

The experiences of services users, family members, carers and professionals of the use of the 'nearest relative' provisions in the compulsory detention and ongoing care of people under the Mental Health Act: a rapid systematic review

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Review question

The experiences of services users, family members, carers and professionals of the use of the 'nearest relative' provisions in the compulsory detention and ongoing care of people under the Mental Health Act

Searches

We will identify relevant studies by searching an appropriate selection of bibliographic databases and websites, and conducting forwards and backwards citation chasing of included studies.

The bibliographic database search strategy will be developed using MEDLINE (via Ovid) by an information specialist (SB) in consultation with the review team. The final search strategy will be translated for use in other bibliographic databases and will use both controlled headings (e.g. MeSH) and free-text (i.e. title and abstract) searching. Search terms will be objectively derived from the titles and abstracts of relevant studies identified in background searches, and will also include an appropriate selection of synonyms. The search results will be limited to English language publications in view of the UK focus of our review.

We will search the following bibliographic databases:

- MEDLINE (via Ovid)
- MEDLINE In-Process & Other Non-Indexed Citations (via Ovid)
- PsycINFO (via Ovid)
- Social Policy and Practice (via Ovid)
- HMIC (via Ovid)
- CINAHL (via EBSCO)
- ASSIA (via ProQuest)

A provisional search strategy for the MEDLINE bibliographic database can be seen below.

We will also search the websites of the following organisations using basic keyword searching, as permitted by the search interfaces of the websites:

- Centre for Mental Health
- Mental Health Alliance
- Mental Health Foundation
- Mind
- Rethink Mental Illness
- Royal College of Psychiatrists
- SANE
- Time to Change
- Young Minds

Forwards citation chasing of included studies will be conducted using Web of Science and Scopus. Backwards citation chasing will be conducted manually by consulting the reference lists of included studies and relevant reviews identified through the screening process.

Ovid MEDLINE:

1. (famil* or relative or relatives or relation*).tw.
2. (husband* or wife or wives or "civil partner*" or son* or daughter* or father* or mother* or grandparent*).tw.
3. ("named person*" or carer* or caregiver*).tw.
4. ("approved mental health professional*" or AMHP*).tw.
5. ("social worker*" or "occupational therapist*" or psychologist* or psychiatrist* or police).tw.
6. (nurse* adj3 ("mental health" or psychiatric or "learning disabilit*" or "occupational health")).tw.
7. exp Family/
8. Caregivers/
9. psychiatric nursing/
10. Social Workers/
11. occupational health nursing/
12. *Psychiatry/
13. or/1-12

14. ((involuntary or forced or compulsory) adj3 (admission* or hospitali?ation* or care)).tw.
15. ((sectioned or sectioning or detain* or detention) adj14 (mental* or psychiatr* or hospital*)).tw.
16. "Commitment of Mentally Ill"/
17. "mental health act".tw.
18. ("community treatment order*" or "supervised community treatment*").tw.
19. "mental health tribunal*".tw.
20. or/14-19
21. ((mental* or psychiatr*) adj3 (health* or care or ill or illness or disorder* or service*)).tw.
22. Mental Health/
23. exp Mental Disorders/
24. or/21-23
25. qualitative*.tw.
26. (interview* or experience* or view*).mp.
27. Qualitative Research/
28. ("focus group" or survey* or questionnaire*).tw.
29. Focus Groups/
30. "Surveys and Questionnaires"/
31. or/25-30
32. 13 and 20 and 24 and 31
33. limit 32 to english language

Types of study to be included

Include if:

Empirical studies, including studies based upon:

- Interviews
- Focus groups
- Questionnaire surveys

Data may be collected as part of a stand-alone study, or as part of a 'mixed methods' study design (e.g. involving other studies using different methods)

Exclude if:

- Blogs, social media posts
- Commentaries, opinion pieces and editorials
- Case studies
- Conference abstracts
- Case law

Condition or domain being studied

The Nearest Relative provision of the Mental Health Act (MHA) 1983

Participants/population

People detained under Section 2 or 3 of the MHA, their family and carers and the individuals involved with their care who work within the remit of the MHA.

