



MPs and Staffers' guide to mental health

Where to go and what to do



All Party Parliamentary Group on Mental Health

Foreword:

Why we have produced this booklet

Over the past few years an increasing number of MPs have approached our organisations to ask for advice in supporting constituents with mental health problems. MPs and their staff often come into contact with constituents in distress either at surgeries, or through emails and telephone calls, but currently receive no information or advice on how to handle these difficult situations.

One in four people will experience a mental health problem in any one year. Many social conditions can be affected by, or in themselves affect, a person's mental health. Worries over other issues, such as long term illness, housing problems, social deprivation and benefits, can make people anxious, or exacerbate mental health problems.

It is not your job to diagnose a mental health problem, this is for trained professionals. However, developing understanding and confidence to talk to constituents about how best you can support them will lead to a more meaningful interaction between constituents, MPs and staffers.

This booklet provides practical tips and advice on how to support constituents and where to signpost them. If you would like more information, you can visit our organisations' websites - which can be found in the 'signposting' chapter – or contact us directly.



Paul Farmer
Chief Executive
Mind



Paul Jenkins
Chief Executive
Rethink Mental Illness



Professor Sue Bailey
President
Royal College of Psychiatrists

Contents

Quick-reference guide	4
An overview of mental health	6
How much help should you give?	9
How to help someone in distress	13
Handling difficult emails and phone calls	17
Signposting and local information	18
Glossary	23

Quick-reference guide

The following information provides a quick-reference guide to what you need to know at a glance. More detailed information is found in the following chapters.

Setting boundaries:

- Agree between MP/Staffers your remit: what you can help constituents with, what you cannot.
- You aren't expected to diagnose or resolve a constituent's mental health problems, nor to provide psychological support to someone in distress. The best thing you can do is to listen and signpost them to more appropriate sources of help.
- Agree an office procedure for handling challenging encounters.
- Do not disclose a person's mental health problem to others without their permission.

Helping constituents in distress:

- Acknowledge how the person is feeling.
- Listen sensitively.
- Use open questions: How, what, when, where, who, why.
- Use a reassuring tone and display responsive body language.
- Avoid focussing on negative options or language.
- Reflect back information.
- Don't be afraid to say no.
- Acknowledge a person's anger even if unfairly directed at you.

-
- Present advice as a series of options and introduce signposting to allow constituents to make their own choices.

Helping unfocussed/confused constituents:

If a constituent seems to have difficulty in articulating themselves or focussing, you can try to help them be clearer:

- **Be proactive:** listen for a few minutes, and then do your best to bring them to the point: “So what is it that you would like help with today?”
- **Seek clarification:** it is reasonable to say “You’re giving me a lot of information, but before you go on I need to know now what exactly it is that you want my help with.”
- **Summarise the issues:** this shows you have listened and also helps to focus the conversation.
- **Highlight any underlying issues:** it might be that there is a key issue that needs to be dealt with before all of the other issues can be addressed.
- If the main issue is still unclear, ask the person to write down their concerns in bullet point form and contact you again once they have written them down.

An overview of mental health

We all have mental health, just as we all have physical health. It exists on a spectrum and people can move up and down from good to poor for any number of reasons. In any one year, one in four people will experience a mental health problem.

The most common forms of mental health problems include:

Anxiety disorders

Anxiety is a normal human feeling we all experience when faced with threatening or difficult situations. But if these feelings become too strong when there is no real threat, they can stop people from doing everyday things. Such disorders affect about 1 in 10 people at some point in their lives.

Anxiety disorders include:

- **Panic attacks** – sudden, unpredictable and intense attacks of anxiety and terror of imminent disaster.
- **Phobias** – fear of something that is not actually dangerous and which most people do not find troublesome.
- **Obsessive-Compulsive Disorder (OCD)** – stressful thoughts (obsessions), and powerful urges to perform repetitive acts, such as hand washing (compulsion).
- **Post-Traumatic Stress Disorder (PTSD)** – can occur after a traumatic experience and involve feeling grief-stricken, depressed, anxious, guilty or angry.

