Introduction
This report describes patient and public involvement activities in the early stages of the development of a research project on the subjective experience of assessment under the Mental Health Act (MHA) 1983 amended 2007.

Background
The MHA makes provision for people with suspected mental health problems to have their mental health and social circumstances assessed by appropriately qualified doctors who may recommend that a person be detained under the MHA for further assessment and/or treatment. An Approved Mental Health Professional (AMHP) has overall responsibility for the assessment.

The role of the AMHP in these assessments is both complex and demanding. They must co-ordinate the assessment process, interview the person under assessment taking all circumstances into account; evaluate the medical recommendations, make independent judgements about the need for detention, further assessment and/or treatment under compulsion; and make an application to detain the person if appropriate. They must pursue all alternatives to compulsion while balancing the merits of the “least restrictive” option for the patient against the interests of wider public safety (Department of Health 2008, para 1.3). They must inform patients and their relatives of what is happening and what their rights are. AMHPs have additional responsibilities under other legislation including the Human Rights Act 2010, the Mental Capacity Act 2005 and the Equality Act 2010. AMHPs require not only the skills to discharge the duties described above, but also the ability to communicate and negotiate with a wide range of distressed people, and to reconcile conflict. There is also an obligation in the Mental Health Act Code of Practice to promote assessed patients’ participation in decisions about their care “as far as is practicable” (Department of Health 2008, para 1.5).

Given the above, and the potentially coercive nature of the role, it is perhaps unsurprising that people who are assessed and/or detained often report negative experiences (Care Quality Commission 2011). Being assessed with a view to detention under the act can be extremely distressing for people who are often already experiencing distress as a result of a mental health problem, or difficult social circumstances.

We aim to use the findings of our research to inform the development of a toolkit for use in evaluating AMHPs’ and guiding them towards improved practice. We also hope that the research results will contribute to AMHP training, both at initial qualification and at periodic re-validation. This will benefit the NHS and the public (and the local authorities who support AMHP training and practice development) by enhancing AMHP performance in an increasingly demanding aspect of their workload. Since the Mental Health Act 1983 was amended in 2007, there has been a rise in the number of assessments and the number of detentions (Webber 2012). Best use of AMHPs as a resource is therefore in the interests of the NHS and the taxpayer.

MHA Research Project Summary
We propose to research the subjective experience of assessments with a view to detention under the MHA. Our key research question is:

What is it like to experience MHA assessment, and how can we use knowledge of this experience to improve assessment practice?
We aim to capture the experience of MHA assessment from the view of the assessed person, and to analyse the results in terms of how this frequently traumatic and life-changing experience could be improved. Our aim is to use the results of the research to develop a toolkit for use in initial training and continuing professional development training of AMHPs who have the pivotal role in these assessments. This toolkit is intended to improve AMHP practice, improve the subjective experience of assessment, and lead to better outcomes for people undergoing MHA assessment. Our research will be highly participatory: we aim to recruit and train people with experience of MHA assessment and to involve them in research design, data-gathering, analysis, presentation and dissemination of the research findings and the final toolkit.

**Purpose of Patient and Public Involvement in the Development of this Research**

A small grant of £495 from the RDSYH Involvement in Grant Applications funding stream was sought and awarded. This money was to be used to fund patient and public involvement (PPI) meetings with people with experience of mental health problems (see Appendix 1 for details of how this money was used). We aimed to use these meetings to identify people who may wish to be further involved in the project, and to seek answers to the following questions:

1. Do people with experience of mental health problems feel that MHA assessment is an important area of research?
2. What is/are the best way/s to conduct the research?
3. What training and support would people need to become involved in the research?
4. What is/are the best way/s to recruit participants?
5. How should we manage the research process?
6. How should we pay/reward people for participation?
7. Would the people who attended the meetings wish to participate in the research, and in what capacity?

The findings from these discussions were used to judge if the project has sufficient support from service users to be viable, and if so to inform the future development of the project.

**Method**

In line with the recommendations of RDSYH we used various academic networks (DUCIE, MHHE) to attract an academic research specialist to this stage of the project. We identified Dr Jill Thompson of SchARR as the most appropriate person for the task due to her extensive track record on PPI in research. Dr Thompson provided advice and guidance on how to conduct PPI meetings, and co-facilitated the meetings.

A number of service user groups were approached to canvass interest in the project, and to invite people to attend PPI meetings: Voice of Scunthorpe Service Users and Doncaster Involve were approached to invite potential participants, and to discuss the most appropriate times/venues for meetings. An approach was also made to the Marbles group in Rotherham. This group is run by the local Early Intervention in Psychosis Team, and enabled us to reach younger people with serious mental illness who this team serves. We also approached the South Yorkshire mental health service for deaf people. Also as per our grant application we approached the Service User Carer Partnership Council of RDaSH (Rotherham, Doncaster and South Humber NHS Healthcare Foundation Trust), but discovered that their service user research sub-group was not meeting regularly at the time of the approach. Information about the project was also distributed to RDaSH mental health staff who were asked to approach individuals who may be interested in participating. In addition to inviting people to meetings, people were also given the opportunity to discuss the project in one-to-one settings if they were not comfortable with the idea of large PPI meetings.
PPI meetings were organised in each of the 3 trust localities: Doncaster, Rotherham, and Scunthorpe. Informed by the early discussions with service user groups, these were held in community venues rather than on NHS premises. The meetings were co-facilitated by Mr Michael Ashman (RDaSH) principal investigator, and Dr Jill Thompson (ScHARR), academic research specialist.

