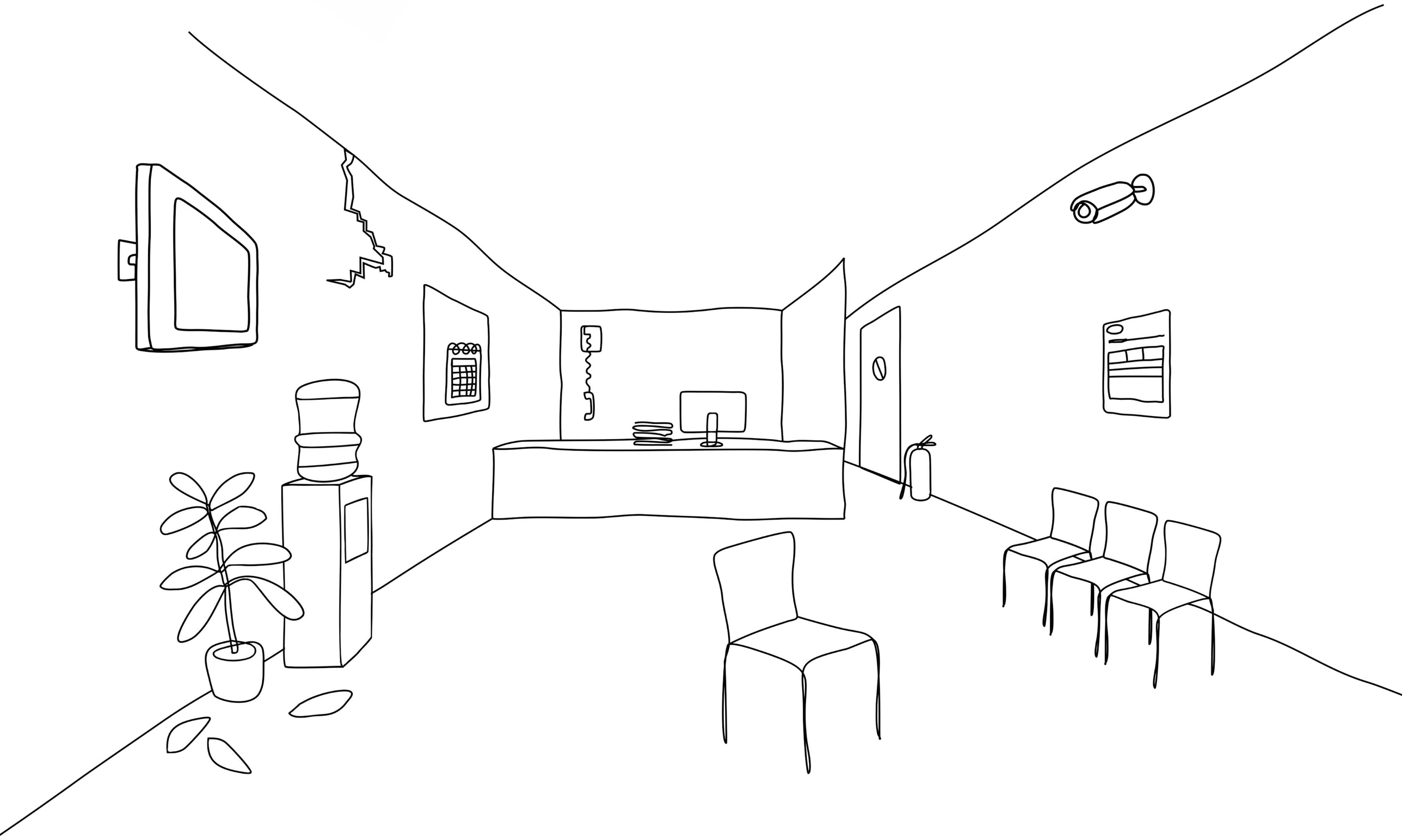
AVOIDABLE HARM IN MENTAL HEALTH SOCIAL CARE

2022



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ABOUT

This document presents the service user experiences of mental health social care that can lead to harms and the harms caused. These components form a service user evidence-based model of avoidable harm in mental health social care and ways to minimise harm.

The model was developed in four stages:

1. An evidence synthesis of peer reviewed literature and grey literature review findings on service user experiences of avoidable harm in mental health social care.
2. Two focus groups of mental health social care service users who reviewed, contributed to the model further and recommended ways to minimise harm.
3. A survey of mental health service users who ranked harmful experiences, the ways to minimise harm, and contributed further to both elements.
4. Expert advisory group comments and feedback at each stage.

