

# Through their eyes

Service User Feedback of their experience being assessed  
under the MHO (1986) and the Role of the ASW

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# Context

Limited Research to date on Service Experience of being assessed under the MHO (1986).

- Limited Research on the role of an ASW within the Assessment Process

Similar studies have been conducted by:

- Blakely et al “Waiting for the verdict: the experience of being assessed under the MH Act, 2021”.
- Akther et al “Patients experiences of assessment and detention under mental health legislation; systematic review and qualitative meta-synthesis”, 2019.
- McGuinness et al “Individuals’ experiences of involuntary admissions and preserving control: qualitative study”, 2018.
- Murphy et al “Service Users Experiences of Involuntary Hospital Admission Under the MH Act 2001 in the Republic of Ireland”, 2017.

**However, other research in this area tends to focus more on service user experiences whilst an in-patient in psychiatric hospital**



# Methodology

A qualitative analysis was undertaken through the use of semi structured interviews with service users who were inpatients in psychiatric hospital within Belfast Trust.

- The questionnaires were co-designed with peer advocates.
- The interviews occurred within AMHIC.
- Service users were identified by staff and were given the option to partake in the interview.
- The interviews were recorded verbatim.
- The Survey occurred between October 2022 – October 2023.







## Demographics

- 62 Service users were approached
- 45 service users participated, 22 male and 23 female
- Ages ranged from 18-65 except two who were over 65
- One was from a mixed ethnic group

## Legal Status

- 26 remained detained at the time of survey

## Mental Health Involvement

- 33 have had previous experience of being assessed under the MHO
- 17 have been known to MH services for > 10 years
- 6 had no previous contact with MH services
- 6 had contact with MH services for < 1 year
- 5 had contact for 6-10 years
- 11 had involvement with MH for 1-5 years



# The study focused on 4 main Themes;

1. Recollection of the assessment process
2. The involvement of the ASW
3. Understanding the reason for admission
4. Patient Rights

# Theme 1: Recollection of the Assessment Process

**Findings: Study found that 29/45 Service Users (64%) recalled being assessed under the MHO.**

Research has indicated that service user's ability to recall assessments during involuntary admission is often impaired due to stress, anxiety, distress, MH symptoms or medication.

**Service User' Experiences of Involuntary Admission (Murphy et. al, 2017)** - Individuals felt disempowered and confused. Lack of clear explanations regarding their situation during admission process.

**Experiences of Involuntary Admission (McGuinness et. al, 2018)** - Poor communication/ feelings of loss of control contributed to confusion during assessments.

# Recollection of the ASW Assessment Process

"I have been assessed lots of times, it did help when the ASW explained all the options and I was able to make my own decision re hospital admission".

"I wasn't very well, I wanted to die. The doctor and ASW did talk to me, they spent time with me but I didn't want to speak to them. I threw my Rights at them."

"It would have been easier if I hadn't been sitting in A&E for hours waiting on a bed."



# Of those who do not recall the process, feedback included:



“I don’t remember anything because of the ECT”

“I wasn’t assessed, I didn’t meet an ASW”



“I remember a social worker and police officer, don’t remember anything else, didn’t know I was detained”

“I don’t remember anything, just being at the police station, I am mortified”



**Strategies to engage with Involuntary Clients (Al Ketbi et. al, 2022)** - importance of providing verbal and written explanations.



# Theme 2: The Involvement of the ASW

**Findings: Study found that 16/45 Service Users (36%) recalled the involvement of the ASW**

“This time it was a more positive experience. The ASW took her time and explained all the options.”

“I thought I was doing something wrong, I wasn’t able to make a sensible conversation - they were very nice, they were polite, they sat on my sofa and listened. It was a bit frightening as I knew I was under the weather.”

“I remember feeling listened to... ASW provided an explanation... I was treated with respect, there was nothing negative about the experience, The ASW couldn’t have done anymore, the ASW had it under control.”

“I recall this being a positive cathartic experience. It was a very nice experience, the ASW listened to me and took their time. I was in a lot of distress.”



