

**Human Rights in
Mental Health
Services**

Page 1-6

**Health &
Wellbeing**

LEARN course/
Recovery conversations

Page 6

**Local
News**

Royal Ed- book
& Exhibition

Page 6-7

**General
Interest**

mwc study-
BPD

Page 7

Support

SAMH ALBA
Scheme

Page 7-8

**Useful
Contacts**

**Page 8
September**



Human rights in Mental Health Services

Summary - Human rights in Mental Health Services

The Mental Welfare Commission (mwc) has created a Good practice guide exploring human rights for mental health patients as they journey through services. It focuses on explaining rights in the community, upon admission to hospital, time on the ward, on discharge and those overarching rights that apply to all these stages. It is hoped that the booklet will help mental health professionals reinforce knowledge and apply good practice at all times when delivering care and support. It may also be helpful to families and carers, and allowing patients more control over their care and treatment. The mwc has also produced a booklet "Rights in mind" displaying Rights and legislation at each stage of the patient's pathway. Both publications are made to be easy to understand and the aim is for them to become embedded in the delivery of mental health care. I have summarised their content here.

Research for the Good practice guide included having consultations with Professionals, patients and family and included two hospital test projects where improved practice was implemented. This involved a discussion of advance statements in recovery groups and following up phone calls after discharge. Another pilot was to give information as a leaflet on informal rights to patients as part of the admission to the ward. It was concluded that the changes made should become ward policy. Indeed staff need to be able to engage fully with patients and let the patient know what their human rights are at all stages as many patients are not aware of them.



Overarching rights

Overarching rights apply at all stages of a patient's journey through services. The principles of overarching rights (which apply to all mental health patients) were laid out initially and included the right to liberty (Article 5, ECHR), right to respect for private and family life (Art. 8, ECHR) the right to the highest standard of physical and mental health (Art. 25, UNCRPD) and the right to protection from inhuman or degrading conditions (Art. 2 & 3, ECHR). Patients have a right to access clear information on any diagnosis made and ongoing support to be provided. In particular day to day practices such as participating in keyworker meetings, the development of care plans, ward meetings and use of advocacy. These principles are set out in the Mental health (care and treatment) (Scotland) Act 2003. It is good practice that everyone involved in patient care and treatment has the opportunity to express their own views. Acutely ill patients may not be able to make decisions for themselves so staff need to be aware and repeat information if necessary.

Another right is to be treated with respect, dignity and compassion at all times when in hospital. This refers to practices of seclusion observation and the restriction of correspondence on the ward. Relevant laws include a Right to a private and family life (Art.8 ECHR) and the Patient rights (Scotland) Act 2011. As a consequence any restrictions made must be proportionate, be reviewed regularly and also be for the shortest possible time. Equality legislation defends the right not to suffer from discrimination, with protected characteristics set out such as age, gender, sexual orientation or race. Patients also have the right to advocacy services (Mental health Act). Advocacy fulfils many roles which include to defend and promote rights and responsibilities, explore choices, allow access to information and services and support to express views and concerns. Advocacy can be delivered individually, as a peer relationship or in a collective or group setting.

Patients have a right to liberty but this can be restricted (Art 5, ECHR & Mental Health Act). Possible legal issues include inappropriate periods of detention and long periods of seclusion or restraint.

Nurses are able to detain informal patients under the Power to Detain (2003) Act to allow for a further assessment to take place.

All patients have the right to have the highest standard of health care possible and to have professionals intervene early and appropriately support those people with suicidal ideas. They must also provide services that prevent further disability. (Art. 2 & 3, ECHR). Support from family can be key to a person's recovery and wellbeing in the long term. This is set out in Art. 8, ECHR; The right to respect for private and family life. On the ward a quiet space must be provided and flexible visiting policies if possible. In an initial assessment the extent of the amount and type of support that can be offered by the family should be established. Mental Health Act, 2003).

