

# Introduction to the research on:

**the experiences of the Mental Health Act and the role  
of professionals involved**

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## Background

The National Development Team for Inclusion (NDTi) has carried out four short scoping reviews of research in areas of social care that were identified as relevant to the work of the Camden and Islington NHS Foundation Trust (C&I):

- The effectiveness of supported housing and accommodation for people with mental health problems.
- The impact and effectiveness of meaningful activity for people with mental health problems.
- Experiences of the Mental Health Act (MHA) and the role of professionals involved.
- What works to improve the social networks and prevent social isolation for people with mental health problems.

The focus is on the social, rather than therapeutic or clinical outcomes.

The papers do not claim to be a comprehensive account of all evidence available in this area. Instead they are provided for those who are interested in what research already exists, where to find it and what areas might usefully be further explored.

## Introduction

This paper provides a review of research into the experiences of the MHA and the role of professionals involved.

The summary provides:

- An overview of the quantity and quality of the research in this area
- A summary of the studies reviewed
- Some key findings
- A summary of areas identified for future research
- A table detailing the research studies reviewed and their relevant findings



## Overview of the quantity and quality of the research

- There is a limited body of research which specifically focuses on individuals' experiences of the MHA (as opposed to research which reports on numbers of detentions, demographics etc.)
- Experiences of the MHA are rarely the focus of studies but are more often small elements of wider accounts of experiences of mental health crises or journeys
- Several studies focus specifically on experiences of Section 136 of the MHA (being taken to a place of safety)
- The vast majority of the research is qualitative, including some personal individual narratives – these offer useful depth, richness and insight appropriate for this particular subject
- There are particular issues in researching this area, including accuracy and ethical issues in retrospective accounts of painful periods of crisis
- There may be a bias in the evidence as the people who agree to participate in this type of research may have particular experiences which may not be reflective of all people who are subject to the MHA.

## Summary of the studies reviewed

- 16 studies in total.
- 11 qualitative studies with numbers of participants between one and 19.
- Qualitative methods used were first person narratives (three), interviews (seven), interviews and focus group (one).
- One mixed methods study.
- Two literature reviews.
- Two other/method not given.



## Some key findings

- Several of the studies focus on the role of various professionals and staff involved in the process including police, health professionals and mental health professionals involved in the process – a consistent theme in more positive experiences of detention under the MHA is the importance of warmth, empathy, reassurance, respect and positivity of individual members of staff.
- Negative experiences include poor communication, information about treatment plans and lack of involvement in decision-making, coercion, excessive force, being made to feel like a criminal, and finding the experience disempowering, frightening, distressing and dehumanising.

## Summary of areas for possible future research

- In-depth qualitative research which specifically focuses on experiences of individuals being subjected to the MHA.
- Research which focuses on the implementation of the MHA specifically, rather than as part of a journey or wider experiences of Mental Health services.
- Research that seeks to identify the factors which lead to more positive experiences of detention under the MHA.
- Research that focuses on the impact of the different staff involved, including police, health care staff, and approved mental health professionals (AMHPs).



## Table of the research studies reviewed

Reference	Publication type	Methodology and sample size	Subject, aims or research question	Summary of relevant findings
<b>Experiences of MHA</b>				
<b>Chambers, M., Gallagher, A., Borschmann, R., Gillard, S., Turner, K. and Kantaris, X. (2014). The experiences of detained mental health service users: issues of dignity in care. <i>BMC medical ethics</i>, 15(50).</b>	Peer-reviewed journal	Qualitative interviews with 19 adult service users in three hospitals in the South East of England. Interviewees had, at time of interview, been detained for between two weeks and two months and had experienced coercive interventions	To explore service user experiences of detained care, and to reflect in particular on how their dignity and respect was considered when sectioned and subjected to coercive interventions	The service users considered their dignity and respect compromised by 1) not being 'heard' by staff members, 2) a lack of involvement in decision-making regarding their care, 3) a lack of information about their treatment plans, particularly medication, 4) lack of access to more talking therapies and therapeutic engagement and 5) the physical setting/environment and lack of daily activities to alleviate their boredom.
<b>Department of Health and Home Office (2014). <i>Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983: A literature review</i>, London: Department of Health and Home Office.</b>	Report	Literature review of peer-reviewed journal articles, reports and data sets since 1983	To summarise the published evidence relating to the operation of S135 and S136 of the MHA 1983, focusing on research over the last decade and including a section on the experiences of patients	Overall there is little published research relating to the use of S135. There have been a small number of peer-reviewed journal articles examining patient experiences of S136 using qualitative methods and a very few studies of patient experiences of S135 detentions.

