

Non-instructional IMHA Service Referral Form

v2023.09

WHAT IS NON-INSTRUCTED ADVOCACY?

Normally advocacy services are engaged and *instructed* by the person requiring the support themselves e.g. the client. However, if the client is unable to instruct an advocate themselves for a variety of reasons, then we must rely on others to instruct an advocate, this is called non-instructed advocacy (or best interests advocacy)

- This service is for qualifying patients under the Mental Health Act 1983 (amended)
- Use this form if you are the Responsible Clinician, Hospital Manager, Ward Manager, senior nurse or AMHP.
- You do not need to fill in this form if you have referred to the Instructed IMHA Service operated by Matrix and the person has consented (has capacity) to this referral
 - We cannot take referrals over the telephone or by a brief email, you must complete a form
 - This service is not for those able to instruct an advocate.
 - If people have capacity to make this decision, it is their right to refuse services.

A refusal in itself does not denote a lack of capacity, neither does a diagnosis or being detained by the MHA.

AN IMPORTANT NOTE ON USING THIS FORM

This is a PDF form - it must be completed using a PDF App/Programme.

Do not complete with a pdf plugin inside a Web Browser as you may find that you cannot save it or some fields become non-functional.

Please make sure you complete as fully as possible, including why you are referring and the evidence you are relying on as regards the lack of capacity to consent to the referral.

Incomplete or missing information can cause delays to allocation.

There are different forms and requirements for the different types of advocacy such as Independent Mental Capacity Advocacy (IMCA) or Independent Care Act Advocacy (ICAA) find them, and other guidance at:

www.matrixsdt.com

referral@matrixsdt.com

01753 415299

If you have an enquiry about other services then please contact:

enquiries@matrixsdt.com

IMPORTANT: Confidentiality and GDPR compliance

When you send personally identifiable information (such as this form) you must send this securely to us.

To send securely from an NHS emails, in the Subject field of the email, enter the text **[secure]** either before or after the subject of the message.

The word secure must be surrounded by the square brackets for the message to be encrypted.

Alternatively you can email us via Egress.



PLEASE TELL US A BIT ABOUT THE CLIENT

Full Name			
Preferred name/ pronouns (if known)			
Normal Address			
Current Location			
Best way to arrange to see them			
D.O.B. (dd/mm/yyyy)		Gender	
Ethnicity		Religion	
Marital Status		Orientation	

Other Protected Characteristics (click all that apply)

Physical	Learning Disability	Visual	Organic Mental Health
Hearing	Autism/Asperger's	Carer	Functional Mental Health
Dual Sensory	Other (specify below)	Pregnant	Cognitive Impairment

Additional information or comments related to the above

Does the client have any special communication requirements

This may be the client has hearing or language issues and so requires an interpreter, signer or someone who uses Makaton. They may be wary of strangers therefore needs a familiar staff member/person with them, an early or late riser, etc.

Any other client information you consider relevant



NOW TELL US WHAT ADVOCACY SUPPORT THE PERSON NEEDS? (Why you are referring)

Independent Mental Health Advocacy

People who are 'qualifying patients' and eligible to use IMHA services in England are:

- people detained under the Mental Health Act 1983 amended in 2007 (even if on leave of absence from the hospital), but excluding people who are detained under certain short term sections (4, 5, 135, and 136)
- conditionally discharged restricted patients
- people subject to guardianship (S7)
- people subject to supervised community treatment orders (CTOs)

Other patients would be those who are being considered for section 57 or section 58A treatment (i.e. treatments requiring consent and a second opinion). This includes people under the age of 18 who are being considered for electroconvulsive therapy (ECT).

Please indicate why you are referring for an IMHA (tick all that apply):

For reference the Code of Practice section 6.12 says that the support which IMHAs provide must include helping patients to obtain information about and understand the following:

- a) their rights under the Act
- b) the rights which other people (eg the nearest relative – see chapter 5) has in relation to them under the Act
- c) the particular parts of the Act which apply to them (eg the basis on which they are detained) and which therefore make them eligible for advocacy
- d) any conditions or restrictions to which they are subject (eg as condition of leave of absence from hospital (see chapter 27), as a condition of a CTO (see chapter 29), or as a condition of conditional discharge)
- e) any medical treatment that they are receiving or might be given, and/or
the reasons for that treatment (or proposed treatment), and/or
the legal authority for providing that treatment, and the safeguards and other requirements of the Act which would apply to that treatment.
- f) Helping them to make applications to tribunals (CoP 6:13)
- g) Another reason not listed above—please specify below
(this could be attendance of specific meetings such as renewal hearings, MDTs, etc—please remember to put these dates and times on the next page)

Qualifying Patient details, timescales and deadlines

Please tell us how they are a qualifying patient under the MHA

This is what section they are on, and when it started, or maybe because you are contemplating a treatment under S58A for example.

Are there any key dates we need to be aware of?

This may include: planned ward rounds or MDT meetings (regular or one-off), dates when key professionals are unavailable, dates or times when client is unavailable due to activities, planned slots for medical interventions, etc.



