



What do people call the Commission about?

Commission's placement scheme for higher trainees in psychiatry

The Mental Welfare Commission hosts a training placement for higher trainees in psychiatry in their final year of training before being eligible for consultant psychiatrist roles. As part of their placement trainees are encouraged to work on a project of their interest that aligns with the priorities of the Commission. This report arises from the work of a trainee on placement, supported by Commission staff.

Executive Summary

The Mental Welfare Commission for Scotland ('the Commission') operates an advice line to provide advice to individuals, carers, professionals and other stakeholders on the operation of legislation that underpins the care and support of people with mental health difficulties including the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'), the Adults with Incapacity Act 2000 ('The 2000 Act') and the Adult Support and Protection (Scotland) Act 2007. The duty to provide advice is set out in the statutory duties of the Commission in Section 9 of the Mental Health Act. This service is unique, as no such independent statutory service specifically aimed to provide advice at the intersection of ethics, law and clinical work as it applies to people who might be subject to provisions of mental health legislation exists elsewhere in the UK.

To try and get a better understanding of what people phoned us about we looked at 400 (about 10% of all calls) calls made to the Commission's advice line in 2019.

A higher proportion of the calls we looked at were from non-professionals (n=238) than professionals (n=162). We used content analysis to categorise the calls. We describe the categories that we generated in detail below. We found that most commonly people phoned us for guidance on general issues (53%) or legal issues (48%), but the calls were so diverse that they could not be neatly categorised into a small number of individual categories. We were left with 118 sub-categories that fell within eight themes. This demonstrates the uniqueness of each call and the bespoke nature of the questions and advice/guidance provided within each theme.

13% of all calls related to ethical issues, 6% to moral issues and 4% were about financial issues which shows that the Commission's advice line does not only provide practical advice on the operation of the legislation but also provides advice where the right thing to do may not be set out clearly in legislation or where there are competing 'right things' to do and a practitioner wants an independent view on what might be 'more' right or appropriate.

It also suggests the Commission's practitioners' role is an influential one in supporting ethical decision making where there might be more than one way to approach a particular ethico-legal situation in clinical practice. In doing so Commission staff further the organisation's purpose of promoting and protecting the rights of people with mental illness, dementia, personality disorder, learning disability and associated conditions.



Background

Mental health legislation is extensive and can be complicated. There are many aspects of care and treatment that may need independent guidance and advice. That is why the Commission was tasked to provide advice on these matters. It discharges this duty through a phone advice line, open to professionals as well as individuals and carers/relatives/welfare guardians.

The advice line receives about 4,500 calls each year and the Commission internally regularly audits advice given to ensure that accurate advice is provided to those who call.

Research on stakeholder views on the Commission's role and work published in 2020 showed that three quarters of respondents had heard of the advice line and half had used it – most of these were professionals. Overall, the views on the advice line were positive though professionals were generally more positive than non-professionals [1]. While the stakeholder research gave an indication of who usually calls the Commission, it is currently not known why.

This project was set up to get a better understanding of the reasons why people call the advice line and if there are differences in reasons why different groups call.

What we did

We randomly selected 400 calls during 2019 (about 10% of all calls made in the year) with the intention to have the same number from each of the caller categories that our call handlers from the Commission's administrative team record when a call is answered. However we discovered that sometimes a call was made on behalf of a different caller type, and after amending the categories our callers from this sample were distributed in the following categories:

- Doctors (n=86)
- Social workers (n=56)
- Individuals experiencing mental health difficulties/carers (n=221)
- Welfare attorney/guardian (n=17)
- Others¹ (n=20)

Content analysis of the summarised call information used to develop an understanding of calls made to the Commission. Using iterative categorisation [2] we developed a coding structure focused on two aspects – Dimension and Theme:

- Dimension – what was the broad issue according to five groups:
 - Legal – related to code of practice in using mental health and incapacity legislation
 - Moral – related to the beliefs and perception of the caller's perspective, considering their own feelings and emotions
 - Financial – related to issues about an individual's money or property rather than leaning towards welfare issues.
 - Ethical – related to the dilemmas with respect to legal issues, mainly covering grey areas and where two or more options were available
 - General – none of the above dimensions, issues that were diverse in nature and could not be grouped into an overarching dimension.
- Theme, topic, sub-categories of topics – what the call was about in terms of the topic raised and grouped into higher level themes. We also divided the topic into subcategories.

Our coding exercise resulted in a large number of subcategories (n=118).

¹ The 'other' category included a wide range of different professionals: administration staff, parole board officer, government official, manager, nurse, police, supervisor, team leader, medical director, and primary care worker



While we have synthesised the results in this report it is important to highlight this large number of subcategories generated from 400 calls!

It was not possible to further group them into topics and this indicates the great deal of variety of topics raised on the advice line and the uniqueness of situations and the bespoke nature of advice that is often provided.

We calculated the percentage within each caller type for the dimension and theme of their call. We did this in order to make comparisons between groups to see whether there were differences in what different people call us about. We also looked at the proportion of calls within themes and dimensions to cross reference what the call was about.