The list of service user experiences that can cause harm and the service user recommendations for harm minimisation are ranked according to survey responses.

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Design & illustrations by Traumascapes

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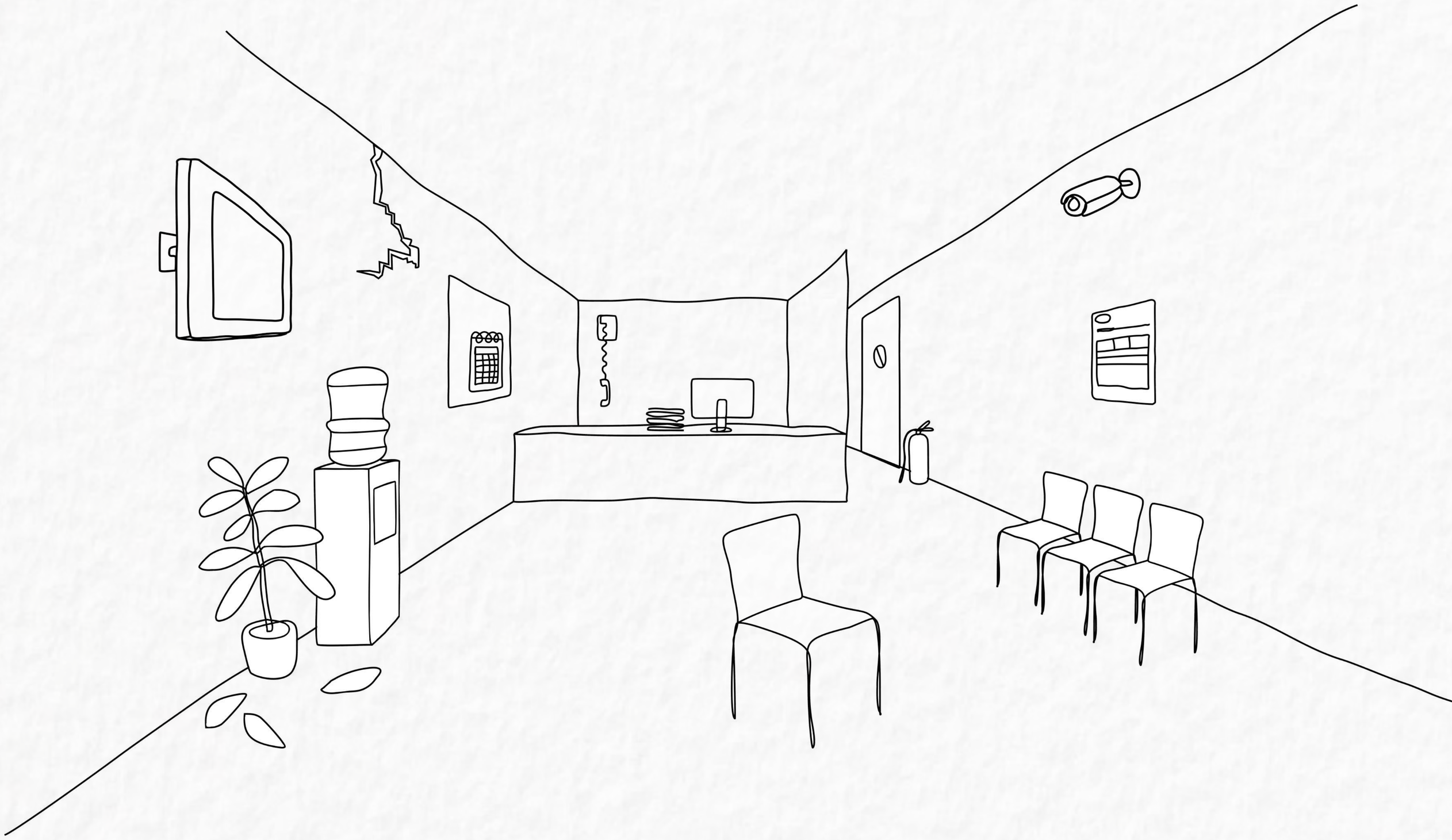
IMPACTS

