professionals, primary health care teams, the police, the court service, and independent sector care staff.

1.2 Service users, carers and, where appropriate, all relevant others are given information which explains the role of the Designated Mental Health Officer and their relationship to the multi-disciplinary mental health/learning disability service as well as other sections of the local authority social work service.

1.3 All service users subject to compulsion or being assessed for use of statutory powers under the 2003 Act, the 2000 Act or the 1995 Act and, where appropriate, their carers, nearest relatives and relevant others are given accessible information in the appropriate language and format. This should include information on the relevant sections of the legislation, their associated legal rights and information and assistance in securing legal advice and guidance as well as advocacy services. Information should be communicated both orally as well as in written form.

1.4 All service users and carers in contact with the Mental Health Officer service are given information in the appropriate language and format. This should clearly explain the range of services available for people affected by mental disorder, systems for community care assessment and contact numbers for advice.

1.5 Each service user who is or has been subject to or assessed for use of statutory powers under the 2003 Act, the 2000 Act and the 1995 Act has a care plan, or is given the option of having a care plan, which draws upon a range of care and support services appropriate to their individual needs and preferences. This includes services which:

- protect their interests where they are vulnerable or at risk;
- enhance the quality of their lives (as outlined in Section 25 in the 2003 Act);
- promote their health and well being (as outlined in Section 26 in the 2003 Act); and
- lessen to the extent possible the need for use of compulsion (in accordance with the principles of the 2003 Act and the AWI Act).

1.6 The local authority, together with partner agencies, monitors the availability of services to implement 'Proposed Care Plans' submitted to the Mental Health Tribunal as part of the application for Compulsory Treatment Orders and uses this information to inform the joint planning and service development process. The local authority, together with health service partner agencies, monitors as well the implementation of 'Proposed Care Plans/Care Plans' on an individual basis.

1.7 There is a system for workload management for MHOs which addresses the appointment of Designated MHOs under the 2003 Act and the allocation of statutory MHO work. This system should ensure quick allocation and limit, as far as possible, the changes in the Designated MHO for any one service user, especially during the period in which they are subject to compulsion.

1.8 There is an agreed protocol in place with the State Hospital, and other national and regional psychiatric/learning disability units, which details liaison arrangements, facilitates the continued involvement of a Designated MHO from the authority at key meetings such as annual reviews and discharge/transfer planning meetings, and which delegates authority for the provision of locally-based responsive MHO services.

1.9 Processes are in place for inviting and analysing feedback from service users, carers, relevant statutory services and other stakeholders such as Advocacy services on the operation and effectiveness of the local authority's Mental Health Officer service. The analysis of this feedback is accessible to all interested parties.

1.10 Information available from the local authority's formal Complaints Procedures relating to the department's mental health/learning disability and Mental Health Officer services is used to inform changes to and developments in these services.

1.11 MHOs routinely carry out their statutory duties in respect of Section 278 of the 2003 Act in assessing the potential impact of compulsion on parental relations and take action to mitigate any adverse effects of compulsion on parental relations.

STANDARD 2: REFERRAL, ASSESSMENT AND ADMISSION PROCEDURES

Service users, carers and others making a referral to the Mental Health Officer service can expect that the local authority makes clear arrangements for the assessment of individuals under the 2003 Act, the 2000 Act and the 1995 Act and instigates action to meet assessed needs.

CRITERIA

The local authority ensures that:

2.1 MHO assessments take full account of the person's views, past and present, to the extent possible, with the assistance of the service user's advocate, named person and relatives where appropriate. All assessments should include consideration of any available Advance Statements, as well as the views of users and carers.

2.2 MHOs make use of all appropriate methods of communication, whether human or by mechanical aid (whether of an interpretative nature or otherwise) in interviewing service users.

2.3 MHO assessments take full account of the service user's strengths as well as their vulnerabilities and any associated risks to the person or others in developing appropriate care plans and determining whether statutory powers under the relevant legislation are necessary to implement these plans.

2.4 The outcome of MHO assessments is recorded in case files in accordance with agency policy and is communicated to the extent appropriate, within the bounds of confidentiality, to the service user, their named person, the medical practitioner(s) involved in the assessment, the person's nearest relative, the person's keyworker (where one exists), and, where relevant, proxies under the 2000 Act.

2.5 MHOs clearly record whether or not their assessment under the 2003 Act, the 2000 Act or the 1995 Act constitutes a comprehensive community care assessment. Local authorities also ensure that there is a system for receiving and acting upon referrals for comprehensive community care assessments made by MHOs to the local authority under Section 227 of the 2003 Act as well as other relevant legislation where the MHO is not carrying out such an assessment.

