

Triangle of Care – A Professional Perspective Summary of Responses



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Introduction

The Communication and Engagement Advisory Group (the Group) is part of the Scottish Mental Health Law Review (the Review).¹ It advises the Review on issues dealing with communication and engagement processes with people with lived experience, unpaid carers and mental health practitioners.

The Group decided to carry out a survey of mental health practitioners. The aim was to find out what they knew about engaging with carers and the role they should play in this process. This report sets out the reasons the group felt this work was needed and the findings of the survey itself. The sample is self-selecting and relatively small. However, the findings do highlight a concerning lack of awareness and training about carers rights among mental health practitioners. They also suggest a greater confidence among practitioners in identifying carers and involving them in care and decision-making than is commonly reported to be the case by carers.

In this report 'carer' refers to someone, of any age, who provides unpaid support to a family member or friend. This might be parents, partners, grandparents, children, brothers, sisters, friends or neighbours.

The Group hopes this report can help the Review make recommendations which will lead to improvements in identifying and working with carers as equal partners in care.

¹More information on the Review's work can be found at:
<https://mentalhealthlawreview.scot/>

Background

In February 2020, the Review launched a public consultation. It asked people to share their experiences of mental health law in Scotland. An analysis of the responses was published in July 2020.² A common thread in the responses from carers was the difficulties they had trying to communicate and engage with mental health practitioners. People with lived experience were also distressed at the lack of involvement and/or communication with carers even when they had given their consent to share information.

Many carers felt 'left-out', 'ignored', and 'under-valued'. One carer said they were not kept informed about their family member's admission or discharge and received little support overall. Another commented:

Unless people have the courage to challenge professionals, they will act according to what they, as professionals, consider is best, and this is not necessarily in the adult's interest.

The Group was concerned as the responses indicated poor levels of engagement between mental health practitioners and carers. In many situations the carer is the most constant person in someone's life. It is the carer who knows that person when they are free from mental illness. They are the person who can best tell when the person starts to show signs of deteriorating mental health. As one person explained:

I know my husband so well and I can tell from tiny little changes in him that his mental health is being affected.

Adding to the Group's concern were the responses that highlighted that many people with lived experience and their carers are not being made aware of their rights. This includes their rights under our mental health legislation, and more broadly within a human rights context. Many people specifically raised concerns about access to advocacy.

The Group felt it needed more information in two areas. First, it wanted to check what resources or tools are available to help mental health practitioners identify and engage with people with lived experience and carers in more substantial ways. Second, it wanted to send out a survey to mental health practitioners to

² See the Review's *Summary of the Responses to the Consultation* (2020) report at: <https://mentalhealthlawreview.scot/workstreams/summary-of-the-responses-to-the-consultation/>

gain a greater understanding of their perspectives around engagement with carers.

The rest of this report sets out the information that the Group gathered as a result of these steps and its initial thoughts about the information.

Professional Resources

The Group identified two main resources available to support mental health practitioners to work alongside people with lived experience and carers in meaningful ways.

Equal Partners in Care³ is an online training course, designed with input from carers, for practitioners to raise awareness of carers. The Triangle of Care is a resource developed by mental health carers initially in England. It has now been adapted for use within mental health services in Scotland.⁴

In the Review's Interim Report in December 2020, the Group made the commitment to find out from practitioners what they knew about Triangle of Care and of carers in general.⁵

The Triangle of Care is a therapeutic alliance between service user, carer and practitioner. It is based on six standards. Mental health services are able to assess how they engage with carers using a self-assessment tool. Where there are gaps in such engagement (identified by the self-assessment process) an action plan is created to detail ways of filling such gaps.

The six standards are:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are 'carer aware' and trained in carer engagement strategies.
3. Policy and practice protocols re: confidentiality and sharing information, are in place.

³More information about Equal Partners in Care is available here: [Equal Partners in Care | Turas | Learn \(nhs.scot\)](#)

⁴See *Triangle of Care: Carers Included: A Guide to Best Practice in Mental Health Care in Scotland*, Carers Trust Scotland, 2019. Available at: [Triangle of Care: A Guide to Best Practice in Mental Health Care in Scotland - Resources - Carers Trust](#)

⁵See the Review's Interim Report - December 2020 available at: [Scottish Mental Health Law Review Interim Report - December 2020 | Scottish Mental Health Law Review](#)

4. Defined post(s) responsible for carers are in place.
5. A carer introduction to the service and staff is available, along with a relevant range of information across the care pathway.
6. A range of carers support services is available.