- Stress
- Fear
- Psychological and emotional distress
- Deterioration in mental health
- Deterioration in physical health
- Disempowerment
- Loss of independence
- Reduction in quality of life and living circumstances
- Financial hardship
- Trauma
- Loss of trust
- Suicidality/death
- Disengaging from services

SOURCES OF HARM



1. BARRIERS OR BURDENS CAUSED BY SYSTEMS AND BUREAUCRACY

2. STIGMA AND DISCRIMINATION

3. FRAGMENTED SERVICES AND LACK OF JOINED-UP WORKING

4. DISRUPTION TO OR LACK OF APPROPRIATE SUPPORT

5. OPPRESSIVE, CONTROLLING OR DEFENSIVE ORGANISATIONAL CULTURES AND SYSTEMS

6. SERIOUS MISCONDUCT OR SEXUAL ABUSE BY STAFF

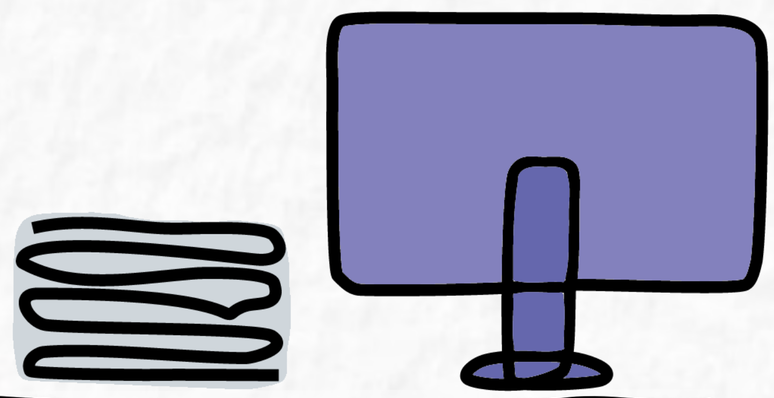
7. NEGLECTFUL, DEFENSIVE OR CONTROLLING FRONTLINE PRACTICE

1.

BARRIERS OR BURDENS CAUSED BY SYSTEMS AND BUREAUCRACY

- Inaccessible and inflexible processes and decision making.
- Poor or damaging assessment processes with little clarity about what to expect.
- Lack of information or explanation about entitlements, staff roles, available support and limitations.
- Burdensome personal budget administration.
- Inaccessible or intimidating complaints processes.
- Having no access to or knowledge of care plans.
- Problems with care plan reviews.
- Excessive pressure to demonstrate need or not being believed.
- Support plan and care budget decisions delayed due to bureaucratic processes.
- Administrative errors.
- System inability to address multiple or 'complex' needs.
- Poor working conditions and high turnover of staff leading to problems with continuity.
- Lack of appropriately qualified and trained staff.

"The whole process of applying for social care has been very brutal. And it's been very harming...that level of animosity and not being believed [and] your integrity, your account questioned."



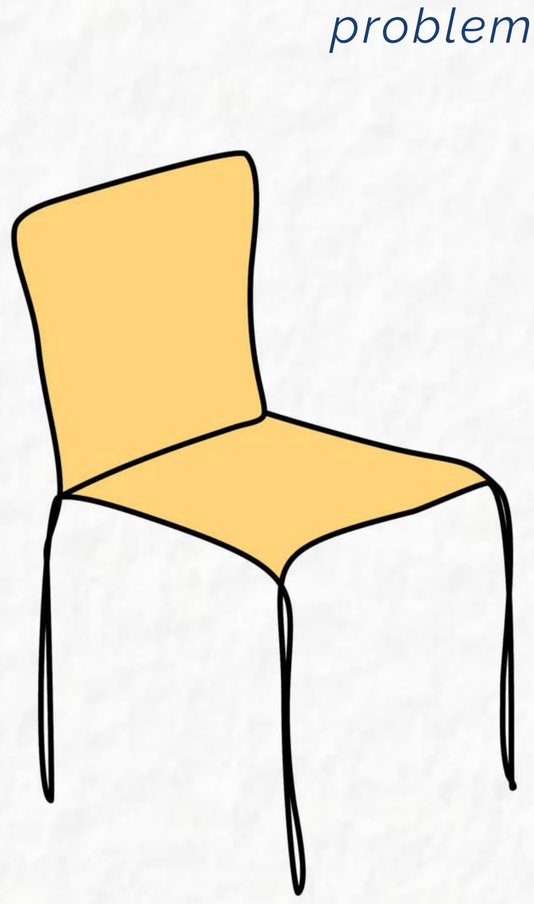
2.