2.6 MHOs make appropriate, competent and timely applications to the Mental Health Tribunal and Sheriff Court, where required, following assessments under the relevant legislation.

2.7 Where an MHO assessment does not result in the use of compulsion or statutory measures, the MHO or another designated worker continues to assist the service user and their carers, as far as possible, in arranging the care they may be assessed as needing.

2.8 The local authority, with health service partners, monitors the effectiveness of local Psychiatric Emergency Plans to ensure that following the decision to admit someone to psychiatric hospital on an emergency basis, the patient is given appropriate support prior to

their transport to hospital and that this transport itself is effected in a safe and sensitive manner which is least disruptive to the patient.

2.9 The local authority, with health service partners, has effective arrangements for liaison between its MHO service and general hospital services, particularly A&E departments. Such arrangements should be monitored jointly with health partners on a regular basis and this monitoring should involve, among others, the lead person with responsibility for MHO services.

2.10 MHOs seeking and executing warrants under the 2000 and 2003 Acts involve all relevant parties, including the police, in determining how this can be carried out in the safest and most sensitive manner. Procedures covering this are addressed with health service partners in their Psychiatric Emergency Plans.

2.11 There is monitoring of the implementation of procedures relating to the securing and protection of property by local authority staff when a person is admitted to hospital or care under the 2003 Act, the 2000 Act or the 1995 Act. Procedures covering this should be addressed in their Psychiatric Emergency Plans.

STANDARD 3: CARE PLANNING AND CARE MANAGEMENT

Service users who are subject to statutory measures under the 2003 Act, the 2000 Act or the 1995 Act can expect that they will benefit from care management and/or Care Programme Approach systems which provide support through keyworking, monitoring and review.

CRITERIA

The local authority ensures that:

3.1 The MHO service is integrated into the care management and service commissioning infrastructure across all age and service user groups.

3.2 MHOs are able to evidence that care plans involve the least restrictive use of the legislation necessary to implement the care plan based on the assessed needs of the service user.

3.3 MHOs routinely contribute to the assessment of risk and vulnerability for people subject to statutory measures, or for whom statutory measures under the 2003 Act, the 2000 Act and/or the 1995 Act are being considered. Associated care plans identify risk, the management of it, and action to be taken in response to changes in circumstances which may affect the risk and its management.

3.4 MHOs consult with all relevant parties including independent sector providers in compiling a 'Proposed Care Plan' as part of the application to the Tribunal for Compulsory Treatment Orders, and invite professionals with specialist knowledge and experience to contribute to the assessment, care planning and reviewing of cases where necessary.

3.5 MHO assessments and subsequent care plans take account of the local authority's duties under the 2003 Act and the 2000 Act to make enquiries where an individual with mental disorder and/or their finances or property, may be or may have been vulnerable and/or at risk.

3.6 Care plans for service users subject to statutory measures under the 2003 Act, the 2000 Act or the 1995 Act in the community include alternative courses of action to take, and support to be made available to the service user and, where relevant, carers in the event of the failure of essential components in the service user's care plan.

3.7 MHOs participate in regular multi-disciplinary reviews of care plans and the continuing need for use of statutory measures for all service users subject to the 2003 Act, the 2000 Act or the 1995 Act.

STANDARD 4: INTER/INTRA-AGENCY COLLABORATION AND CO-OPERATION

Service users who are, may be, or have been subject to statutory measures under the 2003 Act, the 2000 Act or the 1995 Act can expect that the local authority social work service works closely with other agencies and other departments to ensure a co-ordinated approach to implementing the legislation and securing required services.

CRITERIA

The local authority ensures that:

4.1 Agreed protocols are in place with health service colleagues, the police, the courts, the Tribunal service and the independent sector on implementing the 2003 Act, the 2000 Act and the 1995 Act. Psychiatric Emergency Plans address some of these protocols.

4.2 Clear arrangements are in place to facilitate a responsive MHO service to the police, the courts and the Procurator Fiscal service to assist those service users with mental disorder who are involved in the Criminal Justice System.

4.3 The local authority with partner agencies commissions services which provide a range of alternatives to admission to psychiatric/learning disability hospitals.

4.4 The local authority with partner agencies is engaged in service development which identifies needs of service users affected by mental disorder, including unmet needs, and plans and commissions services appropriate to these needs.

4.5 There is access to social work/MHO expertise on mental disorder and the associated legislation available to social work criminal justice, child care and community care sections.