**Research indicates the importance of being fully informed of the process and the outcome;**

**Blakely et al (2021)** - being more engaged and explicit with service users can increase feelings of involvement

**Predictors of Involuntary Patient's satisfaction with Care, Sigiura et al (2020), Service Users' Experiences of Involuntary Admission (Murphy et al, 2017)** - Promoting Human Rights and empowerment by actively involving service users in their care is supportive to more positive treatment outcomes.

**Experiences of Involuntary Admission (McGuinness et al, 2018)** - Humanising Care - an empathetic approach, flexible professionals who provide explanation and build trust that can enable the individual to be involved and participate in some aspect of the involuntary admission.



# Theme 3: Understanding the Reason for Admission

Findings – 33/45 participants (73%) demonstrated a good understanding of their admission to hospital.

**Experiences of Involuntary Admission (McGuinness et al (2018) & Service Users'**

**Experiences of Involuntary Admission (Murphy et al, 2017)** - Where service users have been excluded from the decision making process a sense of confusion and alienation is created.

**Predictors of Involuntary Patients' satisfaction with Care, Sigiura et al (2020) -**

Professionals assuming that service users would not understand their reasoning for admission.

These findings are in contrast to some of the previous research but this may be attributable to the timing of the interviews, the mental wellness of the participants, their levels of insight and a larger sample size than some of the previous studies.



# Levels of Understanding

“I was having dark thoughts, they are not pleasant. Being admitted into hospital was probably the right decision at that time.”

“The decision to go to hospital was taken from me as I was told I assaulted two PSNI officers.”

“I remember I was becoming very anxious, I was thinking people were going to harm me and I had thoughts that I would fight them back.”

“I was suicidal. I didn't want to live, I thought someone had taken my brain.”



# Levels of Understanding

Findings: 12/45 Participants (26%) demonstrated limited understanding of why they were admitted to psychiatric hospital.

"No - I am not unwell, I don't need to be in hospital. This is not a hospital, this is a Human Zoo"

"I still don't understand"

"Social Worker forced into my house, there is nothing wrong with me, no one listened to me"

"Hospital is not the right place for me, I have never been unwell and I am not unwell now"



# Levels of Understanding

Previous research has evidenced that in order to increase the individuals understanding of why they have been admitted to hospital the ASW should;

- Be open and transparent in communication
- Provide clear, person-centred explanations
- Engage and involve the individual

Predictors of Involuntary Patient's satisfaction with Care, Sigiura et al (2020)

Patients' experiences of assessment and detention under Mental Health Legislation, Akther et al (2019)