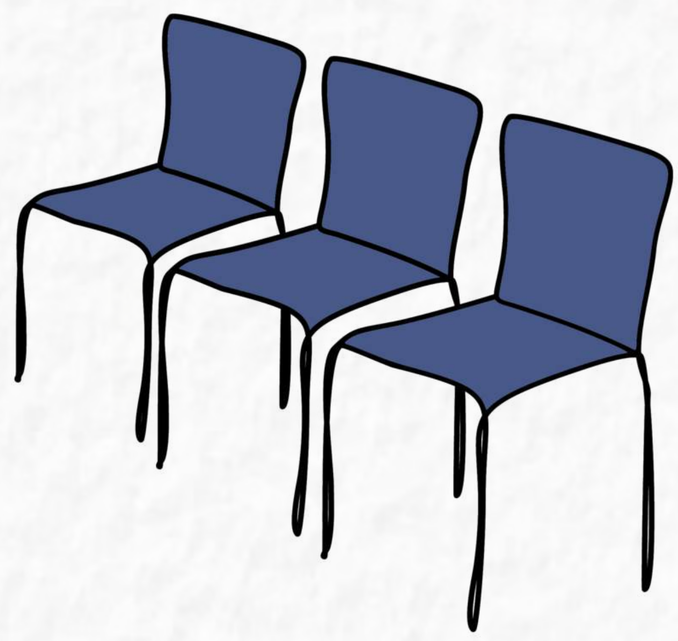
STIGMA AND DISCRIMINATION

- Mental health stigma and discrimination such as ‘psychiatric disqualification’, assumptions about ‘riskiness’, not being believed, the effects of ‘toxic labels’ and stigmatised conditions.
- Stereotypical attitudes and assumptions about capacity and ability.
- Institutionalised racism, homophobia and transphobia.
- Discrimination against parents, people with learning disabilities, people living in poverty and substance users.
- Negative effects of discriminatory cultures and systems on frontline practice.

"But there seems to be...this interpretation, because you've got a mental health problem that somehow, you know, [it's] a deficit."

"There's the narrative [that] people of colour are the ones who are always unwell, with these mental health problems."





3.

FRAGMENTED SERVICES AND LACK OF JOINED-UP WORKING

- Failures in joint working between systems, agencies and teams.
- Inter-agency adult safeguarding failures.
- Inter-agency supported living failures.
- Health and social care funding disputes.
- Lack of joint mental health and social care assessments.
- Assessment responsibility being passed between services.
- Service users having to choose between mental health and physical health social work support with risk that support is denied from both services.
- Lack of social care support following hospital discharge.
- Lack of consistency and continuity in support, with frequent changes in practitioner.
- Service users constantly having to repeat their story, risking re-traumatisation.

"The mental health services don't want me under their care...the council adult care said [they] don't want anything to do with [me]. So, I'm left now without social care or without the mental health care. So, has it harmed me? Yes…"

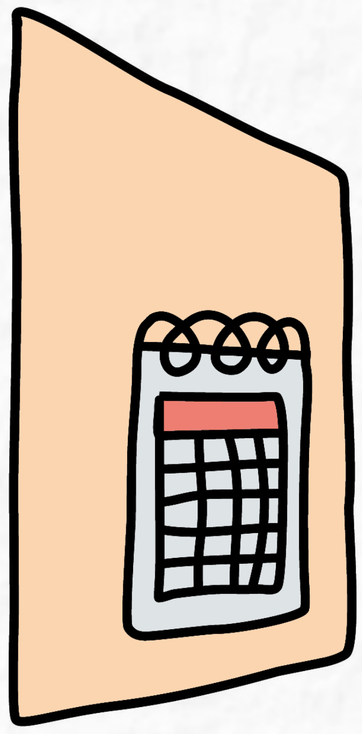
4.

DISRUPTION TO OR LACK OF APPROPRIATE SUPPORT

- Government and local authority funding cuts.
- Loss of social care services and support package reduction.
- Loss of benefit and housing advice services.
- Loss of user-led organisations and independent advocacy services.
- Decision making delays.
- Needs dismissed, not met or deemed ineligible.
- Inadequate assessment and inaccurate records.
- Practitioner changes and little continuity.
- Inconsistent or insufficient personal budgets/direct payments and 'top up' charges.
- Lack of support for socially inclusive activities.
- Bad experiences and disengagement from services.
- 'Gatekeeping' and rationing.
- Negative effects of diagnostic labelling.
- COVID-19 pandemic related disruptions.