4.6 There is a clearly articulated strategy agreed with health service and independent sector partners which details joint training and working arrangements and where the Mental Health Officer service sits within these arrangements. These arrangements include regular reviews, involving representatives of services users and their carers, of the effectiveness of these arrangements, so that arrangements may evolve as required.

4.7 There are formal arrangements with other local authorities on the implementation of the 2003 Act, the 2000 Act and the 1995 Act. These should address cross-boundary and other relevant issues, including the circumstances in which there will be joint appointment of MHOs by more than one authority for carrying out specific pieces of work, such as out-of-hours MHO work, outside the employing authority of an individual MHO.

4.8 There are agreed procedures/protocols with health service colleagues for resolving disputes concerning MHO assessments under the 2003 Act, the 2000 Act and the 1995 Act.

4.9 There is a system agreed with health colleagues and relevant others for reporting, auditing and reviewing serious accidents and incidents involving service users with a mental disorder so that, as necessary, practice may be changed to reduce the risk of any recurrence.

4.10 All relevant local authority departments are involved in service planning, development and delivery essential to the proper implementation of the 2003 Act, the 2000 Act and the 1995 Act.

4.11 There is clear guidance for staff on responding to the expectations of the Mental Welfare Commission for Scotland relating to the exercise of functions under the 2003 Act, the 2000 Act and the 1995 Act in which there is, or may be, a common interest, such as in the overlapping duties to make enquiries in certain cases. Liaison arrangements are regularly reviewed and improved as required.

4.12 There is clear guidance for staff on responding to the expectations of the Public Guardian's Office relating to the exercise of functions under the 2003 Act and the 2000 Act in which there is, or may be, a common interest. Liaison arrangements are regularly reviewed.

4.13 The local authority and partner agencies monitor the implementation of their Procedures for the Protection of Vulnerable Adults to ensure that the use of statutory measures under the 2003 Act, the 2000 Act and/or the 1995 Act is considered wherever necessary to implement care plans designed to safeguard vulnerable individuals who have or appear to have a mental disorder.

STANDARD 5: EQUITABLE PROVISION AND ANTI-DISCRIMINATORY PRACTICE

Service users and carers can expect that the local authority implements systems and processes for referral, assessment, care planning and service provision which respect the rights of people, especially those who are, have been, or may be subject to statutory measures under the 2003 Act, the 2000 Act or the 1995 Act and which are provided in an anti-discriminatory way.

CRITERIA

The local authority ensures that:

5.1 There is monitoring of whether ethnic origin, race, culture, religion, language, gender, disability, age and sexual orientation are fully taken into account in contacts with and assessments of people who are or may be subject to statutory measures under the 2003 Act, the 2000 Act or the 1995 Act.

5.2 MHOs and other social work staff receive training in anti-discriminatory practice which addresses the knowledge and skills required to respond to and support the individual needs of each person with mental disorder referred for assessment.

5.3 Clear and well-publicised arrangements are in place for accessing interpreters for service users, MHOs and Advocates as required when a person is being assessed for, or subject to, the use of statutory measures under the 2003 Act, the 2000 Act or the 1995 Act.

5.4 There is an equal opportunity policy and action plan for recruitment, employment and service delivery.

5.5 There is a policy for dealing with harassment and abuse of service users and staff.

5.6 The needs of the population it serves have been assessed with partner agencies, and service use is monitored to establish patterns of under and over representation.

STANDARD 6: STAFF TRAINING AND DEVELOPMENT

Individual MHOs can expect that their local authority provides appropriate opportunities for continuing professional development and structured specialist professional advice and guidance, as needed, from an experienced MHO.

CRITERIA

The local authority ensures that:

- 6.1 There is a strategy for the recruitment, training and retention of adequate numbers of MHOs, including MHO staff with a variety of relevant specialist expertise, to meet the needs of their area.
- 6.2 There is a programme of orientation/training for all newly appointed MHOs and MHO trainees which familiarises them with the range of care and treatment services available for people with mental disorder on a local, regional and national basis.
- 6.3 The professional and practical support needs of individual MHO trainees are addressed in line with the recommendation of the training providers.
- 6.4 Newly appointed MHOs are supported in their role and given work appropriate to their experience and expertise.
- 6.5 There is a process for assessing the needs of individual MHOs and developing individualised plans for continuing professional development to ensure they are able to gain sufficient experience to maintain their competence and confidence. This is tied to the requirements for re-accreditation and re-appointment as outlined in Statutory Directions.
- 6.6 All MHOs have been given training on the relevant procedures and protocols concerning implementation of the 2003 Act, the 2000 Act and the 1995 Act.
- 6.7 All MHOs are provided with and have access to information and training which keeps them abreast of developments in mental health and learning disability care and services, including psychiatric diagnosis, treatment and medication.
- 6.8 All MHOs have regular, structured access to advice and guidance from a designated, experienced MHO in respect of their MHO practice.
- 6.9 Arrangements are in place to assist MHOs in participating in regular local or supra-local MHO fora to discuss relevant matters relating to law, practice and service developments. Where staff are unable physically to attend a group/forum due to distance, the local authority should develop or access alternative support systems, for example, through use of video and/or teleconferencing.
- 6.10 Close liaison with health service partners and relevant others provides regular and accessible opportunities for joint education/training and structured professional advice.

