

# A survey on the current practice of advance statements among consultant psychiatrists and raising awareness of good practice recommended by the mental welfare commission of Scotland.

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## Background

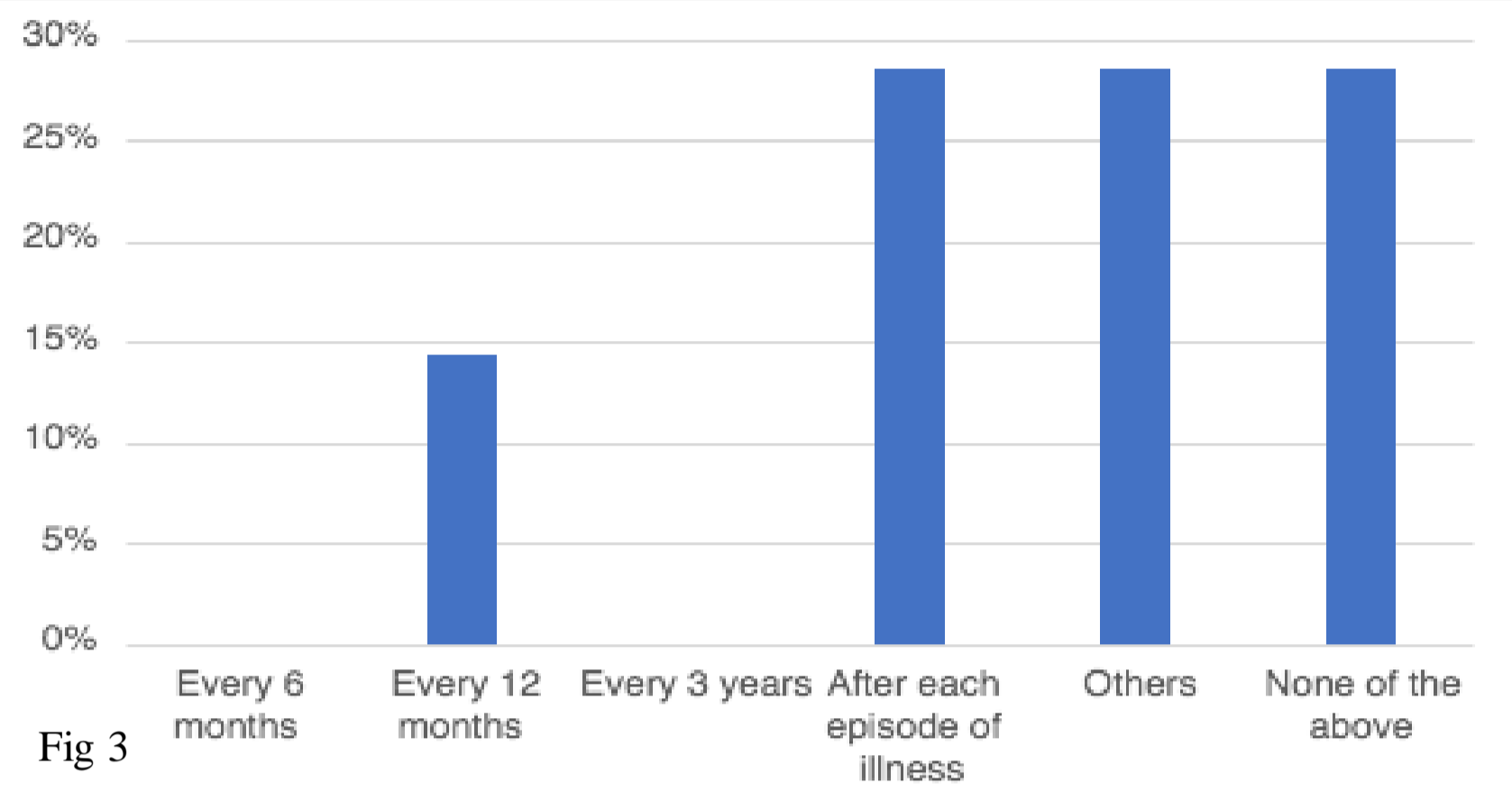
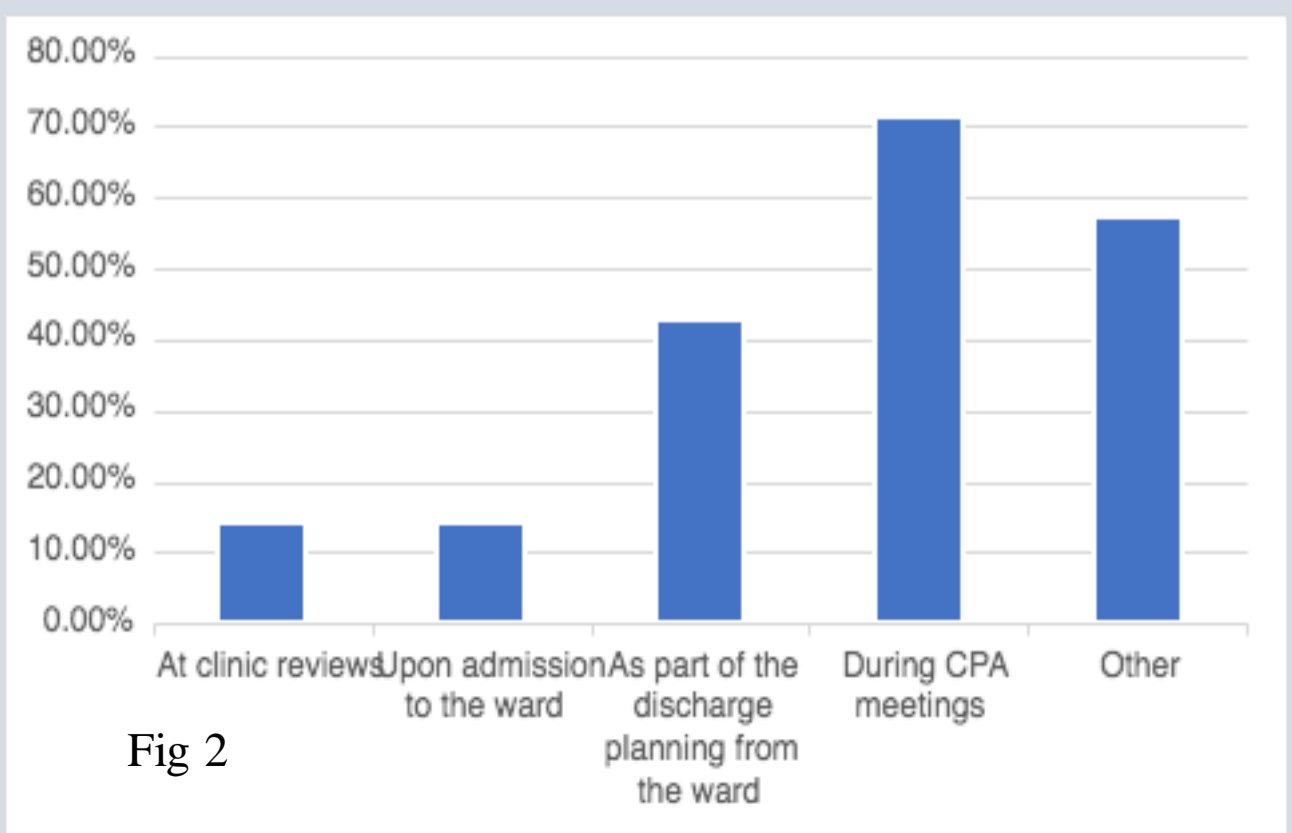
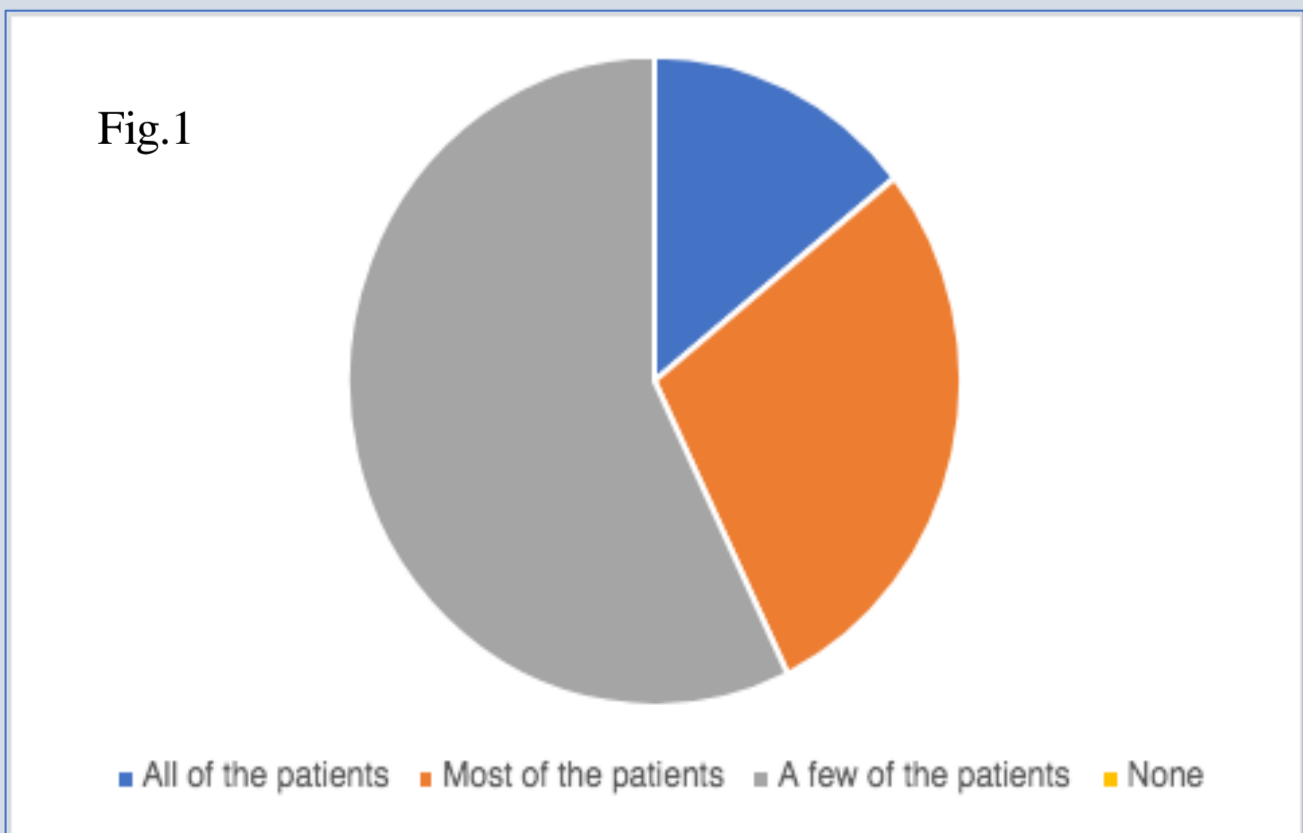
- The Mental Health Act 2003 allows an individual to make a written advance statement (AS), on how they would prefer to be treated (or not treated), if they were to become unwell and their ability to make decisions about their treatment is significantly impaired.
- They are relevant only to treatment of a mental disorder.
- They are an important contributor to the collaboration between the clinical team and the patient.
- The knowledge of the standards set out by the Mental welfare commission (MWC) Scotland is essential in promoting a therapeutic relationship and aiding recovery.
- The responsible medical officer (RMO) must, in terms of section 242(5)(a)(iv) of the Act, have regard to an advance statement, where one has been made and not withdrawn.