The format of the meetings was as follows:
1. The facilitators introduced themselves, and gave out safety information regarding fire precautions. Participants were also advised that should they become distressed by any of the content of the discussion they could take time out from the meeting and be offered informal support by one of the facilitators. People were also advised that if they felt any continuing distress as a result of the meeting content then extra support could be arranged via their service user groups or by mental health services.
2. The purpose of the proposed research was explained, together with its accent on service user participation. Information was provided about the range of different ways in which people could become involved in the research.
3. The questions (see above) were raised to stimulate reflections and discussion.
4. People were asked whether they would be interested in further involvement with the project, and were asked to complete a form with contact details and their involvement preferences (see Appendix 1)
5. People were asked to complete an evaluation form about the meeting (see Appendix 2)

Results
The Rotherham meeting was attended by 3 people, and the Doncaster meeting was attended by 8 people (excluding facilitators Jill Thompson and Michael Ashman). As no-one attended the planned Scunthorpe meeting, Michael Ashman arranged a further visit to the Voice of Scunthorpe Service Users project to facilitate a discussion on the research at one of the group’s regular meetings, at which 8 people were present. He also met privately with 2 people who did not wish to attend larger PPI meetings. Discussions revealed the following:

1. Do people with experience of mental health problems feel MHA assessment is an important area of research?
People reported that the experience of mental health act assessment had a profound impact on them. Many reported feeling disempowered by the process, that it lacked fairness and respect, and that they did not feel safe. It was reported that they were not treated as unique individuals, and that “there is a need for change”. A number of people expressed the view that the quality of the assessment seemed to depend more on the personality of the person conducting it than on any professional training they may have had. Although a number of participants felt there was a need for broad research into “more personal” services across the field of mental health provision, it was agreed by all present that that mental health act assessment is an important area of research, not least because it deals with people when they are at their most vulnerable. It was felt that the insights offered by people with personal experience of assessment could contribute to service improvements.

2. What is/are the best way/s to conduct the research?
A number of ways to approach the research were suggested to participants to stimulate reflection and discussion: these were paper-based postal surveys, focus groups and one-to-one interviews. In general there was little support for postal surveys, as participants felt this was unlikely to produce quality information on the assessment experience. Focus groups and one-to-one interviews were felt to be appropriate methods of gathering data, but there were also suggestions that more narrative methods might also be useful. It was recognised that the research needs to be conducted with sensitivity due to the nature of the subject matter.
3. **What training and support would people need to become involved in the research?**
The types of support people felt they might need reflected the diversity of the participants. Those who attended included someone who described themselves as having learning difficulties and would need support with written communications, people with no research experience who would require training on research processes, and people with post-graduate research experience who would need to refresh their knowledge of research processes. Many felt the type of training needed would also depend on the roles they undertook, and that a range of training would be needed including interpersonal skills and self-confidence in addition to training on research processes and skills. It was widely agreed that all participants, researchers and research subjects, should be offered emotional support in light of the difficult nature of the subject matter. It was felt that professional supervision arrangements would also be beneficial. People acknowledged that their mental health difficulties may limit their involvement in the project, and so requested that involvement be flexible.

4. **What is/are the best way/s to recruit participants?**
Those present felt that the methods already used to attract interest in the project worked, and could be used to recruit further interest from potential researchers. Regarding recruitment of research subjects a number of options were discussed, including use of service user and community groups to publicise the project, making approaches to people in in-patient wards, or use of a third party, such as the trust’s mental health act administration staff, to canvass interest by post. Participants recognised the ethical difficulties involved in approaching people via mental health services. Some also felt that it would not be a good idea to approach people on wards, both because of ethical considerations, and because they felt that “being too close to the experience” might influence their responses. Discussions on this issue were perhaps inconclusive, but it was generally agreed that a range of recruitment methods needed to be used, and that recruitment methods would need further consideration as the project develops.

5. **How should we manage the research process?**
A range of different project management options were discussed. Those present felt it would be important to have people with experience of MHA assessment involved at all levels of the project. They also acknowledged that there was a role in this for NHS staff and academic staff. Some people expressed an interest in being involved in groups or committees that might manage the project, but it was also felt to be important to have people acting as advisers on perhaps a more ad hoc basis.

6. **How should we pay/reward people for participation?**
Participants expressed suspicion of the idea of payment for participation. People felt that the current political and social climate in respect of state benefit claimants and capability for work was difficult.