Mood disorders

Also known as affective disorders or depressive disorders, people experience mood changes or disturbances, generally involving either mania (elation) or depression. Mood disorders include:

- **Depression** – 1 in 5 people will become depressed at some point in their lives. Anyone can feel low but someone is said to have depression when these feelings don't go away quickly or begin to interfere with everyday life. In its most severe form depression can make people suicidal.
- **Bipolar disorder** – Once known as manic depression, it involves severe mood swings (high/manic episodes and low/depressive episodes) that are far beyond what most of us experience in every day life.

Psychotic disorders

Psychotic disorders involve distorted awareness and thinking. Symptoms can vary from person to person and may change over time. They can include agitation, over activity, lowering of inhibitions, over familiarity, sleeplessness and irritability.

Two of the most common symptoms of psychotic disorders are hallucinations (when you hear, smell, feel or see something that isn't there) and delusions (false beliefs despite evidence to the contrary). Psychotic disorders include:

- **Schizophrenia** – Affects how people think, feel, behave and how they perceive their own intense thoughts, ideas and perceptions. It can develop slowly and people may become withdrawn, lose interest in things and possibly have angry outbursts. 1 in 100 people will experience schizophrenia during their lifetime and the majority will lead ordinary lives.
- **Schizoaffective disorder** – Affecting women more than men, people with schizoaffective disorders have symptoms of both schizophrenia and mood disorders.

Eating problems

Characterised by unhealthy attitudes to eating, eating problems are more prevalent in women than men, though numbers continue to rise in young males.

Eating disorders are usually attributed to a set of different causes, which may be to do with someone's personality, current events or pressures and past experiences.

- **Anorexia Nervosa** – involves strictly controlling eating habits characterised by not eating and losing weight. Anorexia can affect every aspect of someone's life and is a life threatening illness.
- **Bulimia** – is more common than anorexia. It is a cycle of feeling compelled to eat large amounts of food, and then trying to undo the effects of doing so.
- **Compulsive eating** – people may have come to rely on food for emotional support to mask other problems in their life.
- **Binge eating** – is often triggered by some serious upset and involves eating very large quantities of (often) high-calorie food, all in one go.

Personality disorders

Personality disorders are the most often misunderstood and stigmatised diagnoses in mental health. It can mean patterns of thinking, feeling and behaving are more difficult to change and people can experience a more limited range of emotions, attitudes and behaviours with which to cope with everyday life.

Personality disorders can manifest in different ways. Psychiatrists in the UK tend to use a system which identifies different types of personality disorder, which can be grouped into three categories:

- **Suspicious:** paranoid, schizoid, schizotypal, antisocial.
- **Emotional and impulsive:** borderline, histrionic, narcissistic.
- **Anxious:** avoidant, dependent, obsessive compulsive.

How much help should you give?

Rather than trying to diagnose or resolve a constituent's mental health problems, the best way of supporting someone is to listen sensitively and signpost them to more appropriate sources of help.

To do this effectively it may help to know about:

- **Setting boundaries** – to ensure you look after yourself emotionally and do not devote too much time to one person.
- **Establishing supportive office practices** – to support yourself and your colleagues.
- **Suggesting that your constituent seeks help** – depending on a constituent's individual needs.
- **Confidentiality and data protection** – how to comply with these requirements.

Advice on talking to someone in distress can be found in the next chapter.

Setting boundaries and building confidence

It is important to establish boundaries with your constituent early on so that they know what you can and can't do. This will help avoid situations where your constituent becomes overly dependent on you. Dependent relationships will not help you or the constituent in the long run.

Having clear boundaries will also help build your confidence to help people.

You could set out:

- How much time you will be able to provide.
- How regularly a constituent should contact you, and in what form.
- What problems you will be able help them with and what you can't.

Establishing supportive office practices

It is important to consider the impact of these encounters on your own health and the health of your colleagues. A small amount of preliminary work can help create a supportive working atmosphere. As soon as you can, take some time to establish the following in your office:

- **An 'easy reference' job description** – MPs and staff should agree on what you can and can't help constituents with. You can write this down and refer to it if you are asked to do things that are outside your remit.
- **A procedure for handling challenging encounters** – the advice in the next section can be used to draw up an office procedure for staff to follow. This could include when MPs should intervene in challenging encounters.
- **An agreement to discuss challenging encounters** – debrief with colleagues. Seek reassurance and feedback about the approach you took and the advice you gave, or provide such reassurance and feedback to your colleagues.
- **A log of repeat correspondence** – your colleagues can refer to this to know what has been said before and by whom.
- **Professional contacts in mental health** – familiarise yourself with the local contacts suggested in the signposting chapter of this booklet. Establish contact with your local Community Mental Health Team or Mental Health Trust. They should be available to give advice and guidance when you feel a constituent needs more specialist help.