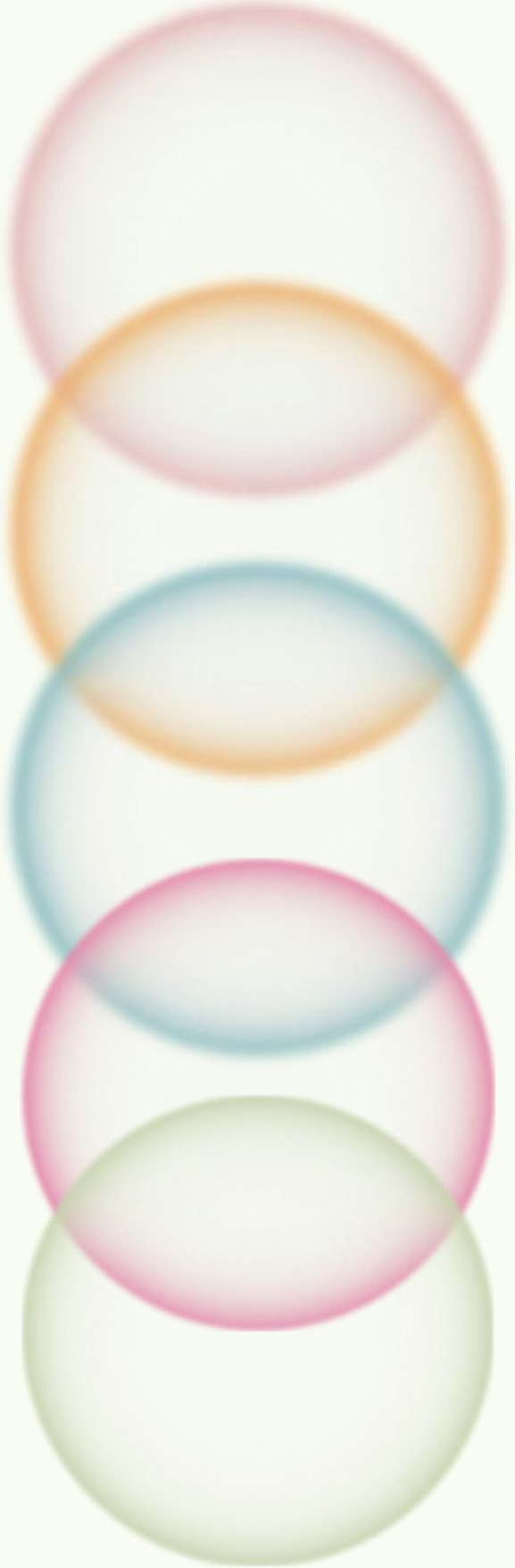
# Theme 4: Patient Rights

**Findings: 14/45 service users (31%) recall being given a copy of their rights.**

**Service Users' Experiences of Involuntary Admission (Murphy et al, 2017)** - Providing service users with clear information about their rights is critical to their empowerment during involuntary admissions. Lack of awareness of rights can create feelings of helplessness and frustration.

**Predictors of Involuntary Patients' satisfaction with Care, Sigiura et al (2020)** - Service users should be given both verbal and written information on their rights to aid understanding and improve outcomes.

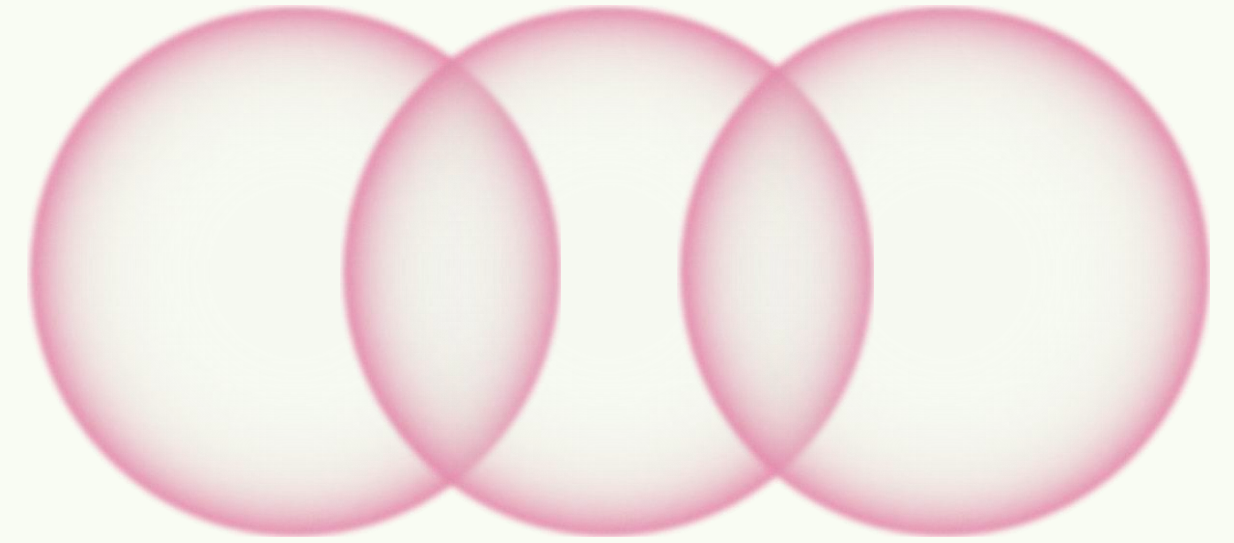




# Key recommendations from service user feedback (51% of participants)

- 1.Explanation
- 2.Listening and Understanding
- 3.Take Time
- 4.Provide Written Information
- 5.Admission wait times