Include if:

- An individual who has experience of being compulsorily detained under sections 2 or 3 of the MHA.
- A carer, family member, designated Nearest Relative, or any related professional, to include: health and social care professionals, Approved Mental Health Professionals (AMHP) (Community nurses, psychologists, occupational therapists and social workers), advocates and police

Exclude if:

- Individuals who have agreed to a voluntary admission and their carers, relatives and relevant professionals involved in their care
- Individuals with mental health difficulties in general, not leading to compulsory detention under the MHA

Intervention(s), exposure(s)

Experiences of, or attitudes towards, the application of the Nearest Relative provision of the MHA. This includes any experiences in relation to the involvement of relatives, carers or professionals in the care of or decisions about a compulsorily detained person.

Comparator(s)/control

Not applicable

Context

Detention must have been within the UK (i.e. legal jurisdictions of England, Wales, Scotland and Northern Ireland) only.

Primary outcome(s)

From the perspective of service users, family members, carers and relevant professionals:

- Explore experiences relating to the identification of the Nearest Relative in relation to the care of an individual who has been compulsorily detained under the MHA
- Explore the experiences of requesting displacement of the assigned Nearest Relative, including the process of going through a tribunal and issues associated with this, such as influences on ongoing care
- Explore issues related to decisions about care during detention and after discharge, including to a Community Treatment Order
- Explore issues related to service users having access to support from those carers and loved ones who they want to be involved with or informed about their care.
- Explore issues relating to patient confidentiality and information sharing, relating to all aspects of compulsory detention

Secondary outcome(s)

None

Data extraction (selection and coding)

Summary data will be extracted for each study by one reviewer and checked by a second reviewer. This data will include: first author, date of source, title of source, focus/aim of source, views of population group represented, sample size, data collection technique (e.g. survey, interviews, focus group), type of analysis performed, amount of data relevant to research question available (e.g. < half a page, 0.5-1 page, 1-2 pages), themes or ideas presented relevant to research question.

Risk of bias (quality) assessment

All studies which meet the inclusion criteria of the review will be ranked according to the amount and quality of data they contain which is relevant to the research question. This process will be conducted independently by two reviewers, with disagreements resolved through discussion. The studies containing the most high quality and relevant data, and preferably including the viewpoints of all stakeholder groups will be selected for inclusion in this review.

The quality of all studies selected for inclusion following purposive sampling will be appraised using the Wallace checklist (2004). All assessments will be performed by one reviewer and checked by a second, with disagreements settled by a third reviewer if necessary.

Strategy for data synthesis

Studies with over one page of data relevant to the research question will be quality appraised and eligible for further synthesis. If a framework synthesis approach is suitable to analyse the data, first and second order-construct data from the results section of each source will be extracted into a framework developed by the reviewers. Our initial framework will be based upon our 5 research questions. This information will be used to prioritise the studies according to: the amount of data relevant to research questions, the number of research questions the data from each study contributes towards and the range of perspectives provided in each study. This prioritisation process will be used to identify two studies with the most data relevant to the research questions; one focusing on the views of participants in England, the other participants in Scotland. We will then use thematic analysis to develop a more detailed framework to apply to the remaining study. This framework will be revised using an inductive iterative process to ensure that ideas within the included studies that are not represented by the initial framework are captured.

The summary data for studies with less than a page of data relevant to the research question will be summarised and presented in tables and figures within the results section of the report.

Analysis of subgroups or subsets

The level of synthesis permissible will be dictated by the level of evidence identified, how similar it is in methods and focus, and the time available.

Our preliminary plan for evidence synthesis consists of producing a map of the available evidence pertaining to our research question(s) OR performing a framework synthesis.

Contact details for further information

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Organisational affiliation of the review

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<http://medicine.exeter.ac.uk/esmi/workstreams/exeterhsdrevidecencesynthesiscentre/>

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16 January 2018

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06 March 2018

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Health Services & Delivery Research (HS&DR) programme

Conflicts of interest

None known

Language

(there is not an English language summary)

Country

England

Stage of review

Review_Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Caregivers; Family; Humans; Mental Disorders; Mental Health

Date of registration in PROSPERO

08 February 2018

Date of publication of this version

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Details of any existing review of the same topic by the same authors

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	Yes
Piloting of the study selection process	Yes	Yes
Formal screening of search results against eligibility criteria	Yes	Yes
Data extraction	Yes	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

Versions

08 February 2018

PROSPERO

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