Suggesting that your constituent seeks help with their mental health

It can be hard to know whether you should suggest that your constituent seeks professional help for their mental health. Not everyone in distress will have a mental health problem, so signposting to medical help may not always be appropriate.

There is no hard and fast rule for when you should and shouldn't bring up mental health services. If you do decide to do so, think about the language you use. For example, suggesting that somebody "has a lot to cope with and might benefit from talking to somebody about it" is rather different to suggesting that the person has a mental health problem.

Confidentiality and data protection

MPs and staff must comply with the requirements of the Data Protection Act (DPA) 1998 when completing casework on behalf of a constituent. There is helpful guidance provided for MPs and political parties on this by the Information Commissioner's Office and the House of Commons, which can be found at www.parliament.uk/documents/upload/advice-for-members-offices.pdf. Specific guidance for helping constituents who may be at risk of self harm or suicide can be found in the next chapter.

Information about a constituent's mental health is sensitive personal data. Usually a person's explicit consent is needed before an MP can disclose or pass this information on to anyone else. Sometimes consent can be implied when a constituent contacts you and makes it clear that they want you to use information about their mental health to assist them with the issue they are asking you to help with in your casework. Here are some good practice points:

- Always clarify with your constituent what information is to be disclosed and what action you will take on their behalf.
- Always clarify what it is you are being requested to do.
- Only disclose information about mental health to the extent that it is

strictly relevant and necessary to deal with the specific issue you are being asked to help with.

- Where possible get written consent for disclosure and for your action plan. If there is no time to get written consent, you should seek verbal consent and make a note of it.

There are circumstances in which you can convey information about someone's mental health to a third party, namely where it relates to the prevention or detection of a crime, the prosecution of an offender or the assessment or collection of taxes. In these circumstances the relevant information should be passed to the police.

If a constituent contacts you about someone else's mental health problems, such as a friend or family member, you should try to find out what it is that the third party wants and whether they give consent to you taking up their case.

Establishing good practice can help clarify when you are able to disclose information about someone's mental health. If you are unsure about how to proceed, you should seek legal advice.

How to help someone in distress

Most MPs and their staff will come into contact with constituents in distress. Whether this is face-to-face, over the phone or via written contact in letters or email, the basic rules for helping someone are the same:

- **Present advice as a series of options rather than a command.**
- **Avoid focussing on negative options or language.**
- **Be realistic about what you can do** – as set out in the previous chapter.
- **Don't be afraid to say no** – you can manage people's expectations in an empathetic way which does not involve you taking on their situation.
- **Acknowledge a person's anger rather than trying to defend yourself** – even if the anger is directed at you or your actions.

Tone and language

How you speak to someone in distress may have an effect on how they feel. You should consider how the other person will interpret the way you interact with them. It may be helpful to use the following techniques to ensure you appear empathetic and interested:

- **Use a reassuring tone and display responsive body language** – retain eye contact, nod and use utterances to show understanding.
- **Listen sensitively** – allow the person to talk freely and don't interrupt. If they cry or break down, let them express their feelings without rushing:
 - *“Take your time; it must be difficult for you to cope with everything at the moment.”*

-
- **Acknowledge how the person is feeling** – but use statements that are neutral or supportive:
 - *“I am very sorry that you have experienced this...”*
 - *“This sounds like an upsetting/a frustrating situation for you...”*
 - *“You must be having a difficult time.”*
 - **Validate and assure** – help the person to feel hope and optimism. You can tell them that many people also have similar experiences. If they have told you about a specific mental health problem you could say:
 - *“Lots of people experience mental health problems.”*
 - *“There are different treatments available which people find helpful.”*

Avoid statements that may appear to belittle someone feelings, like:

- *“You’ll feel better tomorrow.”*
- *“Don’t worry about it.”*
- **Reflect back and introduce signposting** – after listening, introduce a positive note:
 - *“I appreciate it helps to talk about the situation. I can help you with X, but I am not able to help you with Y. However, I can suggest some options for where you might be able to find further help with Y, if you would like.”*

What can I do if someone is in crisis?