7. **Would the people who attended the meetings wish to participate in the research, and in what capacity?**
There were discussions about the different ways in which people could become involved. There was considerable enthusiasm for involvement from those present, though people stipulated that their involvement would require training and support. Twelve people who attended completed the form indicating they would wish to be involved in the project. Some wished to be involved in several capacities. This information is summarised in Table 1 below.
<table>
<thead>
<tr>
<th>Role</th>
<th>Number wishing to participate in this role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewee</td>
<td>1</td>
</tr>
<tr>
<td>Interviewer</td>
<td>8</td>
</tr>
<tr>
<td>Involvement in project steering/management</td>
<td>8</td>
</tr>
<tr>
<td>Adviser</td>
<td>9</td>
</tr>
<tr>
<td>Analysis of findings</td>
<td>7</td>
</tr>
<tr>
<td>Writing up of findings</td>
<td>6</td>
</tr>
<tr>
<td>Training</td>
<td>1</td>
</tr>
</tbody>
</table>

The findings of the evaluation forms are presented below. Please note that the members of Voice of Scunthorpe Service Users felt it would not be appropriate to complete evaluation forms on one of their own regular meetings.

1. **How did you find out about the meeting?**
   "Throu a mental health meeting"
   "Approached after a [user-led mental health training project] talk"
   "[care co-ordinator] told me about it"
   "Interesting and informative"
   "At the last one"
   "Through Micheal [project lead]"
   "Via [service user involvement] group"
   "Previous meeting"
   "Through[service user involvement group]"

2. **What did you think of the meeting room?**
3. Did we explain our ideas for research clearly? n=10

4. Do you think we listened properly to your ideas? n=10

5. Do you think we gave everyone the chance to put their ideas across? n=10
8. Do you have any other comments?
“Very interesting”
“I would welcome being involved as much as possible in line with other commitments etc.”
“I found the meeting very helpful and hope the research continues.”
“Continue I wish to be involved at all areas of the research”
“Looking forward to the outcome”
“No – all done very well”
“Nicely facilitated”

Conclusions
The people with experience of MHA assessment who participated in this PPI exercise felt that the mental health act assessment process is an important area to research, and a number of them would wish to become involved in service user research in this subject, with a view to improving the experience and its outcomes. We are confident, therefore, of proceeding to the next stage of the research, the detailed development of a bid, with the support of sufficient numbers of service users to make the project viable. The project also has the support of the research department of RDaSH, as well as interest from academic researchers, and will now proceed to the bid development stage.
References


Appendix 1. Use of grant monies
The SYRDS grant monies were used as below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount £</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYRDS Grant money received</td>
<td>495.00</td>
</tr>
<tr>
<td>Meeting room hire costs</td>
<td>*30.00</td>
</tr>
<tr>
<td></td>
<td>28.00</td>
</tr>
<tr>
<td></td>
<td>50.00</td>
</tr>
<tr>
<td>Refreshments costs</td>
<td>3.00</td>
</tr>
<tr>
<td></td>
<td>15.00</td>
</tr>
<tr>
<td>Participants’ travel costs</td>
<td>16.00</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>142.00</td>
</tr>
<tr>
<td><strong>Surplus</strong></td>
<td>353.00</td>
</tr>
</tbody>
</table>

*This cost was inclusive of refreshments
Appendix 2. Potential participants form

Mental Health Act Assessment Research Project
Potential participants form

Please fill in this form if you would like to be involved in future research about mental health act assessments. This form will only be seen by the research team and no details will be passed on to anyone else.

Name________________________________________________________

What sort of involvement would you want? Please choose from the list below.

Interviewer  Interviewee
Steering group member  Adviser
Analysis of findings  Writing up

What’s the best way to contact you?

Phone call  Text
Email  Letter

Other (Please say what this is) _________________________________

Please let us have contact details so that we can get in touch with you.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

If you asked for a phone call or a text, what’s the best time to contact you?

________________________________________________________________

Is there anything else which would be helpful for us to know? (for example, if you need help with transport, or if you have a disability)
Appendix 3. Evaluation form

Research meeting evaluation form

Please could you answer the following questions about the meeting? This will help us to make meetings better in the future.

2. How did you find out about the meeting?

_____________________________________________________________________________

3. What did you think of the meeting room?

1 very good  2 good  3 indifferent  4 bad  5 very bad

4. Did we explain our ideas for research clearly?

Yes ☐ No ☐ Not sure ☐

5. Do you think we listened properly to your ideas?

Yes ☐ No ☐ Not sure ☐

6. Do you think we gave everyone the chance to put their ideas across?

Yes ☐ No ☐ Not sure ☐

7. Were the refreshments OK?

Yes ☐ No ☐ Not sure ☐

8. Would you be happy to come to similar meetings in the future?

Yes ☐ No ☐ Not sure ☐

9. Please tell us what we could do to improve meetings like this.

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

10. Do you have any other comments?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________