<p><b>Department of Health and Home Office (2014).</b>  <b><i>Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983: Review report and recommendations</i></b>, London: Department of Health and Home Office.</p>	<p>Review report</p>	<p>Views gathered via an online survey, practitioner workshops, focus groups with service users, families and carers, seminars, engagement with academics and visits to explore local practices – online survey responses included 53 respondents who had been detained under S135 or S136, workshops included 70 service users and carers</p>	<p>To review the operation of Section 135 (S135) and Section 136 (S136) of the MHA – including how these sections work in practice</p>	<p>This was a review rather than research but included views of people who had experienced detention under the MHA. Most service users who had been detained in police cells reported that they found the experience ‘criminalising’, distressing, and often dehumanising. However, a few felt that this was preferable providing the cell door was open and that the police officer talked to them and was sympathetic, compared to being in a health-based place of safety (POS) where they felt ‘observed’ at a distance.</p>
<p><b>Gregory, M. J. and Thompson, A. (2013).</b> From here to recovery: One service user's journey through a mental health crisis: some reflections on experience, policy and practice. <i>Journal of Social Work Practice</i>, 27(4), 455–470.</p>	<p>Peer-reviewed journal</p>	<p>First-person reflective commentary based on the service user's auto-ethnographic analysis of the event, their medical records, and interviews conducted with the professionals involved</p>	<p>To provide a reflective narrative of a service user's journey through illness, treatment and recovery</p>	<p>A reflection on the journey including involvement with crisis team, police, being detained under S136, taken to a POS by police, assessment by AMHP, and beginning of recovery. Highlighted experiences include difficulties in family accessing GP services when needed, fear and suspicion of police exacerbating paranoia, lack of communication from police, possible incorrect use of S136 and lack of reassurance upon arrival at hospital POS exacerbating paranoia. Positive story starts on contact with AMHP who carried out assessment – employing emotional labour (warmth, smiling, reassurance, positivity) was key. Good staff-patient relationships were positive aspects of the journey.</p>

<p><b>James, M. (2013). Psychosis, psychiatry and escape: A social work academic's retrospective self-narrative. <i>Journal of Progressive Human Services, 24(3), 244–253.</i></b></p>	<p>Peer-reviewed journal</p>	<p>Retrospective self-narrative account of author's direct experience of being a psychiatric inpatient</p>	<p>To reflect on direct experience of being a psychiatric inpatient and highlight what was helpful and unhelpful to recovery through the experience</p>	<p>Unhelpful aspects/barriers to recovery included lack of autonomy and control, fatalistic pessimism of staff, dogmatic belief in the reliance on medication, side effects of medication and absence of talking therapies. Helpful factors were when clinical staff demonstrated warmth and empathy, when professionals attempted to make a genuine and respectful connection and when individuals challenged the fatalism of mental illness.</p>
<p><b>Gillard, S., Borschmann, R., Turner, K., Goodrich-Purnell, N., Lovell, K. and Chambers, M. (2012). Producing different analytical narratives, coproducing integrated analytical narrative: a qualitative study of UK detained mental health patient experience involving service user researchers. <i>International Journal of Social Research Methodology, 15(3), 239–254.</i></b></p>	<p>Peer-reviewed journal</p>	<p>Qualitative semi-structured interviews with patients detained under the MHA in three London hospitals (n=19). Research team consisted of service user researcher, health services researcher and nursing researcher</p>	<p>To qualitatively explore the differences in analyses undertaken by different members of the research team</p>	<p>Experience of initial detention under the MHA was included in the interviews, however, limited findings on this subject are presented in the paper. Main aim of the study was to explore how the different researchers analysed the research. Concludes that fully integrating mental health service user researchers into research process has potential to generate new knowledge and inform service improvements.</p>