## Methods

- A survey of current practice was carried out by sending a questionnaire via email to all the Consultant Psychiatrists in NHS Fife.
- The questionnaire was based on the standards set by the MWC Scotland
- This will be followed by a quality improvement activity to raise awareness of good practice in NHS Fife

## Results

- 7 participants completed the questionnaire.
- 57.14% were aware of a few of their patients who have made advance statements (Fig.1).
- The majority (71.43%) would use electronic records and previous case notes to look for the existence of an AS. 57.14% will ask the patient or check with the nursing colleagues. Two participants commented in the others section that they would consult the medical records team and one said that they will ask the carer or family members.
- 28.57% said that they would review AS after each episode of illness. No one reviews them 6 monthly or every 3 years (Fig.3)
- Most (71.43%) review them at CPA meetings and 3 participants review them at the discharge planning meetings. In the others section, participants said they will review them during MHA reviews, at extension of CTO, during MDT discussions and by specialty doctors at the instruction of RMO (Fig.2)
- Majority (85.71%) documents on the case notes, send a letter to the patient and places a copy of that letter in the case notes when an AS is overridden.
- Everyone (100%) informs all necessary parties (named person, guardian, welfare guardian if present and the MWC) when AS are overridden. One mentioned that they would also inform MHO.



## Discussion

- ❑ While acknowledging that better participation in our survey would have yielded a broader view of the current practice in NHS Fife, based on the results of our survey, the knowledge of existence of AS, reviewing them and informing patients with a letter when an AS is overridden need improvement.
- ❑ One participant in our survey commented that (reviewing of advance statements) *is not done regularly. Knowledge of existence and content is patchy*."

## Intervention

- ✓ We aim to do a presentation on the results of the survey and the standards set by the MWC on advance statements during in the departmental teaching sessions.

## References :

- Mental Welfare Commission for Scotland (2017) Good Practice Guide: Advance Statement Guidance: My Views, My Treatment. Mental Welfare Commission for Scotland.
- Scottish Government (2005) Chapter 6: Patient Representation. In: Mental Health (Care and Treatment) (Scotland) Act 2003: Code of Practice Volume 1. Scottish Government.
- Scottish Government (2009) Chapter 2: Advance statements. In: Limited Review of the Mental Health (Care and Treatment) (Scotland) Act 2003: Report. Scottish Government.
- Scottish Government (2018) ADV1: Receipt of an Advance Statement or a Document Withdrawing an Advance Statement.
- Scottish Parliament (2003) Mental Health (Care and Treatment) (Scotland) Act 2003.