If you think a constituent you are in contact with, either by telephone or face to face, is experiencing an acute mental health crisis, or expressing suicidal thoughts or feelings, there are several things that you could do:

- Try to appear calm, even though this can be hard to do.
- Ask the person if there is anyone they would like you to contact on their behalf. This could be a carer, friend or family member or their healthcare professional.
- Suggest that the person contacts their GP or their Care Coordinator (if they have one) directly.

-
- Suggest the person contacts their local Crisis Team.
 - Suggest the person contacts a listening service such as the Samaritans: 08457 90 90 90.
 - You could suggest the person goes to the local accident and emergency department. In some areas people can go direct to crisis houses, but it is worth checking beforehand that they accept self-referrals in your area before you send someone there.

What should I do if there is a risk of harm?

If you are seriously concerned that someone is at risk of harming themselves, you or others, you should contact the emergency services by dialling 999.

You should explain to the operator that you are concerned about someone's mental health and their safety or the safety of others. The 999 operator may request that an ambulance is dispatched and may ask for police assistance.

Sometimes contacting the emergency services can lead to a person being detained under sections of the Mental Health Act. This should not prevent you from taking action, but you may want to read more about what this means for the person involved. More information can be found in the glossary.

What should I do if the person becomes angry or abusive?

Occasionally people may become aggressive or threatening. Your first concern should always be your personal safety.

- Acknowledge the anger rather than trying to defend yourself, even if the anger is directed at you or your actions.
- If someone becomes offensive or abusive, then politely but assertively interrupt them to state that you find the language or tone unacceptable and request that they moderate their tone or language.

-
- Ensure that you give them a chance to stop being abusive or offensive so that the conversation can continue.
 - If they are unwilling or unable to stop being offensive or abusive then explain the extent of your ability to help them, explain that they are welcome to ring/come back with a relevant query as long as they are not offensive.
 - State that you are going to terminate the call and hang up, or ask the person to leave the premises.
 - If you feel you are in danger, follow your office guidelines and if necessary call the police.

After the event, make sure you log instances of angry or abusive behaviour and seek support and advice from your colleagues on appropriate next steps. An established contact at the local Mental Health Trust can often be a good source of support.

Handling challenging emails and phone calls

Repeat contact from constituents can sometimes be a challenge. These tips can help you address challenging contact in an assertive manner, with a view to bringing it to a close:

- Remain calm and assertive but not aggressive in your responses.
- Recap any previous contact registered in the contact log; what they have needed and what you have helped them with in the past.
- Ask if there is anything else you can help them with.
- Refer to your job role if asked for something you cannot help with.
- Offer other sources of help if appropriate and available.
- If necessary, be firm and straightforward and ask them not to send further emails or make phone calls.
- If you have made this request you could screen callers' numbers/emails and refrain from answering/responding.

Signposting and local information

Below is a list of the core providers of mental health care services with a summary of what they do. You should take the time to find out who provides these services in your area and how they can help.

Having phone numbers and addresses to hand will aid staff when helping a constituent, particularly in stressful situations.

Help in your community

Local Doctors' Surgeries are often the first point of contact for someone with suspected mental health problems. Diagnosis by a GP can often help people access specialised treatment and advice.

This link will help you find the nearest practice or surgery to your constituent:
www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx

In addition, a trusted local GP surgery may also be able to offer you advice about mental health over the phone:

Contact:

Position:

Address:

Tel No:

Email:

Hours of operation:

Community Mental Health Teams (CMHTs) provide community based services to people aged between 16 and 65 who are experiencing mental health issues. CMHTs are multi-agency teams consisting of different mental health professionals, such as community mental health nurses, social workers, occupational therapists, support time recovery workers, psychiatrists and psychologists.

To find your nearest team you can use the NHS choices Find Service:
www.nhs.uk/servicedirectories/pages/servicesearch.aspx

Contact:

Position:

Address:

Tel No:

Email:

Hours of operation:

Crisis Services

There should be a crisis team in your area and there may be a crisis house. In some areas people can go to these services directly – in others they may need to be referred. Find out from your local CMHT what the system is in your area and record it here. It will not help someone to send them on to a service that cannot help them directly.