"[In] my Council, there's a real lack of social inclusion or socially inclusive activities. So, you know, you really have to go to quite extreme measures to demonstrate that you've got domiciliary care needs"

"Being financially assessed, and someone coming back with such a high figure as a contribution towards your personal budget, that you can't afford to make the payment, because many people are on low incomes or...in receipt of benefits"



5.

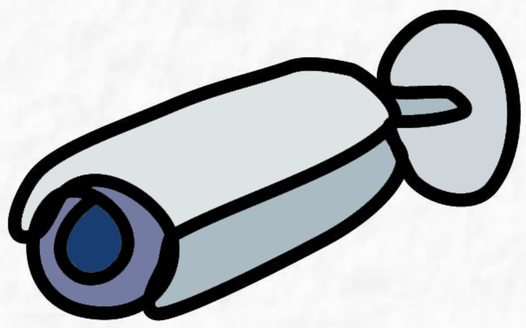
OPPRESSIVE, CONTROLLING OR DEFENSIVE ORGANISATIONAL CULTURES AND SYSTEMS

- Assumptions about risk and capacity.
- Risk aversity.
- Negative operation of power.
- Discriminatory and stigmatising cultures.
- ‘Impersonal’ and ‘uncaring’ systems and processes.
- Systemic undermining of personhood.
- Damaging ‘us and them’ cultures.
- Promoting ‘tick-box’ approaches.
- Closed, exclusionary decision making.
- Poor or damaging complaints processes and outcomes.
- Coercion and service user fear of hospitalisation.
- Service control over access to advocates.
- Service users not being believed or being ‘silenced’.
- Lack of accountability and responsibility when mistakes are made (‘staff closing ranks’).
- Service users being ‘set up to fail’.
- Organisational resistance to change and service user involvement.
- Negative effects of organisational cultures and systems on frontline practice.
- Organisational breaches of law, regulations or service user rights.

"It's all about us and them all the time. And it's not right."

"They close the ranks and, and refuse to accept responsibility for their actions, their words, their narratives, their behaviours, it really does feel like us and them and, and there's such an imbalance of power within the relationship."

"They've got a box, and they want you to fit into it. If you don't fit into it, you don't get nothing."



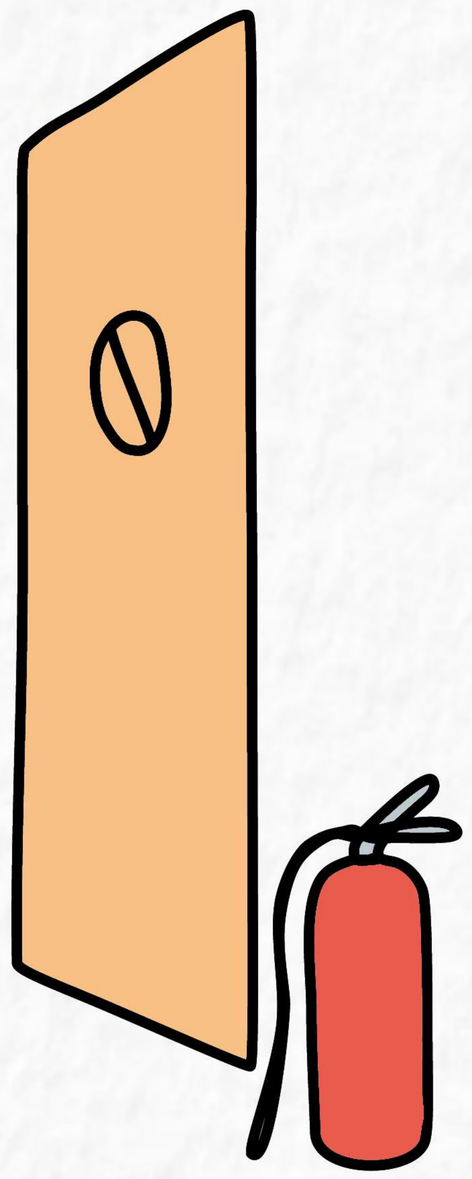
6.

