**An Independent Mental Health Advocate (IMHA) is a specialist advocate, first introduced in 2007** under amendments to the 1983 Mental Health Act. The Act calls people who are eligible for IMHA **‘qualifying patients.’** Such people are legally entitled to an independent, confidential and free service. IMHAs have legal rights which are not available to other advocates. This means they can:

* meet qualifying patients in private
* consult with professionals concerned with the patient's care and treatment
* see any records relating to the patient's detention, treatment or after-care, for the purpose of providing help to the patient and where the patient consents
* access records where the patient lacks capacity to consent, if accessing the records is necessary to carry out the functions as an IMHA.

IMHAs must comply with reasonable requests to visit a qualifying patient if the request is made by the patient’s nearest relative, approved mental health practitioner or responsible clinician.

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| --- | --- | --- |
| **People do not have to accept help from an IMHA, and may change their mind at any time.** | | |
| **If client can tick one of the boxes, they should qualify for IMHA.**  Detained or liable to be detained under the Act  (excluding emergency sections such as 4 & 5)?  Subject to Community Treatment Order or conditionally discharged?  Subject to Guardianship?  Discussing the possibility of section 57 treatment?  Under 18 and considered for electro-convulsive therapy? | | **Summarise advocacy issue below:** |
| If no boxes are ticked, they may qualify for general or care act advocacy which have different criteria. Please continue to fill out the details below and summarise advocacy issue above. Alternatively call **0845 231 1900** to discuss. | | |
| **Date of referral** |  | |
| **Name of person requiring advocacy** |  | |
| **Home town and postcode** |  | |
| **Contact telephone/ email** |  | |
| **Name of referrer** |  | |
| **Referrer job title or relationship** |  | |
| **Referrer contact telephone/ email** |  | |
| **Does client pose risk to self/ others?** |  | |
| |  |  | | --- | --- | | **Client Monitoring Information** | | | **Current Location: (Please provide address below)** | Own home  Care / nursing home  Hospital  Supported living  Other | | **Ethnic Background** | Asian or Asian British Bangladeshi  Asian or Asian British Chinese  Asian or Asian British Indian  Asian or Asian British Pakistani  Other Asian or Asian British  Black or Black British African  Black or Black British Caribbean  Other Black or Black British  White British  White Gypsy / Traveller  White Irish  White Other | | **Gender** | Male  Female | | **Date of birth** |  | | **Disability/Vulnerability** |  | | **Caring Responsibility? Eg. children** |  | | | |  |
|  | | |

**COMPLETED FORM should be emailed to**: [devonadvocacy@livingoptions.org](mailto:devonadvocacy@livingoptions.org)

**Any queries please call 0845 231 1900**

**Data Protection** All records are kept in accordance with current Data Protection legislation.