Rights in the community

Within the community patients have the right to access primary care, such as GPs and also mental health services. (Art.25, UNCRPD).

These services must be of a sufficient standard and involve patients being given information on their diagnosis that is easy to understand and is reinforced. The emphasis is on maximum participation, involving the patient fully in exploring treatment options. (Art.8, ECHR & Patient Rights Act).

It is also good practice if families are involved. A good example of effective patient involvement is completion of a Wellness Recovery Action Plan (WRAP). Information may also involve using websites or Apps. Patients need to know how to access support out of hours in an emergency situation. The relevant Act is the right to life and not to be subjected to torture or inhuman or degrading treatment or punishment. (Art 2 & 3, ECHR).

Carers will have new rights from April 2018 to an assessment i.e. an adult carer support plan or Young carer statement; right to private and family life (Art.8, ECHR) and extra support if decided under Carers (Scotland) Act 2016.

Patients in the community also have the right when they are feeling better to make an advance statement setting out their wishes if they become too unwell in the future to be involved in their care. (Mental Health Act). It may include any medications that they do not want or for certain people not to be involved in their care. This must be taken into account when making decisions regarding care and treatment. From June this year it is now a personal choice to have a named person, i.e. who you would like to speak on your behalf if you become unwell. (Mental Health Act).

People who have mental health problems have a right to a needs assessment under Social work Scotland Act 1968. The Mental Health Act 2003 states a duty to provide care and support services in the community and to offer assistance with travel costs.

Admission to hospital

If you have been admitted to hospital you have a right to a full explanation of why this is happening and for this to be put in writing. This is underpinned in the right to private and family life (Art. 8 ECHR) and the Patients' Rights Act, Principal of patient participation. Patients also have the right to be given a choice of entering hospital voluntarily; right to liberty (Art.5, ECHR). There will be an induction process on the ward in which patients will be given practical information such as mealtimes, opportunities for exercise, where to smoke and also get to know the staff involved in your care; right to respect for private and family life (Art.8, ECHR) & Patient Rights Act. Prior to admission other issues such as securing property, pets and finances should be dealt with; respect for private and family life, home and correspondence (Art.8, ECHR). Informal support from a friend or relative during the admission process will be considered on a case by case basis; respect for private and family life (Art.8, ECHR).

While a patient is on the ward they will be able to follow their religion, i.e. through prayer or a special diet wherever possible. This will be included in any care plans. This is stated under the right to freedom of thought, conscience and religion (Art. 9, ECHR). Patients also have a right to have visitors, under (Art. 8, ECHR).

Detained patients have the right to be informed of reasons why they are being detained, how long this is for and how to appeal. Ward staff play a key role here. (Mental Health Act). Detained patients also have the right to a Mental Health Officer (MHO) who will explain your rights, for example if you are being detained under emergency detention or a Community Treatment Order (CTO) has been put in place.





(Mental Health Act). Any Doctor can issue an emergency detention certificate without the consent of an MHO. You will be informed that you have the right to a solicitor and free legal aid and to a mental health tribunal; fair trial (Art 6, ECHR) & Mental Health Act. (Anyone involved in the welfare of the patient can apply to a mental health tribunal). Any named person must be informed if a person is detained under the mental Health Act. A named person has the

power to appeal independently and put across their views at any tribunal hearing. Details of a named person must be recorded in medical records. Detained patients have the right to minimum detention and regular reviews must also take place. (Mental Health Act) These are the duties of the MHO and Doctor. Advance statements will be considered as law unless there is a legitimate reason not to. Informal patients will have different rights which often many patients are not always aware of. They can actually leave the ward if they wish although ideally a care plan should be put in place; right to liberty (Art. 5, ECHR). Nurses may wish to intervene and detain patients under the Mental Health Act and they can request a further assessment if they are concerned. Informal patients also have the right to refuse treatment; right to respect for private and family life (Art. 8, ECHR). Staff will discuss treatment options fully and the consequences of their refusal for their health. If a patient does not have the capacity to be involved in their care the Adults with Incapacity (Scotland) Act 2000 ensures patient's wishes are followed and any advance statement made is taken into account.