# Recommendation 1 – Explanation

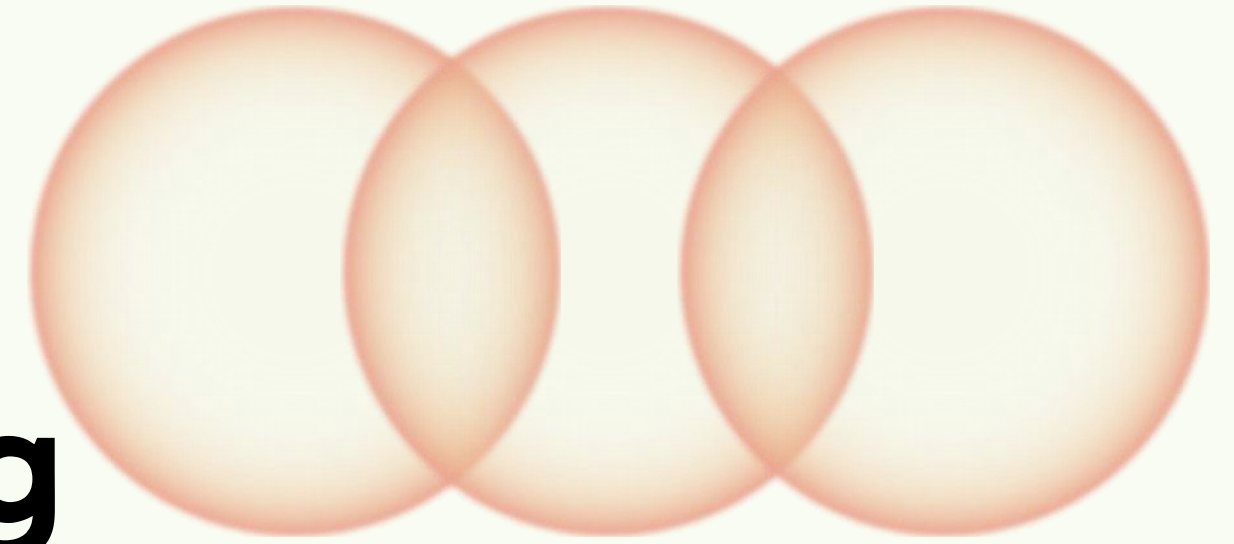


44% felt that explanation was important – explain what is happening, reason for involvement, ‘being truthful’ (service user)

1. ‘Humanising care’ (McGuinness et al 2018)  
eg empathic, flexible, genuine, acting out of concern
2. ‘Respect patient autonomy’ (Akther et al 2019)
3. ‘Gaining perspective’ through interactions



# Recommendation 2 – Listening and Understanding



13% stated they wanted to feel listened to and understood, 'not lip service' (service user)

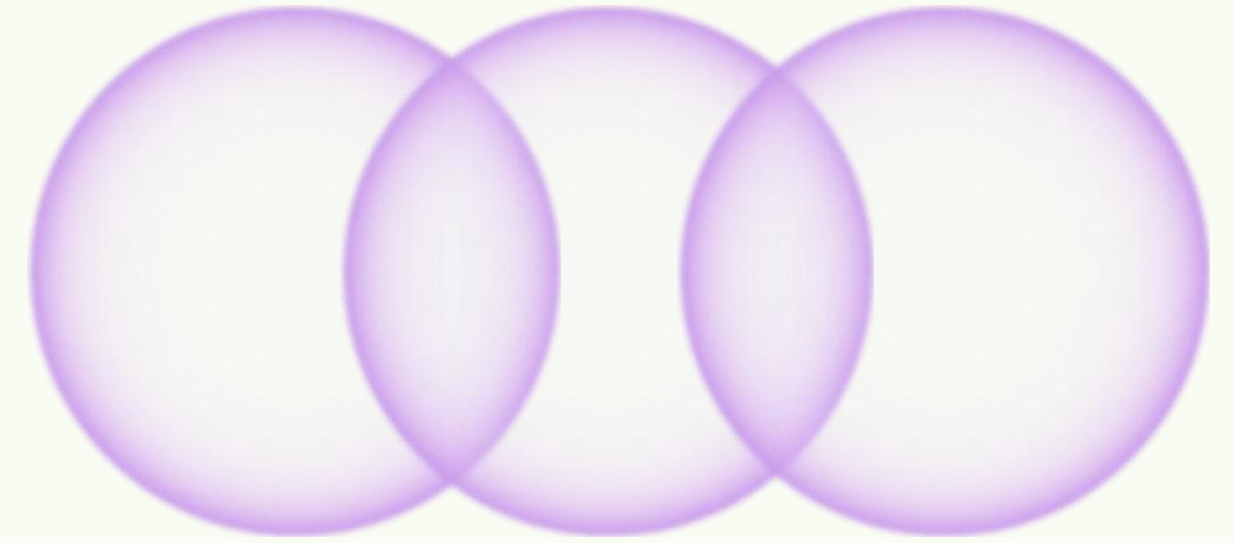
- **Open acknowledgement and discussion of persons' experience** – can mitigate traumatising nature of admission and induce increased acceptance of compulsory treatment, empowerment, and self-value self-worth (Murphy et al 2017, P1132).