STANDARD 7: ORGANISATION AND MANAGEMENT

Individual MHOs can expect that their local authority provides proper managerial, administrative and technical support which enables MHOs to fulfil their statutory duties under the legislation in accordance with the principles of the legislation and the associated Codes of Practice.

CRITERIA

The local authority ensures that:

7.1 There is a senior manager responsible for Mental Health Officer services, including the co-ordination, development and monitoring of the MHO service and associated procedures and protocols.

7.2 There are clear policies and procedures on the allocation of referrals to the MHO service under the 2000 and 2003 Acts and for the appointment of Designated Mental Health Officers as outlined in section 229 of the 2003 Act, including those appointed to fulfil this role on an interim basis.

7.3 There is an up to date list of MHOs which includes date of appointment, indication of appointment by adjoining authority and record of training, as well as operational location and availability.

7.4 All service users subject to compulsion as well as relevant others involved in the service user's care and treatment are aware of how to contact the Designated MHO as needed.

7.5 There is clear information available in written form for private welfare guardians under the 2000 Act which outlines how the local authority carries out its statutory duties to supervise welfare guardians under the Act. This information specifies the local authority's expectations of the guardian in relation to recording, reporting information to the local authority, contact with the adult and visits by the local authority.

7.6 There are clear procedures in place for monitoring how the guardian's duties are executed on behalf of the chief social work officer of the local authority when they are appointed as guardian in respect of the personal welfare of an adult.

7.7 There is efficient and effective communication between out-of-hours and daytime MHO services.

7.8 There is a system for reviewing the efficiency and quality of its MHO service, and its capacity to provide a quality service on an equitable basis. This includes monitoring how far the existing MHO service supports practice in accordance with the relevant Codes of Practice and the extent to which the service is delivered to the standards of the National Standards for Mental Health Officer Services.

7.9 Information on MHO referrals and response times is routinely monitored.

7.10 All MHOs are provided with sufficient, easily accessible administrative support to assist them in:

- meeting deadlines for reports and statutory applications;
- alerting them to renewal dates well in advance;
- organising and minuting important multi-disciplinary case conferences; and,
- contacting relevant parties.

7.11 All MHOs have ease of access to personal computers, including Internet access, and are issued individual mobile phones and an additional means of summoning assistance in an emergency such as personal alarms.

7.12 All MHOs have access to specialist legal advice and support necessary in carrying out their statutory duties under the 2003 Act, the 2000 Act and the 1995 Act.

7.13 All MHOs have access to financial advice and support necessary in carrying out their statutory duties in respect of the 2000 Act and the 2003 Act.

7.14 Each MHO has a personal copy of relevant legislation, the associated Regulations, Codes of Practice, the Memorandum of Procedures for Restricted Patients, all relevant local authority procedures and access to all Statutory Forms as needed.

7.15 All MHOs have ready access to assistance in communication, whether through human or by mechanical aid, appropriate to individuals with mental disorder who are or may be subject to statutory measures under the 2003 Act, the 2000 Act and/or the 1995 Act.

7.16 All MHOs have access to up to date lists, including contact details of key service provision throughout the area as well as up to date lists of contact details for key personnel both within and outwith the Department.

7.17 All MHO activity is recorded and aggregate data is regularly monitored.

7.18 All MHOs are aware of policies and procedures to protect staff from violence or the threat of violence and to support staff who have been victims of violence. All MHOs have had training in dealing with violence and aggression.

7.19 Where local authorities serve communities in remote and rural areas there is a strategy which addresses, to the extent possible, issues of equity of MHO service response and the supervision and continued professional development of MHOs. Such strategies should be backed up by the investment necessary to implement this strategy.

7.20 There is a whistle blowing charter which specifically takes account of the statutory duties and professional responsibilities of MHOs.

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