Data protection

In this project we reviewed individual calls but no individual information has been carried into this Research Brief. The calls were reviewed specifically for the purpose of this project. Records of all calls to the advice line are recorded and stored on the Commission's secure information management system. There is a regular system of audit of calls and advice undertaken by the senior management team at the Commission to determine accuracy of the information provided. However, the process for this project was independent of the internal audit process.

What we found

Despite our intention to get a wide representation of callers we had a higher number of individuals with experience, carers and welfare attorneys/guardians (n=238) than professionals (n=162) in the sample we looked at. The findings should be seen in the light of this higher balance towards individuals, carers and welfare attorneys/guardians.

We firstly looked at the dimension of the calls we received. A call could be about more than one dimension. Most calls were categorised as 'general' (56%) followed by legal (46%). Fewer calls were about ethical (13%) or moral (6%) issues and a small minority were about financial issues (4%). Box 1 provides examples of the dimensions.

Table 1 shows the percentage within each caller category that corresponded to that dimension, which shows that most calls from individual/carers were general while most calls from doctors, social workers and others were of legal nature. Welfare attorney/guardians has similar proportion of calls that were legal and general in nature. Example calls are presented in Box 1.

Table 1. Dimensions^a and themes of calls to the advice line

		Other	Individual/ carer	Doctor	Social worker	Welfare attorney/ guardian	Total
Dimension^a	Ethical	30%	11%	12%	14%	12%	13%
	Financial	10%	3%	2%	4%	6%	4%
	General	40%	80%	15%	14%	41%	53%
	Legal	70%	21%	85%	88%	47%	48%
	Moral	5%	7%	5%	2%	12%	6%
Theme	AWI Act	15%	2%	2%	9%	12%	4%
	Complaint	0%	35%	3%	4%	12%	21%
	Guidance	60%	47%	42%	45%	65%	47%
	Medication	0%	5%	16%	4%	0%	7%
	Mental Health	15%	2%	31%	34%	0%	13%
	Power of	5%	1%	3%	4%	0%	2%
	Representation	0%	5%	0%	2%	6%	3%
	Sharing	5%	3%	1%	0%	6%	2%

^aNote that the same call could have more than one dimension, which mean the percentages for each caller category will make up more than 100%. Percentages relate to the proportion within each caller category



Box 1. Example calls (these have been modified to protect anonymity of the caller and those concerned)

Ethical and legal

A mental health officer (MHO) called about an individual currently residing at home with relatives who have Power of Attorney for the individual. One of the relatives was looking to get the individual into crisis placement for two weeks and the MHO was sourcing a special unit that might cater to the needs of someone with infirmity. The person did not have capacity to make this decision due to dementia. The MHO was concerned about what constitutes a deprivation of liberty and sought advice on this matter.

General

A social worker called from a care home review team in a local authority. They phoned about an individual who has capacity to determine who they spend time with but is bed bound and resides in a care home where other residents at times wander into her room. A relative was looking for ways to prevent this. The relative was looking for a physical barrier to stop residents, but not staff, to come into the individual's room but care home staff argued that it would restrict other residents' freedom. The caller wanted to know what can be done, in general terms, to look after this individual's rights.

Legal

A responsible medical officer (RMO) called with concerns regarding an older person who lived in a small holding and appeared not to be coping, living in squalor and dangerous conditions which they seemed to be determined to live in and seemed to understand that it was dangerous. The RMO expressed concerns about cognitive decline but not clearly showing symptoms of dementia and asked for advice on if and what appropriate legislation to use for any further assessment, MHA or possibly Adult Support and Protection (ASP) legislation.

Moral

A care worker with a protected characteristic phoned about advice in relation to relatives of an individual who were objecting to the care worker being involved in the care of their relative on grounds that they perceived may have been in relation to their protected characteristic. Objections specifically related to the personal care of the relative and the caller sought advice on their rights as well as the rights of those they supported and wanted to discuss their own feelings about how to take forward as following discussion with their line manager no support had been provided.

Financial and legal

A social worker (guardianship supervisor) called about an individual whose care home fees had not been getting paid by the welfare guardian. The social worker had raised this as an adult support and protection (ASP) concern twice previously, but both were closed down when it appeared the guardian was starting to make the payments. The social worker raised another ASP concern but wanted to know how to proceed. They had further concerns about the guardian's suitability, as the guardian had been unable to contact the social worker which made it impossible to supervise the guardianship.

The most common theme people phoned us about was 'guidance', which were calls about any of the dimensions we describe above but where it mainly related to individuals who were not formal patients (i.e. not subject to compulsory measures under the Mental Health Act at the time of the call). Table 1 shows of welfare attorney/guardians, 65% called about guidance, which was the highest proportion of any of the caller categories, followed by the 'other' professional category.