Contact:

Position:

Address:

Tel No:

Email:

Hours of operation:

Local charities and organisations

Mind is a national mental health charity that campaigns for people's rights and informs and supports thousands of people on a daily basis. Mind has a network of over 160 local Minds offering 1,600 services around the country, including supported housing, crisis helplines, counselling, befriending, advocacy, and employment and training schemes. You can find your nearest local Mind at www.mind.org.uk/help/mind_in_your_area

Contact:

Position:

Address:

Tel No:

Email:

Hours of operation:

Rethink Mental Illness is a charity that believes a better life is possible for millions of people affected by mental illness. For 40 years it has brought people together to support each other. It runs services and support groups across England that change people's lives and challenges attitudes about mental illness. This link will show you your nearest Rethink Mental Illness Service – rethink.org/services

Contact:

Position:

Address:

Tel No:

Email:

Hours of operation:

The Royal College of Psychiatrists is the main professional body for psychiatrists in the UK. It has a wide range of evidence-based information leaflets on common mental health problems and treatments. Selected leaflets have also been translated into over 20 different languages, as well as British Sign Language. www.rcpsych.ac.uk

Samaritans provide support by telephone, email, letter and face-to-face. The voluntary support is offered to those having relationship and family problems, those dealing with loss, financial worries, job-related stress, college or study related stress and body image issues. Your nearest branch can be found here: www.samaritans.org/talk_to_someone/find_my_local_branch.aspx

Contact:

Position:

Address:

Tel No:

Email:

Hours of operation:

Citizens Advice Bureau (CABs) can provide support for many of the difficulties that can often be associated with a mental health problem, such as housing worries, financial problems, issues with benefits and employment issues. Services provided by CABs can vary, so it's best to record what your local branch offers. The nearest citizens advice can be found on their homepage at www.citizensadvice.org.uk

Contact:

Position:

Address:

Tel No:

Email:

Key services provided:

Hours of operation:

Helplines

Mind infoline: 0300 123 3393 or email info@mind.org.uk, Monday to Friday, 9am to 6pm. Provides information on types of mental distress, where to get help, information about drugs and alternative treatments and advocacy.

Mind legal advice service: 0300 466 6463 or email legal@mind.org.uk
Provides legal information and general advice on mental health related law covering:

- mental health
- mental capacity
- community care
- human rights and discrimination/equality related to mental health issues

Mental Health Helplines Partnership www.mhhp.org.uk is the umbrella body for organisations offering helpline services to people with mental health needs. You can use their website to search for helpline services in your area.

Rethink Mental Illness: 0300 5000 927, Monday to Friday 9am to 5pm provides information on mental health conditions such as depression, bipolar disorder, schizophrenia and personality disorder, as well as practical information on benefits, getting access to services, medication and psychological therapy. Specialist advisers are also available Monday to Friday 10-1pm and an online forum rethink.org/talk is available 24 hours where people can share experiences with others who have been through mental illness.

SANE: 0845 767 8000, daily from, 6pm to 11pm. Provides a national, out-of-hours helpline offering specialist emotional support and information to anyone affected by mental illness, including family, friends and carers.

Samaritans: 08457 90 90 90 or email jo@samaritans.org, 24 hours a day. The service is available 24 hours a day for people who are experiencing feelings of distress or despair, including those which may lead to suicide.

Glossary of mental health terms

Advocacy – process of supporting and enabling people to express their views and concerns, access information and services; defend and promote their rights and responsibilities and explore choices and options. Some people are entitled to the help of an Independent Mental Health Advocate – *see IMHA*.

Aftercare Services – for patients who have been detained because of their mental health and for those on community treatment orders. Everyone with mental health needs is entitled to a community care assessment to establish what services they might need. Section 117 of the Mental Health Act imposes a duty on health and social services to provide aftercare services free of charge to certain patients who have been detained under the Act.

Antidepressants – medicines sometimes used in the treatment of depression, anxiety, obsessional problems and sometimes pain.

Antipsychotics – medicines used for the treatment of psychosis.

Befriending Schemes – provide friendship and support to people with a mental illness.