Hospital Ward

An important right on the ward is for each patient to have their own recovery plan and to be involved in its development and review; right to respect for private and family life (Art.8, ECHR) & Patient Rights Act. One to one support is key and information must be explained clearly about any diagnosis and treatment options available; right to respect for private and family life (Art. 8, ECHR) & Patient Rights Act. The opportunity should be created to make advance statements and to receive help from advocacy services (particularly if a patient is being detained against their will). The right to therapy and recreation is set out in the UN Convention on Rights of persons with Disabilities Act (UNCRPD). These activities should be included in a patients care plan. Patients have the right to be as independent as possible; have full physical, mental, social and vocational ability whilst they are in hospital. In addition patients have the right to a positive therapeutic environment, i.e. adequate living space, heating & ventilation and food and clothing. This is the responsibility of ward staff. This is set out under Standards of European committee for prevention of torture and inhuman or degrading treatment or punishment.

Under the Education Scotland Act & Mental Health Act under 18s have the right to access education whilst in hospital and this must be arranged for. The right to vote is not compromised if you are in hospital. (Representation of the People Act). Concerning medical records you have the right to access them but this may need to be restricted. (Access to Health Records Act). The local authority is responsible for your property. This is stated under sect.48 national Assistance Act 1948. You have the right to family relationships on the ward. This is set out in Art.8, ECHR respect for private and family life. There should be quiet space on the ward, opportunity to take private calls and passes to go home. Technology also allows keeping in touch through skype and social media although use of smartphones may be restricted on the ward.

Detained patients have a right to a second opinion on compulsory treatment. Under the Mental Health Act treatment can be enforced i.e. a CTO by a tribunal. No consent is needed in the first 2 months. If the patient then decides to consent a T2 form is completed by a doctor. Patients are kept fully informed at all stages. In the case of ECT or artificial nutrition there are safeguards from the start of treatment.



A Doctor has the power to enforce treatment but requires a second opinion from a Designated Medical Practitioner (DMP) which is provided by the commission and will be an experienced psychiatrist. (Mental Health Act). The DMP will conduct a series of interviews with professionals and family and friends and decide on whether treatment should be given. If a person is acutely unwell a tribunal will appoint a “curator ad litem” to safeguard the interests of the patient. A patient has the right to be detained for the shortest time possible and that this should be reviewed regularly. (Mental Health Act).

A patient has specific rights for communication which is set out in Mental Health Act 2003 Scotland sect. 281-286. Restrictions are called specified persons measures and include phone calls, post and visitors. A Responsible Medical Officer (RMO) can make a patient a specified person where methods of communication are restricted for up to 6mths. A review by law must happen after 3mths, with phone calls it is 7days. Staff have a duty to notify the commission of any restrictions and to communicate to the patient that they can appeal.

In modern practice staff are aiming to reduce the use of seclusion which is often used to protect patients and others; free from inhuman and degrading treatment (Art 3, ECHR), the right to liberty and security of person (Art.5, ECHR) and the right to private and family life. (Art. 8, ECHR). Informal patients have a right not to be secluded against their will. A medical assessment can be requested if staff feel the patient needs to be detained and secluded. The use of restraint also does have an impact on a patient’s privacy and right to life (Art.8 ECHR & Art.2, ECHR). The policy on observing patients is currently under review with the aim of improving the experience for patients and making it more personalised. Patients generally find observation helpful and allows them to build relationships with staff. This is only the case however with experienced staff. Observation should only be used when deemed necessary for safety reasons; right to respect for private and family life, (Art.8, ECHR)

Discharge

Patients should be discharged with a clear discharge plan and for them to participate fully in the development of the plan. Friends and family can also be involved. Patient participation is key and is significant in terms of the right to private and family life. (Art. 8, ECHR) & Patient rights Act. The new Carers Act gives carers the right to be involved in discharge planning. Arrangements for ongoing support in the community must be made such as rehabilitation and crisis support.

