

# What does a good IMHA service look like?

## Introduction

Independent Mental Health Advocacy (IMHA) is an important source of independent support and information for people subject to compulsion under the Mental Health Act 1983. Since it was introduced in 2009, the quality of IMHA provision has been measured in a number of ways: the Quality Performance Mark<sup>1</sup> and 'The right to be heard: Review of Mental Health Advocate (IMHA) services in England'<sup>2</sup> both highlight factors which influence the quality of IMHA.

This self-assessment tool has been created to help IMHA providers and commissioners understand what a good IMHA service looks like. It enables IMHA providers to self-assess their service within a clear quality framework.

### Ten key messages for quality IMHA services

- IMHA services must clearly define their role to ensure it is understood by people who use services, carers and mental health service staff.
- IMHA services should adopt an approach which emphasises self-determination and is person-centered.
- Demonstrable independence of the IMHA service from mental health services is essential.
- IMHA services should be co-produced; people who use services should be involved in all aspects of IMHA service design, implementation and monitoring.
- IMHA services should ensure they can meet diverse needs.
- IMHA staff should have relevant training and operate within a clear policy, management and accountability framework.
- IMHA services should have good links to other forms of advocacy provision and clear transition pathways.
- IMHA services should be accessible to all qualifying patients and monitor the service accordingly.

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<sup>1</sup>Originally developed by Action for Advocacy, the QPM is now delivered by the National Development Team for Inclusion (NDTi). See <http://www.qualityadvocacy.org.uk/>

<sup>2</sup>Commissioned by the DH, the University of Central Lancashire (UCLan) published national research into the quality of IMHA provision including Quality Indicators. See [http://www.uclan.ac.uk/research/explore/projects/the\\_right\\_to\\_be\\_heard.php](http://www.uclan.ac.uk/research/explore/projects/the_right_to_be_heard.php)

- An engagement protocol between the IMHA service and the mental health provider should:
  - include a clear process for mental health staff to support people who use services to access IMHA
  - provide a positive context for IMHAs to operate independently
  - enable the IMHA service to raise common themes and concerns
- IMHA services must measure and record outcomes.

### **Quality indicators**

The following ten indicators can be used as a guiding framework to promote quality IMHA services. Each indicator is set out below with suggested evidence sources for self-assessment. IMHA providers can use the third column to rate themselves using red, amber and green traffic lights. (Red means the service is not meeting the indicator, amber means attention required, green means all is well.)

### **Completing the self-assessment**

- Score yourself green, amber or red under each commissioning area.
- For each area you score green, record your key strengths in this area in the box provided.
- For each area you score amber or red, identify areas for development.
- Once you have completed the self-assessment, identify actions to address areas for development. Prioritise areas you have scored red.
- If you identify an area in which you think your authority is particularly strong, please share it with SCIE – email us at [info@scie.org.uk](mailto:info@scie.org.uk)

## What does a good IMHA service look like?

### 1. Values

Quality indicator	Evidence source	Green	Amber	Red
IMHA services operate under a clear value-based approach which reflects the Advocacy Charter  <b>Person-centred approach:</b> <i>An approach that supports the person to control the IMHA relationship and takes into account each individual's unique qualities, abilities, interests, preferences and needs and treating them with dignity and respect</i>	Advocacy operational policy			
	Policy on non-instructed advocacy which incorporates person-centred approach			
Promoting self-determination <b>Self-determination</b> <i>is the process by which a person controls their own life</i>	IMHAs provide information about accessing safeguards and entitlements within a range of legislation (including advance directives)			
	IMHAs are aware of and regularly signpost to peer support and user initiatives (if available locally) and facilitate access to these as appropriate			
	Self-advocacy is highly valued; IMHA service users are encouraged to take steps toward self-advocacy			

What does a good IMHA service look like?

<b>Key strengths</b>	<b>Areas for development</b>

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## 2. Independence

Quality indicator	Evidence source	Green	Amber	Red
IMHA services are independent from statutory mental health provision and this can be clearly demonstrated to people who use services and their carers	Key principle in the advocacy operational policy			
	The principle of independence is set out in an engagement protocol with mental health services			
	Highlighted in promotional and explanatory material for people who use services, carers and mental health service staff			
	Feedback from service users demonstrates that they understand the role of IMHA			

Key strengths	Areas for development

**3. Role clarity**

Quality indicator	Evidence source	Green	Amber	Red
The IMHA role is clear to users, carers and mental health service staff	Advocacy operational policy			
	The IMHA job description clearly outlines responsibilities including providing non-instructed IMHA services			
	IMHA providers liaise and negotiate with mental health providers to ensure rolling programs of IMHA awareness training for staff are delivered			
	The IMHA role is clearly explained in all promotional and explanatory material produced by the service for mental health service staff and people who use services and carers			
	There is a complaints procedure for users, carers and mental health services staff to raise any concerns			

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Key strengths	Areas for development

**4. Co-production**

Quality indicator	Evidence source	Green	Amber	Red
IMHA services are planned and delivered in co-production with people who use services.	Advocacy operational policy including appropriate reimbursement of people who use services who get involved in co-production activities			
<i><b>Co-production</b> represents a move forwards from the more traditional 'involvement' of people who use services in service design to staff, people who use services and carers working as equal partners in all aspects of the service. This includes design, planning, setting up, delivery, monitoring and evaluation. This approach values users of a service as experts by experience and recognises the importance of their contribution.</i>	Outcome measures agreed with users and carers			
	IMHA providers offer people who use services different ways of contributing to service design and development, and these are widely advertised and promoted			
	Links developed with user organisations to disseminate information about IMHA			

Key strengths	Areas for development



What does a good IMHA service look like?

