

NORTH LANARKSHIRE COUNCIL

SOCIAL WORK DEPARTMENT

To: Social Work Committee	Subject : Mental Health Officer Survey
From : Jim Dickie, Director of Social Work	
Date of Committee: 24th November 1998	
Report Author : Jim Nisbet, Principal Officer, Community Care	

1. PURPOSE OF REPORT

1.1 The purpose of this report is to:

- Advise Committee of the publication of a report by the Social Work Services Inspectorate of the Scottish Office, detailing results of a survey of Mental Health Officers (MHOs) in Scotland.

2. BACKGROUND

2.1 Mental Health Officers are specialist staff employed by the Social Work Department who, by nature of their qualifications, experience, competence and specialist training, are approved to deal with persons suffering from mental disorder. MHOs, on behalf of the Local Authority, discharge the duties of that Authority under the Mental Health (Scotland) Act 1984, particularly in relation to detention in hospital and guardianship considerations. A number of changes in legislation since the introduction of the Mental Health (Scotland) Act, 1984, together with a refocusing of mental health services, have altered the work of MHOs from a largely hospital base to a more community focused practice base.

2.2 Legislative changes include the introduction of the National Health Service and Community Care Act, 1990, the introduction of Community Care Orders in the Mental Health (Patients in the Community) Act, 1995, and changes brought about in the Criminal Procedures Act of 1995.

The further development of the Care Programme Approach (C.P.A), introduced in 1993 is also of significance for the work of MHOs. This approach was introduced by the Scottish Office and requires Local Authorities and Health Boards to provide care programmes for people with serious and long-term mental illness. The C.P.A provides multidisciplinary assessment and care planning, allocation of key workers and continuity of care as people move between settings.

2.3 The Mental Health Framework, with an emphasis on multi-agency and multi-disciplinary planning commissioning and working, seeks to develop a range of comprehensive local community based services. This suggested a need to review mental health services, including the duties of MHOs.

- 2.4 Revised guidance and directions on the training and deployment of MHOs was issued by the Scottish Office in December, 1996. Therein, the Social Work Services Inspectorate stated its intention to survey the role, workload, training and deployment of MHOs. The published report is based on analysis of that survey.

3. SURVEY FINDINGS

- 3.1 The survey addressed several areas of MHO operation, the most significant of which were deployment, workload, joint work with health and training.

3.2 Deployment

- 3.2.1 Over half the local authorities in Scotland thought that they did not have enough MHOs to meet the demand for their services. In contrast, North Lanarkshire has more than enough MHOs to meet need.

- 3.2.2 MHOs were placed in a variety of settings, both community and hospital based. Most authorities considered that this pattern ensured expertise was spread across geographical areas and was placed within local communities. This also allowed expertise to be retained at an appropriate level in psychiatric settings. This reflects the position in North Lanarkshire.

- 3.2.3 Many authorities conceded that MHO deployment was based on the inherited position at April, 1996. While there may be an element of that feature in North Lanarkshire, the decision of this authority to decentralise staff and management of resources to local Area Teams has shifted expertise, access and control of most MHOs to local levels.

3.3 Workload

- 3.3.1 Just over a quarter of all MHOs work is solely in the field of mental health/illness. In contrast around 16% of MHOs had not acted in that capacity in the previous year. This closely reflects the position in North Lanarkshire but it is worth noting that the small number of MHOs not active in the field are in training, child care or management posts.

- 3.3.2 Settings which processed most statutory work were -

- psychiatric hospitals
- community care teams
- out of hours teams
- Community Mental Health Teams.

Least statutory work was processed from -

- criminal justice teams
- child care teams
- general hospitals.

This part of the survey prompted questions from the Scottish Office, given that staff deployment and workload were, for some authorities, inconsistent. The position in North Lanarkshire is that all staff are deployed predominately where workload is higher. The deployment of MHOs in this authority is therefore consistent with the workload needs of the service.

3.4 Working with Health

- 3.4.1 Most authorities, North Lanarkshire included, involve MHOs in the Care Programme Approach. This is consistent with good practice.
- 3.4.2 Most authorities have in place, strategic, operational and practice arrangements to link with health colleagues in relation to MHO work. North Lanarkshire has arrangements in place in all three levels.
- 3.4.3 There was some indication that joint working was more effective at a practice level and that the Care Programme Approach seems to be improving good joint working between social work and health in relation to MHO practice.

3.5 Training

- 3.5.1 Most authorities were members of training consortiums. Most authorities operated, or are planning, refresher courses for MHOs. North Lanarkshire Council Social Work Department staff have played a very active role in the West of Scotland MHO Training Programme.
- 3.5.2 Given the necessary links with health most authorities trained MHOs jointly with health professionals. This is an area where future development may be appropriate for this authority.
- 3.5.3 The survey report suggests that, given the changes in legislation (which are described in section 2.2 of this report) training should be updated.

4. CONCLUSIONS

- 4.1 The report suggests that many social work departments have work still to be done to place the optimum number of MHOs in the most effective settings.
- 4.2 Of concern to the Scottish Office was the sizable minority of MHOs who had not acted in that capacity in the preceding year.
- 4.3 On a more positive note, there is evidence of effective partnership work with health colleagues and of planning and monitoring the work of MHOs.
- 4.4 One aspect of planning for MHOs concerns training and the report suggests a need for social work authorities to give consideration to the updating of training for MHOs.
- 4.5 Of the aforementioned conclusions drawn from the survey report, the issue of ongoing training is the only one of significance for North Lanarkshire, and this will be pursued with health colleagues.

5. RECOMMENDATIONS

5.1 Committee is asked to -

- note the content of this report and of the Mental Health Officer Survey Report

- ask the Director of Social Work to provide a further report on the future training needs of MHOs once discussions with health care colleagues have been concluded.



JIM DICKIE
DIRECTOR OF SOCIAL WORK
17TH NOVEMBER, 1998.

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