- **Person-centred encounters**

eg 'transfer to hospital conducted in a calm and considerate manner, ...felt actively included, listened to, cared for...' (P1130) McGuinness et al 2018)



# Recommendation 3 – Take time



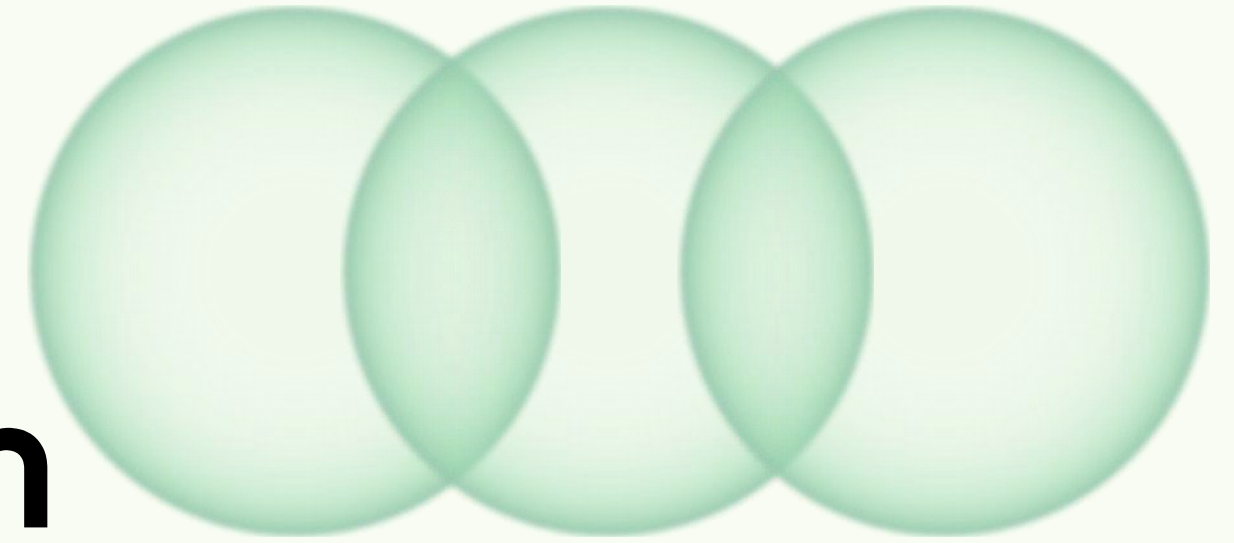
**13% of service users did not want to feel rushed, time to tell their story and explain version of events**

Building trust and rapport through empathy, effective communication and taking time to listen (Al Ketbi et al 2022)

## **Clinician skills should include;**

- Minimising coercive interactions
- Optimise control through sensitive interpersonal communication skills
- Develop more trauma informed care, trust, empathy (Akther et al 2019, McGuinness et al 2018)
- Sense of autonomy eg advanced crisis plan prior to discharge eg WRAP.

