Case study: How advocacy makes a difference

The elderly client was detained under the Mental Health Act 1983 (amended) and became extremely anxious over issues. They had been admitted via hospital after taking an overdose, and their home was allegedly not fit for habitation. There were many professionals involved, including a community psychiatric nurse (CPN), support workers, environmental health and housing officers. The client also had debt problems.

The general feeling from the in-patient team was that the lady could not cope, had delusions, and should go into residential care. Environmental Health officers stated repeatedly that she would no longer be able to return to her home. The client was also estranged from her brother, with little social contact.

In addition, any mention of clearing or accessing the property would very quickly lead to additional distress. The client was very distrustful of most professionals, saying they had asked for help but had not been forthcoming.

The advocate took the time to listen to the client, and visited regularly on the ward to keep them updated. The advocate explained their rights under the Mental Health Act and assisted them to appeal, which was successful.

The advocate gained the views of the client and upon attending a key discharge meeting the client became distressed and left the room. Under instruction, the advocate remained in the meeting to ensure the client's views were heard. The advocate challenged the assumption that the client should go into residential care, and explained Mental Capacity Act legislation, how it should be applied, and that in their professional opinion the client had capacity to decide on where they were going to live and therefore had the right to return home. No capacity assessment had been completed. The advocate also challenged the 'pathologising' of the client's behaviour, which was supported by some of her community team.

The advocate attended a home assessment visit with the occupational therapist prior to discharge to ensure that this went as smoothly as possible, and a number of positive adaptations were identified. The advocate also liaised with environmental health to ascertain the exact situation, and ensure that as far as possible the client's rights were respected. It was confirmed there had been a sewage blockage not caused by the client, and that this had partially flooded her property. The advocate worked with the client and environmental health to arrange a deep clean.

The advocate liaised with the housing association to ensure that they compensated the client for the damage they had caused by failing to fix the sewer problem.

The advocate made contact with the brother and arranged for them to visit, and supported the client to organise their immediate finances.

The client was then referred to our community advocacy team for further assistance around finances and social contact issues. We also worked with the client around the possibility of moving, as the client had confided that they had been unhappy there for some time.

The advocate was able to build up a trusting relationship with the client who was distrustful of professionals. The advocate was able to use this rapport to assist their engagement with professionals.

The client was able to understand their rights under the Mental Health Act and enact them. Once the 'section' was rescinded the same advocate remained with them under the 'generic' service model.

In talking about issues of their home with professionals, the client became too distressed to continue. In spending time with the client, the advocate was able to represent their views even though they could not always remain in attendance. This meant their views were heard and listened to by professionals, but most of all, their right to choose, to self-determination, and to retain their independence and to return home were respected.

It was the seamless transition between the Independent Mental Health Advocacy (IMHA) and generic mental health advocacy services, as well as a clear understanding of the Mental Capacity Act 2005, that ensured the client returned home. I have no doubt that without advocacy involvement, they would have been moved to residential care against their express and capacitous wishes.

> ***"Thank you for all your help. I don't know what would have happened if I hadn't have met you on the ward. I think without you, it would have been terrible and I would have ended up in a home."***