SERIOUS MISCONDUCT OR SEXUAL ABUSE BY STAFF

- Sexual harassment and assault.
- Physical abuse.
- Abuse of trust.
- Abuse of position and power.
- Falsification of records.
- False accusations and dishonesty.
- Intimidation.
- Confidentiality breaches and sharing personal or private information without service user consent.

"The sexual abuse is so serious that only removal from the Register is appropriate. The Registrant's behaviour caused serious harm to vulnerable users of services and...this harm was compounded by his denial."
- GSCC, 2008

We were deeply disturbed that over half of the people in our small survey reported that they had experienced serious misconduct or sexual abuse by staff. This was also commonly reported by participants in our focus groups.
- The project team



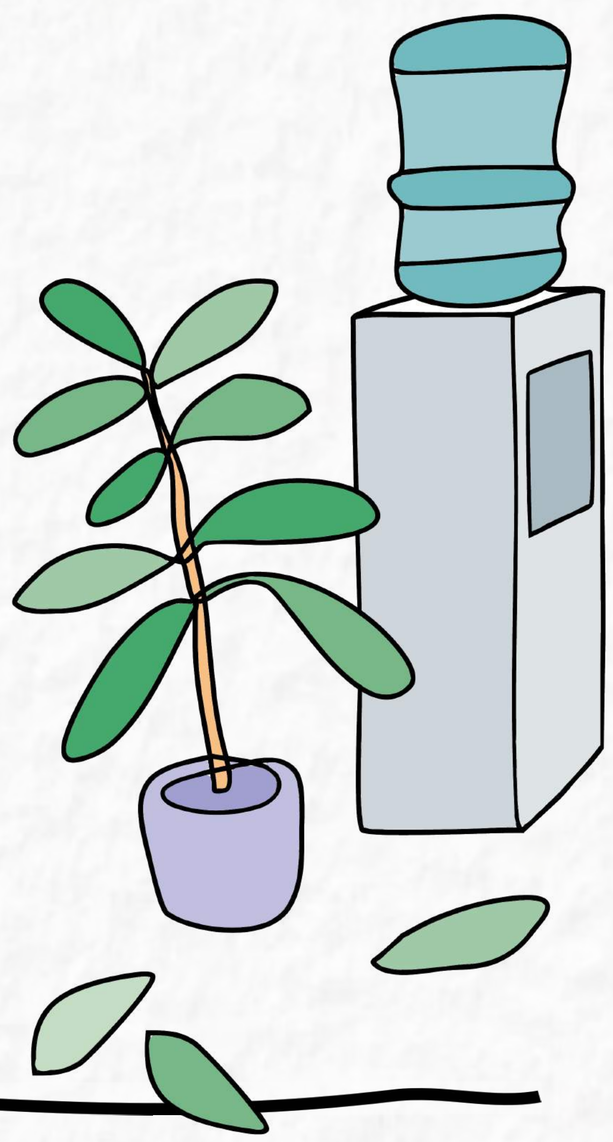
7.

NEGLECTFUL, DEFENSIVE OR CONTROLLING FRONTLINE PRACTICE

- Lack of empathy for or engagement with the individual.
- Inflexibility.
- Judgmental, stigmatising or discriminatory personal attitudes, including mental health status or diagnosis.
- Assumptions about service user dishonesty or ‘maliciousness’.
- Lack of understanding or assumptions about ethnicity, culture, religion, disability, and neurodiversity.
- Poor communication and communication skills.
- Controlling behaviour, coercion, or misuse of power.
- Disempowering, exclusionary decision making.
- Risk aversity and restrictive practices.
- Service users being ‘set up to fail’.
- Practitioners not listening or acting.
- Failure to give information or explanations about entitlements or support options.
- Employing ‘tick-box’ rather than human, person-centred approaches.
- Not accepting responsibility for harmful failings or mistakes.
- Adversarial frontline relationships with interactions feeling like interrogations.
- ‘Gatekeeping’ and rationing role.

"You've got a stranger who's dismissing the most intimate details of your life and until we can look at how better to treat people. how to...assess them, it's never gonna work."

"I was brought up in the care system, and she put, 'she chooses to have no contact with friends and family'. And that really upset me. To them it was a choice."