Capacity – the ability to understand and take in information, weigh up the relative pros and cons and reach a sensible decision about the issue. *See also Mental Capacity Act (2005)*.

Care Coordinator – a named individual who is designated as the main point of contact and support for a person who has a need for ongoing care. This can be a nurse, social worker or other mental health worker – whoever is thought appropriate for the person's situation.

Community Mental Health Team (CMHT) – supports people with mental health problems in the community. CMHT members include community psychiatric nurses (CPNs), social workers, psychologists, occupational therapists, psychiatrists and support workers.

Community Psychiatric Nurse (CPN) – nurse who specialises in mental health, and can assess and treat people with mental health problems.

Counsellor – someone who uses ‘counselling’ to help with people’s problems, plan for the future and work through their feelings.

Clinical Psychologist – a psychologist who has undergone specialist training in the treatment of people with mental health problems.

Cognitive Behavioural Therapy (CBT) – talking treatment that emphasises the important role of thinking in how we feel and what we do. The treatment involves identifying how negative thoughts affect us and then looks at ways of tackling or challenging those thoughts.

Crisis House – Crisis houses offer intensive short-term support, allowing people to resolve their crisis in a residential (rather than hospital) setting. Referrals can be made by CMHT or Crisis Resolution and Home Treatment teams. Some crisis houses – particularly those set up by the voluntary sector – allow you to self-refer.

Crisis Services – mental health crises include suicidal behaviour or intention, panic attacks, psychotic episodes or other behaviour that seems out of control or irrational and that is likely to endanger oneself or others. Many of the crisis services provided by the NHS and local social services are designed to respond to these types of acute situations or illnesses.

Crisis Team/Crisis Intervention Team – mental health professionals whose job is to work with people with mental illness who are experiencing a crisis. The aim of the team is to bring about a rapid resolution of the problem and prevent admission to hospital.

Crisis Resolution and Home Treatment (CRHT) Team – consists of mental health professionals with the aim of providing people with the most suitable, helpful and least restrictive treatment possible, in order to prevent or shorten hospital stays.

General Practitioner (GP) – the first point of contact with the NHS for most people. If more specialised treatment is needed, a GP can make a referral to secondary mental health services such as psychiatrists, inpatient hospital care or community mental health services.

Guardianship – where a local authority, friend or relative is appointed to make decisions on behalf of a person with a mental disorder in order to protect their welfare or that of other people. Guardians can require that a person lives in a certain place, has access to health professionals and attends appointments relating to their care and treatment.

Improving Access to Psychological Therapies (IAPT) – Improving Access to Psychological Therapies is an NHS programme offering psychological interventions for treating people with depression and anxiety disorders.

Independent Mental Health Advocates (IMHA) – the role of an IMHA is to provide information or help obtain advice on any rights that a person has under the Mental Health Act. Information on IMHAs and how to contact them should be given to a person if they are admitted to hospital or accepted into guardianship.

Mental Capacity Act (2005) – legislation aimed at protecting and providing a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Mental Health Act (1983) – legislation governing the compulsory admission and treatment of people with mental health problems in England and Wales. Most patients will be admitted to hospital as informal patients, which means that they have voluntarily agreed to go. Compulsory admission may be necessary when someone has such severe problems that they are a risk to their own health or the health or safety of others. The Act was amended In 2007.

Psychiatrist – a medically trained doctor who specialises in mental health problems and is trained to deal with the prevention, diagnosis and treatment of mental and emotional disorders and can prescribe medication.

Psychologist – a professional who is interested in how people think, how they act, react, interact and behave.

Sectioned – term used when someone is admitted, detained and treated in hospital against their wishes. The legal authority for admission to hospital comes from the Mental Health Act, usually because of an inability or unwillingness to consent. It refers to the use of a ‘section’ or paragraph from the Mental Health Act as the authority for detention. A better word is ‘detained’ as people are detained under the Mental Health Act. The paragraph or ‘section’ number is often used so a patient may be told they are on a section 2 or section 3.

Self-referral – allows individuals to refer themselves to services without the need of referral by GP, CMHT or other.

Service User – term to describe someone who uses or has used health services because of mental illness or a disability.



All Party Parliamentary Group on Mental Health

The secretariat for the All Party Parliamentary Group on Mental Health is provided by:

