

## **Fife Council, Mental Health Officer team – Kevin Barretto (MHO)**

All of us have mental health difficulties at one time or another. At the more severe end, particularly if there are issues of risk to the person or to others, then the **Mental Health (Care and Treatment) (Scotland) Act 2003** may be required. The MHO team is usually contacted by a GP or psychiatrist requesting an MHO assessment, when consideration is being given to treatment under the Act, which often involves compulsory detention in hospital.

Care and treatment must be for the **benefit** of the client.

The Principles of the Act recognise the **importance of service user and carer's views** in a person's care and treatment plan, and emphasises the need for **co-operation** with, and **participation** of, people experiencing mental health problems and carers in how care and treatment are provided.

Any care/treatment provided should be the **least restrictive option**. Informal and less restrictive forms of treatment, other than compulsory measures under the Act, should be explored by the MHO, service user, carer and clinical team, as alternatives to detention.

A **designated MHO** must be appointed when someone is subject to compulsory powers/detention under the Act, and is expected to remain involved throughout all statutory involvement. An **honest, trusting relationship** should be developed between MHO and service user, through **co-operative working** and **two-way communication**, supporting the **client's self determination** as far as possible.

The MHO must identify the **Named Person** (who can be nominated by a patient, has rights to be consulted about aspects of treatment, and can make applications on a patient's behalf). If a Named Person has not been nominated, the primary carer would be the Named Person by default. The Named Person should be consulted about certain aspects of treatment under the Act, and also included in discussions regarding care planning.

**Advance Statements** can be made by patients setting out how they wish to be treated if they become mentally unwell. These statements need to be considered by the Responsible Medical Officer (RMO). Any treatment decisions made under the Act which go against the service user's wishes as detailed in the Advance Statement, are likely to be scrutinised by the Mental Health Tribunal for Scotland (MHTS). When MHO's or RMO's make applications to the MHTS for compulsory treatment under the Act, a copy of any Advance Statement must be included.

The MHO is required to inform patients of their right to **Independent Advocacy**, and also to assist in accessing advocacy services, to help express their views and wishes if they are being treated under certain parts of the Act.

Under **Sections 25-31** the **Local Authority has a duty to promote well-being and social development** for people who have or have had a mental disorder (including employment, education, leisure activities). This recognises the importance of recovery, and of social inclusion rather than segregation, and should be addressed/ included in a service user's Care Plan.

Patients subject to treatment under the Act are usually under the **Care Programme Approach**, which aims to clarify each person's role and responsibility within the Care Plan, and includes the views of the service user, carer and relevant others (RMO, MHO, CPN, support workers, housing, police etc). The Care Plan should be reviewed and changes made where necessary, with the aim of giving more **purpose and control to people in how they live their lives**. The MHO team transfers designated MHO responsibility to the locality Mental Health Team once the client's Care Plan is established.