The discharge plan must include details of recovery support and meaningful activity, for example employment, education or training; right to habilitation and rehabilitation (Art. 26, UNCRPD). Often people accessing services will be at a disadvantage in trying to gain employment. It will also contain details of ongoing treatment and community services utilised. Any informal support i.e. by family and friends will also be included in the plan. It is the responsibility of community mental health teams to ensure good continuity of care.

It is a right for people with disabilities to have care and support services which will allow them to recover. This will be the same as others with no disability. It is the duty of the local authority to provide services that promote wellbeing and social development and these may include social, cultural and recreational training. As part of planning for discharge a patient has the right for a needs assessment to be carried out. This is a duty under the Social Work Scotland Act 1968. Prior to discharge is a good time for a patient to have help to complete an advance statement.

The mwc aims to follow up the impact of the human rights pathway and good practice guide by visiting staff and asking patients if human rights are being respected and promoted in practice. Both publications can be downloaded from the website; www.mwscot.org.uk. Additional resources on the website are a series of short films and discussions from ex-patients and carers.

Health & Wellbeing

LOTHIAN EDUCATION AND RECOVERY NETWORK (LEARN)

Free mental health, recovery & advocacy training



Wellness Recovery Action Plan (WRAP) Location: St John's Hospital, Livingston Fridays 1, 8, & 15 September 2017 0930 - 1630 (plus 1330 - 1630 on Friday 3 Nov -13.30 to 16.30 – St. John's Hospital, Livingston. / Fridays 6, 13, 20 October, 9.30 to 16.30 & Friday 1 Dec 13.30 to 16.30 – Argyle House

WRAP is a programme of self-exploration that can help you take control of your own mental health and recovery. Workshops are based on the model developed under copyright in the USA by Mary Ellen Copeland. The topics include: Your Wellness Tools, Early warning signs and crisis and post crisis plans. To request a place on this course, please get in touch with Julie or Anne on learn@capsadvocacy.org or 07910 021 537. N.B. Your booking is not complete until we have confirmed your place. We'll do this about a fortnight before the course starts. You are welcome to join the mailing list for LEARN, just Email CAPS. You will then be able to access details of any new courses that will be running.



Recovery Conversations

As part of the Lothian Recovery plan, Learn has organised a series of sessions allowing people to talk about their journey to recovery. These will be held in the next few months across the Lothians. It is a requirement that you have your own experience of issues relating to mental health. For further information about a session near you Email: learn@capsadvocacy.org or telephone 07910 021 537. You can also check Facebook; www.facebook.com/lothianlearn/ and Twitter; <https://twitter.com/comelearnhere>

Local news



Royal Edinburgh Hospital Patients Council

Book launch Stories of changing life project has resulted in a book and film. Stories, poems artwork and photos have been kindly contributed for

the book. There is a book launch on the 17th October in the Summerhall café at 6.30pm. You will be able to pick up copies of the book and hear readings from people who have contributed. You will also have the chance to see the film as well.



Exhibition

There will be a Stories of changing lives exhibition taking place as part of the SMHAF Out of Sight Out of Mind exhibition. This will be running from wed 11 – Sun 29th Oct, 11am – 6pm at Summerhall and entry is free. The exhibition may also be held within the hospital but is not yet confirmed.