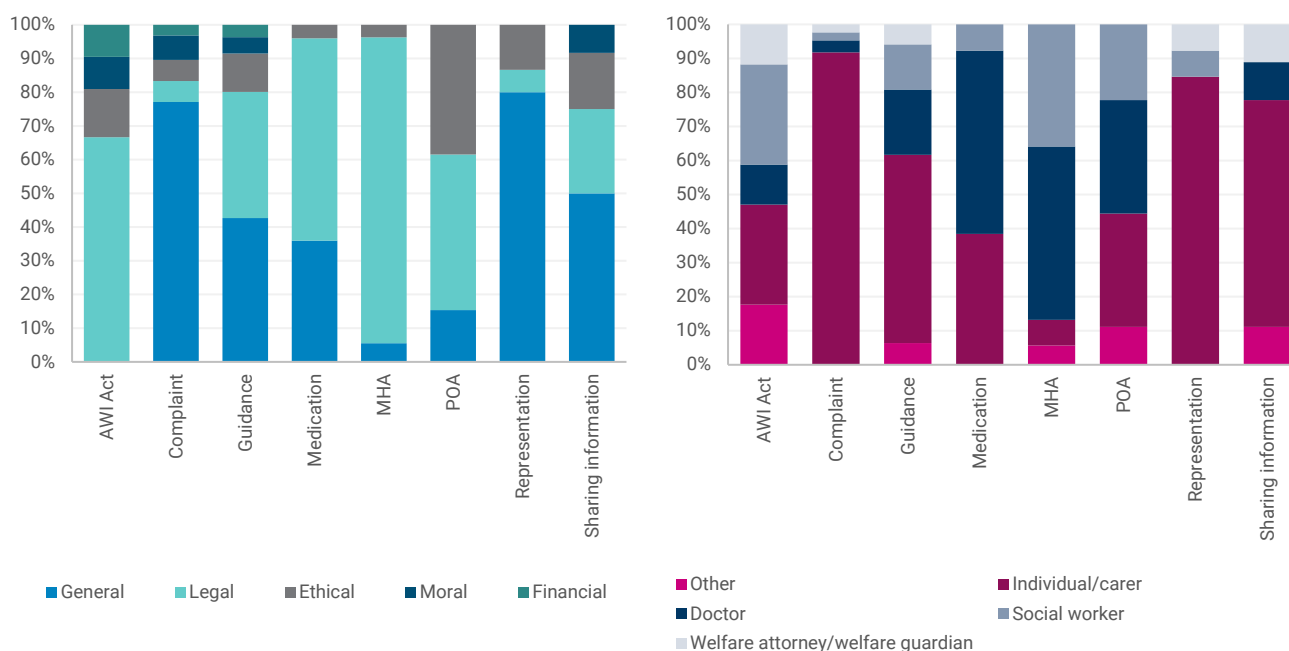
We cross-referenced the themes with dimensions, shown in Figure 1a, which shows that the general dimension dominated most themes, apart from calls about the Mental Health Act, the AWI Act, power of attorney, and medication. The differences of dimensions the call was about is largely influenced by caller type, as shown in Figure 1b, as themes with high proportion of a 'general' dimension also had high proportion



of callers by individuals/carers while for themes with high proportion of legal issues had high proportion of doctors calling. The only exception was POA which was either legal or ethical but had similar proportion individual/carers and doctors.

It was clear that many calls crossed between different dimensions and themes and we recognise that these provide broad categorisations and a high level sense of the issues rather than a fine-grained analysis of calls. Such a fine-grained analysis is not currently possible. Nonetheless, it is clear that different callers contacted us about particular subject areas.

Figures 1a and 1b: Cross reference of dimensions and themes, and themes and caller types



MHA: the Mental Health Act; AWI Act: the Adults with Incapacity Act; POA: power of attorney

What it means

Our content analysis of 400 calls made in 2019 shows that most callers call about topics that are diverse and difficult to categorise into broader categories.

This illustrates the bespoke nature of the advice provided and the uniqueness of each call. It also demonstrates the level of expertise required to run the advice line as the fact that many calls could not be grouped into broader categories means that it is not currently possible to publish guidance that would cover all 'common scenarios' from the phone line.

This work demonstrates the ongoing need for a bespoke system of providing advice for cases where ethico-legal issues arise in practice in working with people who require support for decision making and mental health legislation may be required.

This is a vulnerable group and the advice line provides a further layer of support and safeguarding for this group.

The bespoke nature of the advice was the case for individuals and carers calls as well as for professionals' calls. The advice line, therefore, serves a wide range of people phoning about many different topics and suggests that the unique service provided in Scotland is a point-of-call for many to get independent advice about ethical, legal and general issues related to mental health.



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References

1. Wellside Research Ltd. Mental Welfare Commission for Scotland: Stakeholder Research [Internet]. 2020 [cited 2021 Nov 22]. Available from: www.wellsideresearch.co.uk
2. Neale J. Iterative categorization (IC): A systematic technique for analysing qualitative data. *Addiction*. 2016 Jun 1;111(6):1096–106.



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