Please provide details of what the person needs support with

This may include: what has led up to the need for this, has there been any historic issues, what steps you may have taken to involve the person and maximise their involvement/capacity, their inability to understand they are on section or their rights or being able to appeal or their care/treatment, etc.



SIGNIFICANT PEOPLE INVOLVED (PROFESSIONALS)

Names, contact details and relationships of any professionals who knows the person or may be able to provide information. *E.g. Care Manager, Doctor, manager of home, care staff, nurses, advocates, CPNs, Responsible Clinicians, etc.*

SIGNIFICANT PEOPLE INVOLVED (FRIENDS, FAMILY, ETC.)

Names of friends, family or any unpaid person who knows the person. Please include contact details and relationship to the person where possible, please do include who holds the Nearest Relative role.

ARE THERE LIKELY TO BE ANY OTHER DECISIONS REQUIRING AN ADVOCATE THAT YOU ARE AWARE OF?

We ask this as this aids us in allocation. If they have no one involved they may need a Care Act Advocate involved in their social care planning prior to discharge. If they lack capacity around their discharge destination they may need an IMCA. If we know in advance (if at all possible), this means we can appoint one advocate who is qualified in all roles. This offers the most person-centred and efficient service.



Self-Determination

People have a right to choose what happens to them, where they live, what support they receive or want, etc. The starting point in any Mental Capacity Act assessment is that the person has capacity until you can provide sufficient evidence that they do not. Before you remove this right to choose you must take all reasonable steps to maximise the person’s capacity to make the decision for themselves. Only after you have done this, and then completed a Mental Capacity Act assessment that illustrates your compliance with the fundamental principles, and evidences both the four-stage test (Functional) and two-stage test (Diagnostic) can you then take decisions or undertake a process in their best interests. The more serious and life-changing the decision that needs to be taken, the more robust must be your process. The assessment must be contemporary, decision and context specific.

Has there been a Capacity Assessment regarding this referral (indicated on page 2)

What is the date of this MCA assessment?

Have you included a copy of this assessment?

If you have not included a copy of the assessment, or you are going to rely on other capacity assessments, please indicate when we will receive this/can have sight of this (e.g. it may be written in medical notes and we can view when we visit), or explain how you can evidence that the person lacks the capacity to make this particular decision.

What is the reason or cause of the person’s lack of capacity?

Do not put unknown, the diagnostic aspect of the capacity test requires that you identify an impairment of the functioning of the mind or brain that directly affects the ability of someone to make the decision required e.g. understand and consent to treatment, understand their rights, understand their right to appeal, understand that they have a Managers Hearing, agree to have an advocate appointed, etc.

Are there any Advance Directives, Lasting Power of Attorneys, Court-appointed Deputies or Court Orders that you are aware of?

Please confirm if this has been checked (it is registered with the Office of the Public Guardian or you have seen a copy with the seal)

REFERRER'S DETAILS

The professional (RC, Ward Manager, Nurse, Hospital Manager, AMHP, etc) referring the person for an IMHA in their best interests.

Name	
Role/Profession	
Organisation	
Team/Department	
Telephone	
Mobile	
Email	
Address	
How did you hear about us	

CHECKLIST—please confirm the below as incomplete forms will lead to delays in allocation

Please confirm that you have included all of the information below. Missing information will lead to either rejection of the referral or cause delays before an advocate can be allocated.

	YES	NO
1. You have indicated on Page 3 why you have asked for an IMHA		
2. You have included how they meet the 'qualifying criteria' to be eligible for an IMHA		
3. You have assessed the person as lacking capacity regarding point 1 above		
4. You have filled in the detail (page 4) about the support the client needs help with		
5. Storing confidential information - The referral is being made in their best interests and you believe you need to share this confidential information included in this form in order to receive appropriate advocacy support.		
6. You have indicated if they have family/friends, and also included the Nearest Relative information		
7. The client is currently residing or detained in Surrey/Surrey Hospital		

WHAT HAPPENS NEXT?

Email securely to: referral@matrixsdt.com

WHAT HAPPENS NEXT?

Acknowledgement—You will receive confirmation of receipt of the referral within a few hours. If you have not received this by the next working day please contact us.

Review - we will check that the referral includes all the information that we require, and the MCA is complete (if supplied).

Clarify - if there is any missing information, issues about eligibility, etc we will contact you and request this.

Allocate - as soon as we have all the information we need, we will allocate and provide the contact details of who has been assigned and you can liaise with them directly when they will visit.

If you have included all the required information, the above four steps usually occurs within a few working hours.

Data Protection Act 2018 and GDPR

In line with the Data Protection Act 2018 and GDPR, we would normally obtain consent from the client to store and record sensitive data. This sensitive data will be recorded, stored and protected by Matrix Advocacy and will only be shared on a need to know basis with other people or professionals. All information will be treated confidentially and used only for the purposes presented in the pursuit of our responsibilities, and will be deleted within the agreed timescales as outlined in GDPR. As this particular referral is being made on behalf of someone else in their best interests, by completing this form you will be indicating that you have a statutory role in making this referral and it is necessary and proportionate to share their data with Matrix in upholding their Human Rights and rights under the MHA83.