<p><b>Newbigging, K., Ridley, J., Mckeown, M., Machin, K., Poursanidou, L., Able, L., Cruse, K., Grey, P., de la Hay, S., Habte-Mariam, Z., Joseph, D., Kiansumba, M. and Sadd, J. (2012). <i>The Right to Be Heard: Review of the Quality of Independent Mental Health Advocate (IMHA) Service in England</i>. Preston: University of Central Lancashire.</b></p>	<p>Review report</p>	<p>11 focus groups. Eight mental health provider case study sites – questionnaires, documentary analysis, analysis of records, interviews with patients, Independent Mental Health Advocacy (IMHA) providers, mental health professionals, commissioners (total n=214)</p>	<p>To look at how IMHA services are providing help to patients under the 2007 MHA, what makes for a good IMHA service and what factors influence the quality of service provided. Part of this includes finding out the experiences and viewpoints of patients of the MHA</p>	<p>Section on experiences of patients of the MHA found: Detention was often frightening, distressing and deeply disempowering. Some experienced the MHA being used as a threat or the only way to obtain inpatient care. Views on recovery were rarely considered. People found it hard to understand why the police were involved as they weren't criminals. Some experienced what they felt was excessive force by police and by nurses. There was a strong sense that the experience could have been handled with more humanity. Many service users did not recall the process of assessment through to detention including admission to hospital. Where people did want to talk about it, it was a distressing and damaging experience and negative experiences were not balanced by description of positive experiences.</p>
<p><b>Amey, C. (2010). Suspected antidepressant-induced switch to mania in unipolar depression: A first-person narrative. <i>Journal of Affective Disorders</i>, 125(1-3), 11-5.</b></p>	<p>Peer-reviewed journal</p>	<p>A first-person narrative of experience of psychotic mania</p>	<p>To describe the experience of psychotic mania, suspected to have been induced by anti-depressants</p>	<p>Although not the focus of the narrative the author briefly comments on the experience of being detained under the MHA. They describe healthcare professionals 'pouring in' to assess her, and the quickly-made and misunderstood judgments from a psychiatrist.</p>
<p><b>Larkin, M., Clifton, E. and de Visser, R. (2009). Making sense of "consent" in a constrained environment. <i>International Journal of Law and Psychiatry</i>, 32(3), 176–83.</b></p>	<p>Peer-reviewed journal</p>	<p>Semi-structured interviews with patients (n=7) and Responsible Medical Officers (n=5) in a medium-secure psychiatric hospital</p>	<p>To investigate patients' and practitioners' experiences and understandings of the consent process as it is governed by the MHA</p>	<p>Focuses on experiences once detained, rather than experience of detention, and consent around medication and treatment. The information and technical language involved in consent procedures mean that patients depend upon doctors and pharmacists for knowledge about their treatment and rights. Professionals were perceived by patients to be variable in the kind of information that they provided and their skill at communicating it. Some patients reported that their accounts of their actions are devalued or unheard. Authors conclude that patients' insights and experiential claims are devalued by the current legislation, they are open to challenge, manipulation and reconstruction and individuals have few opportunities to express agency or choice in relation to their treatment.</p>

<p><b>De Maynard, V. A. (2008). An ethnographic study of black men within an inner city London area to elicit relatedness between black human condition and the onset of severe mental illness. <i>International Journal of Mental Health</i>, 36(4), 26–45.</b></p>	<p>Peer-reviewed journal</p>	<p>Qualitative interviews with black men detained under the MHA (n=11) with severe mental illness in South London</p>	<p>To gain some understanding of the process of becoming ill from the interviewees' point of view</p>	<p>Section of findings on initial admission and most recent admission, but little specifically about experience or process of detention. There were concerns around police coming to the properties and assumption that it was related to criminal activity.</p>
<p><b>Gilbert, H., Rose, D. and Slade, M. (2008). The importance of relationships in mental health care: a qualitative study of service users' experiences of psychiatric hospital admission in the UK. <i>BMC Health Services Research</i>, 8(92), 1-12.</b></p>	<p>Peer-reviewed journal</p>	<p>User-led qualitative study. Focus group (n=10) and face-to-face interviews (n=9) of mental health service users who had experienced (both voluntary and detained) admission to a psychiatric hospital in the London boroughs of Haringey, Croydon, Havering, Camden, Islington and Harrow</p>	<p>To explore the experiences of admission to acute psychiatric hospital from the perspective of service users</p>	<p>Primarily focuses on experiences of being an inpatient rather than the experience of application of MHA and detainment. Overall findings: relationships formed the core of service users' experiences. Barriers to positive relationships included ineffective and negative communication, a lack of trust, a lack of safety (staff as ineffective in preventing violence and as perpetrators themselves), and the use of coercion by staff. Coercive experiences such as detention were not attributed to the legislation itself but to the staff carrying out the coercion. Enactment of the legislation where a sense of safety was instilled by the staff performing the sectioning and experienced in a positive manner by the service user suggests that coercion is not necessarily a function of the MHA, but of the relationship with the staff enforcing aspects of it.</p>
<p><b>McNally, C., Beail, N., and Kellett, S. (2007). The experience of detention under the Mental Health Act (1983). <i>Advances in Mental Health and Learning Disabilities</i>, 1(4), 47–53.</b></p>	<p>Peer-reviewed journal</p>	<p>Semi-structured one-to-one interviews (n=7)</p>	<p>To explore the experiences of detention under the MHA of people with mild learning disabilities</p>	<p>No access to full article. Abstract summarises a number of insights: the impact of perceived lack of control over self, experiences of vulnerability/powerlessness/victimisation (both prior to and following detention), participants' sense of care versus punishment, the development of 'role' within the mental health system and attribution of blame.</p>

