

## **Protecting the MHO role – the Commission’s view**

MHO Study Day

Perth, 7 October 2014

## Why does MHO role matter?

- It's not all about the medication
- Over 40% of CTOs now in the community
- Local authority duties vital to recovery, gaining ordinary life
- Links to protective role
- SDS and Integration make it *more* important
- Links to advocacy, named person

## What's happening with Mental Health Act

- 3% rise in new episodes of compulsion
- 42% of EDCs without MHO consent – rise of 5% - in GG and Clyde is 63%
- 38% of STDCs trigger SCR
- SCR rates between 14% and 100%

## What's happening with AWI

- 58% rise in guardianship over last 4 years
- Indefinite orders down from 45% to 32%
- As many learning disability as dementia
- 21% not visited by supervisor in last 6 months
- As with MHA, huge regional variations
- New regulations allow risk based decisions

## What's happening with the workforce

- Practicing MHOs down by 3.4% last year
- 20 local authorities report shortfall in MHO resource
- One in three MHOs is 55 or older
- MHOs on out of hours duty at all time low

## What's around the corner

- Cheshire West
- SLC report on AWI and deprivation of liberty
- Mental Health Bill
  - New reporting requirements
  - Fewer Named Persons
- UNCRDP and supported decision making

## What local authorities need to do

- Apply the guidance that's there, and prioritise appropriately – not ad hoc
- Use s13ZA appropriately and properly
- Develop workforce strategy for MHOs
- Empower users and families, so guardianship is less necessary

## **What Scottish Government and its agencies need to do**

- Respond to SLC urgently
- Strategic approach to recruitment, training and retention
- Consider MHO service in assessing LA performance
- Begin longer term review of MH/ASP/AWI frameworks