# Recommendation 4- Provide written information

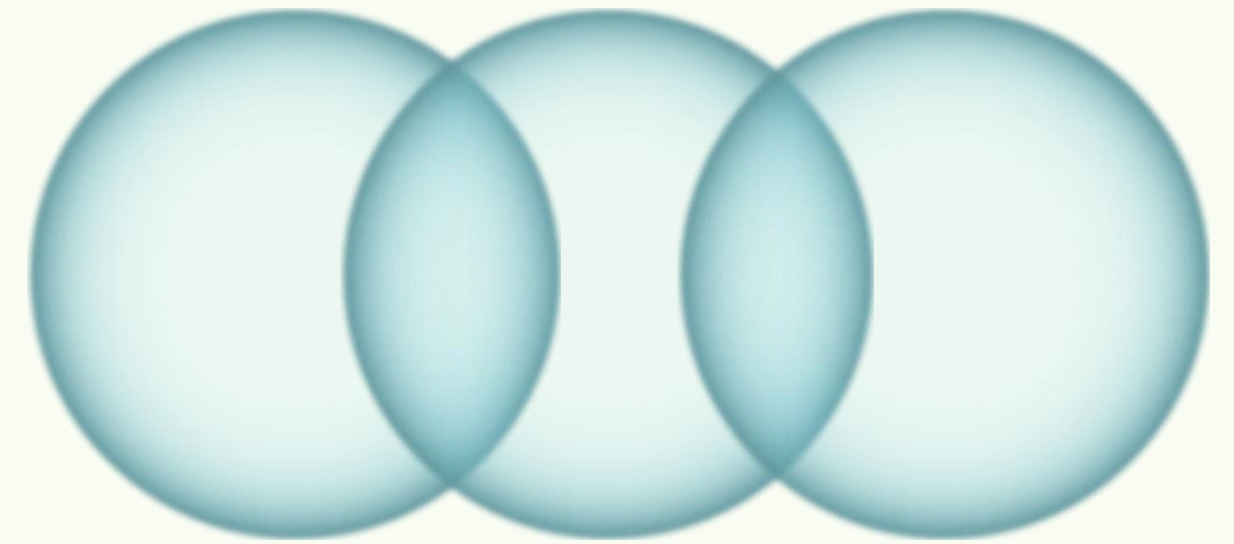


22% stated that providing written information in relation to forms and admission process would aid their understanding

- Service user empowerment can be increased by receiving appropriate information
- Inclusion of service users from BAME backgrounds in information design (Akther et al 2019)
- Perceptions of coercive interventions can depend on how these are delivered by staff (Murphy et al 2017)
- Co-production (Akther et al 2019)



# Recommendation 5 – Waiting time for admission



22% of participants stated that reduced waiting time for a bed would improve their overall experience

**Negative experiences** – frustration, fear, powerlessness, loss of autonomy and self-efficacy, lack of information and involvement in decision making. (McGuinness et al 2018).

Admission process can be extremely traumatic – can be influenced by:

- How the clinician initially **activates and implements** the involuntary admission procedure
- **Admission induced Trauma** ‘...panic, flash backs and nightmares about events that occurred during the transfer and admission process...’ (P. 1129, McGuinness et al 2018).
- How practitioners **relate** to the service user can be critical in shaping their overall experience.

# Reflections

Assessment under the Mental Health Order (1986) is more than just a legal process

A deeply personal encounter that can have lasting impact of a service users life

Good practice - empathy, taking the time to explain the process, and empowering the service user to contribute to the assessment



# Reflections

Continued  
professional  
development –  
importance of  
supervision and self-  
reflection

By listening to service users  
and learning from their stories;

- Improve our practice
- Uphold the principles of justice, respect, and compassion enshrined in both the legislation (MHO and HR)
- Professional code of conduct and practice (NISCC).

“People will forget what you said,  
people will forget what you did, but  
people will never forget how you made  
them feel.”

Maya Angelou

Thank You



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