HARM MINIMISATIONS

#1. RESTORATIVE PRACTICE

#2. IMPROVED ASSESSMENT & CARE PLANNING

#3. BETTER FRONTLINE PRACTICE

#4. A SERVICE-USER GENERATED SET OF PRACTICE PRINCIPLES

#5. IMPROVEMENTS IN PRACTITIONER RECRUITMENT, EDUCATION & TRAINING

#6A. BETTER MONITORING AND REGULATION

#6B.MORE ACCESSIBLE & RESPONSIVE COMPLAINTS PROCESSES

#7. INDEPENDENT ADVOCACY & USER-LED SUPPORT

#8. ENHANCED UNDERSTANDING OF RISK

#1.

RESTORATIVE PRACTICE

Organisations should practise restoratively rather than defensively. This means taking responsibility for the harm done and working to repair it with the service user. Organisations should investigate incidents transparently, identify lessons and make changes in partnership with service users and their organisations.

#2.

IMPROVED ASSESSMENT & CARE PLANNING

Assessment processes should be clear and focused on individuals. Service users should be kept fully informed at all stages and practitioners should record information accurately without using ‘tick box’ approaches. Decision decision-making should be transparent. It is fundamental that assessors believe service users and do not dismiss reported needs.

#4.

A SERVICE-USER GENERATED SET OF PRACTICE PRINCIPLES

All practice should follow the core principles of honesty, openness, transparency, responsiveness, empathy and humanity.

#5.

IMPROVEMENTS IN PRACTITIONER RECRUITMENT, EDUCATION & TRAINING

Service users should be fully involved in social work and Approved Mental Health Professional recruitment, student selection, education and training. Social workers should work with trained and paid service users to assess their own practice through a ‘buddy system’. All frontline practitioners should receive regular training in communication and language, human skills and trauma-informed approaches.

#6A.

BETTER MONITORING & REGULATION

Independent monitoring and regulation should be more extensive and robust than at present. Service user involvement at Social Work England should be more powerful and influential. The Local Authority and Social Care Ombudsman should be strengthened. A user-led organisation should be formed to promote service user awareness of social care and social work standards and regulations.

#6B.

MORE ACCESSIBLE & RESPONSIVE COMPLAINTS PROCESSES

Complaints processes that are accessible, understandable, fair and transparent. Complainants should be believed and not be ‘silenced’ or fear the withdrawal of support. Practitioners should not ‘close ranks’ and respond defensively. Independent support services should be established, including a voluntary sector ‘third party’ complaints mediation organisation for service users and a confidential service user helpline for incident reporting and whistleblowing.

#7.

INDEPENDENT ADVOCACY & USER-LED SUPPORT

Service users should be able to self-refer to advocacy that is fully independent from the local authority, particularly to: help navigate the system and assessments; provide support and information about service users' rights and entitlements; and support and advice those who have been harmed in mental health social care services. Advocacy services should be provided by a user-led organisation funded through independent 'crowdfunding' or similar initiatives rather than by the local authority.

#8.

ENHANCED UNDERSTANDING OF RISK

Organisational cultures and practitioners need to be less controlling and restrictive. Services should not make discriminatory assumptions about the 'riskiness' of individuals based on their identity, characteristics, background, circumstances or diagnostic label.

RESOURCES

BASW. (2021) *The BASW code of ethics for social work* – Link

CQC. (2018) *The five key questions we ask* – Link

Department of Health & Social Care. (2022) *Care and support statutory guidance on safeguarding* – Link

Lawson, J. (2017) *Making Safeguarding Personal: what might "good" look like for health and social care commissioners and providers?* – Link

Local Government Association. (n.d.) *Making Safeguarding Personal toolkit* – Link

Faulkner, A. (2012) *The right to take risks: service users' views of risk in adult social care* – Link

Markham, S. (2018) *Dealing with iatrogenic harm in mental health* – Link

CQC. (2020) *Identifying and responding to closed cultures* – Link

SWE. (2019) *Professional standards* – Link

Skills for Care. (n.d.) *Code of Conduct* – Link

CQC. (2022) *The fundamental standards* – Link

Local Government and Social Care Ombudsman (n.d.) *How to complain* – Link

The Care Act 2014 – *Setting out responsibility for the integration of care and support between health and LAs*– Link

The Care Act 2014 – *Safeguarding adults at risk of abuse or neglect within the Care Act 2014* – Link

Safeguarding accountability and assurance framework – Link

Useful resources by the Social Care Institute for Excellence – Link

Professional standards of practice and behaviour for nurses, midwives and nursing associates – Link

Abuse and neglect of vulnerable adults, NHS Basic guidance – Link

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