Patient's Council meetings

The patient's council at the Royal Edinburgh Hospital is a collective advocacy project for people who are using services or have used them in the past. It is a platform for discussing issues around care and treatment with the main aim being to improve services. Meetings are held every two months. This year's Annual General meeting takes place on the 27th November from 1.30- 3pm (refreshments provided). The patient's council has a website; visit www.rehpatientscouncil.org.uk

General Interest

Border Personality Disorder themed visit



The Mental Welfare Commission (mwc) would like to talk to people who have a diagnosis of Bipolar disorder or are a relative or carer of someone with this condition. It is aimed at over 18s within Scotland and hopes to explore a range of issues such as stigma, access to treatment and support. A report is planned for

early 2018 which will highlight the challenges people face and set out examples of good practice and how services could be improved. This report will be entirely anonymous. Discussions will take place throughout October and November. If you are interested in taking part you can Email mwc at bookings@mwscot.org.uk or tel 0131 313 8777 for ways you can get involved to express your views.

Support

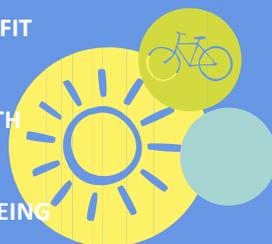


Active living Becomes Achievable

ALBA is a physical activity intervention developed by SAMH, which aims to help individuals experiencing poor physical or mental wellbeing to increase and maintain their physical activity levels

PHYSICAL ACTIVITY CAN BENEFIT A PERSON IN A NUMBER OF THIS INCLUDES

- 1 IMPROVED PHYSICAL HEALTH
- 2 IMPROVED QUALITY OF
- 3 IMPROVED
- 4 IMPROVED MENTAL WELLBEING



One-to-one support is provided by ALBA staff at a local gym for up to 16 weeks. Sessions focus on motivation, confidence and resilience. There is the opportunity for peer support via group activities. A physical activity tracker is provided recording the number of steps you take in a day. ALBA are part of a research study exploring the impact of ALBA scheme and you can take part. There is a referral scheme in West Lothian which is managed by West Lothian Leisure. A health professional or an organisation working with ALBA can refer clients. For more information contact West Lothian Practitioners; tel Bryony Lang -07720947139/ Rachel Connor - tel 07891690373. You can Email: ALBAWestLothian@samh.org.uk

Useful contacts

Advice shop

Telephone: 01506 775 626
Website: www.westlothian.gov.uk

Breathing Space

Telephone: 0800 83 85 87
Website: www.breathingspace.scot

Carers of West Lothian

Telephone: 01506 448 000
Website: www.carers-westlothian.com
Email: office@carers-westlothian.com

LEARN

Telephone: 07910 021 537
Website: www.capsadvocacy.org
Email: learn@capsadvocacy.org

Mental Welfare commission

Telephone: 0800 389 6809
Website: www.mwcscot.org.uk
Email: enquiries@mwcscot.org.uk

Royal Edin. Patients Council

Telephone: 0131 537 6462
Website: www.rehpatientscouncil.org.uk
Email: info@rehpatientscouncil.org.uk

Rethink Mental Illness

Telephone: 0121 522 7007
Website: www.rethink.org
Email: info@rethink.org

SAMH

Telephone: 07720947139/07891690373
Website: www.samh.org.uk
Email: ALBAWestLothian@samh.org.uk

If you have any ideas you think would be of interest for future newsletters or if you just need to ask any questions please phone or e mail advocacy. The help will be very much appreciated! Thanks.

Mental Health Advocacy Project West Lothian SCIO. Mental health Resource centre, Strathbrock Partnership Centre, 189a West Main Street, Broxburn, West Lothian, EH52 5LH Tel :(01506) 857230 F: (01506 852954) Email:

admin@mhap.org.uk *Mental Health Advocacy Project (West Lothian) is a Scottish incorporated Charitable Organisation Charity No. SC01 1560*

This newsletter was produced by Claire. I am a service user with a severe and enduring mental health problem. I currently am a volunteer with the Advocacy project in Broxburn and produce this newsletter for them. I am also a member of the reps group and service users forum that advocacy runs. I am also a member of their Management Committee.