Experiences of Section 136				
<b>Riley, G., Freeman, E., Laidlaw, J. and Pugh, D. (2011). "A frightening experience": detainees' and carers' experiences of being detained under Section 136 of the Mental Health Act. <i>Medicine, Science and the Law</i>, 51(3), 164–169.</b>	Peer-reviewed journal	Semi-structured qualitative face-to-face interviews with detainees (n=18) and carers (n=6) in Gloucestershire	To elicit the views of individuals of their experience of being detained under S136 and to gain the views and perspectives of their carers	Detainees felt they were made to feel like criminals and terrified by their experiences of being in police custody. Removal of personal possessions led to feelings of dehumanisation. Detainees and carers felt that their emotional needs were not taken care of – there was no-one to talk with or to help them to calm themselves. There was concern about the lack of follow-up care and lack of attention to physical health needs. The over-riding feature of the data was the detainees' and carers' feelings of disempowerment throughout the process.
<b>Borschmann, R. D., Gillard, S., Turner, K., Chambers, M. and O'Brien, A. (2010). Section 136 of the Mental Health Act: A new literature review. <i>Medicine, Science and the Law</i>, 50(1), 34–39.</b>	Peer-reviewed journal	Literature review – peer-reviewed journals and grey literature for UK-based empirical studies or reviews since 1983	To review the literature on S136 of the MHA 1983 (amended) – police authority to remove individuals to POS	42 papers were found. Most (29) were around population, demographics and socioeconomic status. Smaller numbers were about diagnosis and psychiatric history; subsequent admission rates; and surveys of police officers and mental health professionals. Just one was a qualitative study of the perspectives of patients on the quality of care they received (see Jones and Mason, 2002).
<b>Laidlaw, J., Pugh, D. and Maplestone, H. (2009). Section 136 and the psychiatric intensive care unit: Setting up a health based place of safety in Gloucestershire. <i>Journal of Psychiatric Intensive Care</i>, 5(02), 107-112.</b>	Peer-reviewed journal	Measurement of S136 levels and assessment of attitudes of doctors, nurses, AMHPs, police, users and carers. Numbers and methods not provided	To describe how a new POS (in special unit adjacent to existing psychiatric hospital) was set up and the process and consultation involved	Short article primarily focusing on process that went into setting up new POS. Included brief reference to the views of users, the majority of whom had found their experience of being detained under S136 in police cells a distressing experience, although they had generally found the police to be caring as individuals. They objected to the use of cells as they felt they were being viewed as criminals even though they had committed no crime.

<p><b>Jones, S. L. and Mason, T. (2002). Quality of treatment following police detention of mentally disordered offenders. <i>Journal of Psychiatric and Mental Health Nursing</i>, 9(1), 73–80.</b></p>	<p>Peer-reviewed journal</p>	<p>In-depth semi-structured interviews with people who were detained by the police and removed to a POS under S136 (n=16) in one NHS Trust in England</p>	<p>To determine the quality of care that patients receive under S136 of the MHA from police detention to hospital admission</p>	<p>General dissatisfaction with the quality of care and treatment from both police and professionals, but with the former being viewed as acceptable whilst the latter was considered unacceptable.</p> <p><b>Contact with police</b> - common themes were feeling dehumanised, being treated as a criminal, feeling punished for being mentally disordered, feeling of loss of power, liberty, respect and control – but these were expected by treatment from the police. The majority also felt police officers appeared to care what happened to them and gave them attention.</p> <p><b>In ward environment</b> - people felt safe and secure but that staff were attitudinally inaccessible, and disinterested. Anticipated that hospital staff would be welcoming and reassuring but when this wasn't realised, felt disappointed and let down.</p> <p>Looked at combinations of positive/negative responses from police and professionals. When the police and professional were both positive, this was the optimum position in which patients reported that they responded better to their treatment management. Other combinations resulted in hopelessness, anger or pessimism.</p>
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## Notes on the search

- Sources searched include an academic search engine which accesses numerous research indexes, databases and online libraries, Social Care Online database and websites of relevant organisations.
- Inclusion criteria included UK-based research from 2000 (note that literature reviews may include earlier studies and research conducted outside of the UK).
- Initial searches were conducted between April and June 2014. An updated search for relevant publications since June 2014 was undertaken between July and September 2016. A further updated search was undertaken in April 2017.