**5. Relationship to other forms of advocacy provision**

Quality indicator	Evidence source	Green	Amber	Red
The IMHA service links with other forms of advocacy, particularly generic mental health advocacy, IMCA, Care Act advocacy (from April 2015) peer advocacy and advocacy for specific groups (e.g. people with learning disabilities, people from BME groups) to ensure smooth transitions for people who use services	Advocacy operational policy sets out referral and transition pathways for people who use services requiring non-IMHA advocacy and/or moving between age-related services to ensure smooth transitions			

Key strengths	Areas for development

**6. Staffing**

Quality indicator	Evidence Source	Green	Amber	Red
IMHAs are qualified and experienced advocates, able to meet the requirements of the role under the Mental Health Act 2007	All IMHAs in post for longer than 12 months are expected to have qualifications in independent advocacy			
	IMHAs should be aware of and understand both statutory and non-statutory advocacy			
The service has clear processes including how IMHAs are managed	A regular supervision structure is in place for IMHAs to share learning, develop practice and address concerns			
	Caseloads are managed according to complexity rather than size of caseload			
	IMHA services are equal opportunities employers with requisite recruitment practices and policies in place			
	'Positive about mental health' employment practices are implemented			
	IMHAs have access to continuous professional development			

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**7. Equality and diversity**

Quality indicator	Evidence source	Green	Amber	Red
The IMHA service is responsive to local needs and is proactive about equality and diversity	The advocacy service's operational plan states clearly how diverse qualifying patients will be able to access the IMHA service			
	Training for IMHAs includes working with interpreters and signers			
	Procedures in place for accessing interpreters			
	Staffing reflects as far as is possible the diversity of service user group			
	Partnership arrangements are in place with community groups who deliver culturally specific services			
	Staff receive training on equality and diversity; including equalities and human rights legislation, which covers all protected characteristics.			
	Routine data is collected on protected characteristics			
	Concerns are raised with commissioners if seldom-heard groups are underrepresented within IMHA provision			
	Equality Impact Assessments are used to plan new projects and activities			
	Co-production activities are accessible to and involve a diverse range of users			

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Key strengths	Areas for development

**8. An accessible service**

Quality indicator	Evidence source	Green	Amber	Red
The IMHA service is easily identifiable and accessible to all 'qualifying patients'	Advocacy services provide clear and accessible promotional materials about IMHA for users and carers, taking account of a range of communication requirements			
	Advocates are skilled in adapting their communication styles to meet requirements of people who use services.			
	IMHA services have a regular presence on hospital wards and in community-based services			
	IMHA services operate referral systems that people who use services find easy and respond promptly			
	There is a protocol established with the appropriate mental health service(s) to ensure that people who lack the capacity to request an IMHA can access the service.			
	Emails and phone calls from people who use services are responded to promptly.			

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**9. Relationship with mental health services**

Quality indicator	Evidence source	Green	Amber	Red
<p>The IMHA service and mental health provider create the optimum environment for the IMHA service to operate effectively</p>	<p>Engagement protocols exist between the IMHA service and mental health services in line with national guidance relating to the independence of the IMHA service</p>			
	<p>There is an identified liaison point for raising common themes, collective concerns and issues regarding the mental health service as well as IMHA provision and access to IMHA</p>			
	<p>The IMHA service and mental health services work with people who have used the service and carers to monitor and review mental health services and address specific issues of concern</p>			
	<p>IMHAs are able to engage in Care Quality Commission inspections of mental health services</p>			



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**10. Monitoring and self-evaluation**

Quality indicator	Evidence source	Green	Amber	Red
IMHA providers regularly monitor access and uptake of IMHA provision and collate this information in a quarterly report	Monitoring reports that include data about: <ul style="list-style-type: none"> <li>- accessibility including by age; sexuality; gender; ethnicity</li> <li>- percentage of qualifying patients accessing the service</li> </ul>			
	Outcomes <ul style="list-style-type: none"> <li>- Provision of information and facilitating access by statutory mental health services</li> </ul>			
	Uptake by people on CTOs is monitored by IMHA providers in partnership with mental health services and there are clear protocols for referral of people on CTOs to IMHA services			

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What does a good IMHA service look like?

**Strengths to share**

What does a good IMHA service look like?

Areas for development

Action steps

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