Origami Group

MENTAL HEALTH ACT POLICY

Clinical Psychology & Employee Wellbeing Practice

1. Policy Statement

At the Origami Group we are committed to delivering safe, ethical, and legally compliant services that respect the rights, dignity, and mental health needs of all clients. While we do not have powers to detain or treat individuals under the Mental Health Act 1983 (as amended in 2007), we recognise our professional duty to act in accordance with its principles when encountering clients who may be severely unwell or at risk.

This policy sets out how our practice responds when concerns arise that may involve the Mental Health Act (MHA), ensuring that staff act competently, compassionately, and in collaboration with relevant statutory services.

2. Purpose of the Policy

This policy aims to:

Provide guidance on how to recognise and respond to clients who may be experiencing mental health crises requiring statutory intervention.

- Clarify the role of psychotherapists and wellbeing practitioners in relation to the MHA.
- Ensure that decisions are made with sensitivity to therapeutic boundaries, confidentiality, and human rights.
- Outline procedures for escalation, communication, and referral.
- Promote psychological safety for both clients and staff in potentially high-risk situations.

3. Legal and Ethical Framework

This policy is informed by:

- **Mental Health Act 1983 (Amended 2007)**
- **Mental Capacity Act 2005**
- **Human Rights Act 1998**
- **Care Act 2014**
- **Equality Act 2010**
- **Data Protection Act 2018 (UK GDPR)**
- **Professional Codes (e.g. BACP, UKCP, HCPC)**

We also refer to the Government's current reform proposals to ensure we are in step with best practice and upcoming changes.

4. Scope

This policy applies to all:

- Therapists, clinical psychologists, and wellbeing practitioners
- Supervisors and clinical directors
- Administrative and client liaison staff
- Clients receiving psychotherapy, coaching, or wellbeing services (in-person or remote)

5. Understanding the Mental Health Act (MHA)

The **Mental Health Act 1983** allows for the **detention, assessment, and treatment** of individuals with serious mental health conditions, in certain circumstances, often when they pose a risk to themselves or others.

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Key concepts for non-medical professionals:

- Only approved professionals (AMHPs, psychiatrists) can initiate detention under the MHA.
- Clients must meet specific **legal and clinical criteria** to be detained (e.g., risk of harm, lack of insight).
- **Section 2** allows for assessment (up to 28 days); **Section 3** allows for treatment (up to 6 months).
- A therapist's role is not to diagnose or detain, but to **recognise when to refer** and share relevant concerns responsibly.

6. Role of the Origami Group Practitioners

Therapists and wellbeing professionals:

- **Do not have legal powers** to detain or diagnose under the MHA.
- Are **obliged to raise concerns** when a client appears to lack mental capacity or is at significant risk of harm.
- Must act in line with their **duty of care**, ethical code, and safeguarding responsibilities.
- May act as a **first point of concern**, offering early identification, support, and referral.
- Must respect the client's autonomy, human rights, and confidentiality unless there is a legitimate legal or safety basis for disclosure.

7. Identifying When MHA-Related Action May Be Needed

Therapists may become concerned when a client:

- Is experiencing severe psychosis, delusions, or hallucinations
- Expresses a **high and immediate risk of suicide or self-harm**
- Is **unable to function**, maintain personal safety, or meet basic needs
- Poses a **threat to others** (e.g., violence, aggression)
- Is severely disorganised or cognitively impaired (possibly lacking capacity)
- Has ceased essential treatment for a serious mental health condition (e.g., bipolar disorder, schizophrenia)

In these instances, therapists must balance **clinical judgment** with an understanding of the **legal thresholds** for escalation.

8. Immediate Response Procedures

If you suspect that a client may meet criteria for Mental Health Act assessment:

a. Risk Assessment and Clinical Review

- Conduct a risk assessment (including suicide/self-harm ideation, plans, means).
- Review recent history, behaviour, and disclosures.
- Consult with a clinical supervisor or DSL immediately.

b. Emergency Action (if immediate risk)

- If the client is in **immediate danger** (e.g., active suicide attempt, significant threat to others):
    - Call **999** and request **police or ambulance** support.
    - Clearly state the mental health concern and risk.
    - Inform the **Designated Safeguarding Lead (DSL)** and record the incident.

c. Non-Emergency Referral

- Where risk is present but not immediate, contact the client's **GP, Community Mental Health Team (CMHT) or crisis team** (with consent where possible).

- Encourage the client to seek urgent assessment and offer to support the referral.
- If appropriate and proportionate, share relevant information in line with confidentiality and safeguarding policies.

9. Confidentiality and Information Sharing

Confidentiality is critical in therapeutic work. However, it may be overridden:

- Where the client is at **serious risk of harm** to self or others.
- When the client **lacks mental capacity** to make informed decisions.
- When the disclosure is in the **public interest** or required by law.

All disclosures should be:

- **Proportionate** – sharing only what is necessary.
- **Documented** – with details of what was shared, why, and with whom.
- **Informed** – the client should be told unless doing so would increase risk.

10. Staff Support and Clinical Supervision

Responding to mental health crises can be emotionally demanding. Staff must:

- Record incidents accurately and debrief with a clinical supervisor
- Access further clinical consultation if needed
- Request personal support through our employee wellbeing resources or EAP (if applicable)
- Engage in reflective practice and trauma-informed supervision

11. Training and Competence

All clinical staff must:

- Complete **annual training** in suicide risk management, safeguarding, and responding to mental health crises
- Understand the fundamentals of the Mental Health Act and Mental Capacity Act
- Receive regular **clinical supervision** with safeguarding and MHA considerations included

Administrative and non-clinical staff should have awareness-level safeguarding and mental health training to know when to escalate concerns.

12. Record Keeping

- All concerns involving potential MHA escalation must be **documented clearly** and stored securely.
- Include: risk assessments, consultations, referrals made, information shared, and client communication.
- Records should be stored according to our **data protection policy** and retained for a minimum of **7 years**.

13. Review and Policy Governance

This policy will be reviewed:

- **Annually**, or
- Following a significant incident or legislative change

Policy Version: 1.0
Approved by: Amy Stoddard-Ajayi
Role: CEO and Founder

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Date of Approval: 07/07/2025
Next Review Due: 07/07/2026

14. Key Contacts

- **Designated Safeguarding Lead (DSL):** Amy Stoddard-Ajayi
- **Emergency Services (Police/Ambulance):** 999
- **Mental Health Helplines:**
    - Samaritans: 116 123
    - Mind: 0300 123 3393
    - NHS 111 Option 2 (Mental Health Support)