**Response to FOI458**

**Request**

I am led to understand:

- In 2004 NICE recommended approach for mental health in CG1 stated the value and importance of involving family or Carers in the care of persons experiencing mental illness. The theme was reiterated even strengthened in successive CG issues.

- In the same year 2004 RCPsych issued a series of checklists recommended to be used by psychiatrists, to assist them in best practice, and to aid implementation of a ‘family’ approach.

- Since before year 2000, BSMHFT (then under different name) has financially supported, incorporated and promoted the work of the Meriden Family Programme in Birmingham. Key aims of MFP were to develop, train for, and thus implement Family Involvement within the Trust and wider fields wherever their expertise was appreciated. Awards: I see that a national award was gained in 2004 by MFP, for their insight and value to M/H approach up to that date (source BSMHFT/MFP web site).

 (1) Please can you tell me when the Trust first implemented their policy of involving family or Carers as an important benefit in the management of mental illness?

The Trust requested clarification on this question as below.

Question (1) - please clarify if you are referring to a policy specifically around carers/families which has been ratified by the Trust Board?

Your clarification below.

A: I confess I do not know what your understanding or definition of Policy is, in this respect. If it is open to interpretation by your employees or service users or affected carers it should not be, in my view. Essentially I refer to any Policy that would be understood and described as such by your workforce. You may feel you have to give clarifying answers to this question if there is likely to be an element of question or interpretation.

Answer: The Trust does not have one policy specifically for involving family or carers. However, the involvement of families is imbedded in a large number of policies where the issue relates to patient care and treatment.

(2) What is the Trust policy on M/H Act Assessment team makeup? (e.g. 2 minimum; 3 recommended; other attendees )?

The Trust undertakes assessments as prescribed by Mental Health Act and the code of practice. Please find attached a copy of the code of practice and the Trust’s Joint Assessment policy version 1 ratified in 2016 and also version 3 ratified in 2017. Please note that the Trust does not have a version 2 policy.

The minimum number in attendance is always as specified by the Mental Health Act. This minimum number will vary dependent upon the section for which the assessment is being carried out. The minimum number would be number most often in attendance. However, others may be involved dependent upon circumstances. Examples of others in attendance would include, interpreters, those with specialist knowledge, student clinicians and advocates.

(3) Please can you tell me when the Trust implemented a policy of supplementing M/H assessment teams with concurrent attendance of e.g. 'Home Treatment' team?

The Trust requested clarification on this question as below.

Question 3 - please clarify if you are referring to the mental health act assessment teams when you mention 'M/H assessment teams'?

A: Yes that is what I was referring to; assessments carried out under m/h Act and either with or without subject's consent or understanding (immediate or short term e.g. due to subject's cognitive state).

The Trust undertakes assessments as prescribed by Mental Health Act and the code of practice. Please find attached the code of practice and the Trust’s Joint Assessment for admission under MHA policy, version 1 ratified in 2016 and also version 3 ratified in 2017. Please note that the Trust does not have a version 2 policy.

(4) Please can you publish historical supporting documentation for your responses?

The Trust requested clarification on this question as below.

Q: Can you please clarify what specific information you require in regards to this query.

A: My questions 2 and particularly 3 refer to this in consideration of national and professional guidance, OR local initiatives. Do you have any information as to when policies were introduced, terminated or strengthened regarding these?

Q: Can you also clarify the time frames for the questions i.e. how far back do you require this documentation?

A: Existing policies in 2003 and changes in policy since (of the type requested) - if any.

**Freedom of Information Act 2000 - Section 12**

The Trust is unable to provide the requested information within the appropriate cost limit under Section 12 of the Freedom of Information Act. This is currently £450 or 18 hours staff time (based on guidance issued by the Information Commissioner’s Office that indicates that staff time should be calculated at a rate of £25 per hour). This is because we estimate that the time taken to retrieve the information would exceed 18 hours as it would require a manual search of all documents that relate to family or carer involvement since 2003, there would need to be a process of identifying each of policies, protocols, guidance and procedures across the Trust that reference family or carer involvement and there would then be the need to pull together earlier versions of the current documents, plus documents that have now been stood down.

In regards to Mental Health Act and Code of Practice the Trust does not hold historical versions of these documents.