The Practitioner's survey

Many carers who responded to the Review's consultation said that they did not feel listened to by mental health professionals. The Group wanted to also understand more about how professionals viewed their engagement with carers. In October 2020, they agreed that a short survey should be developed to find out how staff felt they worked with carers. A copy of the survey can be found at [Annex A](#).

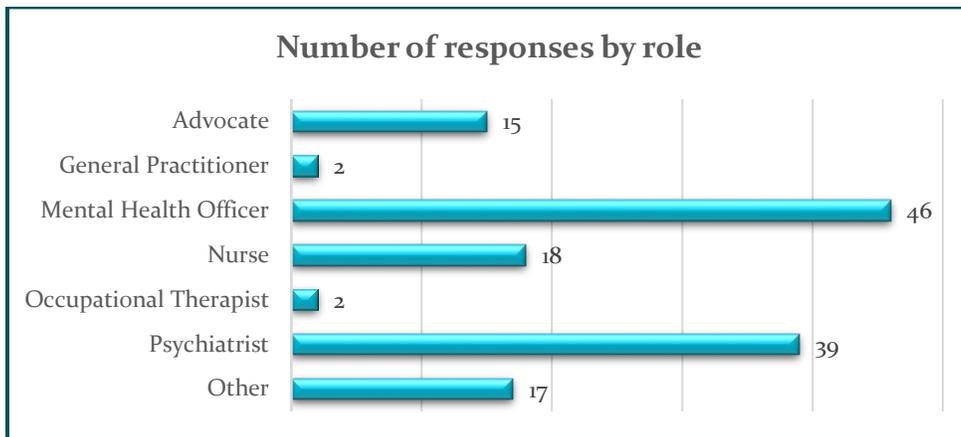
The Group wanted to reach as many mental health practitioners as possible. The survey was sent out via Royal College of Psychiatrists; Mental Health Nurse Forum; Mental Health Officers Forum; Scottish Independent Advocacy Alliance and Allied Health Professionals Forum. The survey ran throughout January and February 2021.

This section of the report highlights some of the main findings from the survey and the Group's responses to them.

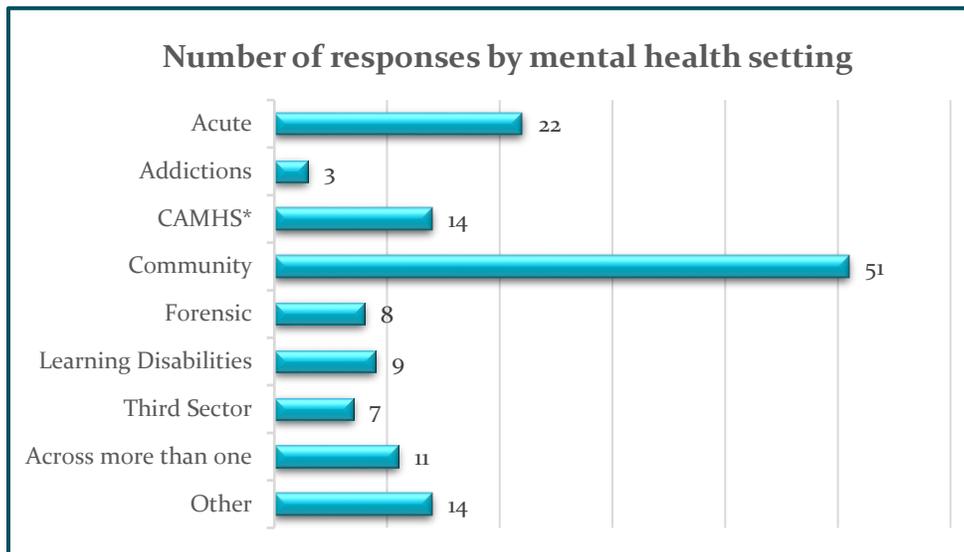
Who responded?

There were 139 mental health practitioners who completed the survey. They were asked what role they had in the mental health system. They were also asked which part of the mental health system they worked in.

One third (33%) of the people who responded to the survey were Mental Health Officers. Over a quarter (28%) were psychiatrists. The graph on following page gives more detail on the roles of the people who responded to the survey.



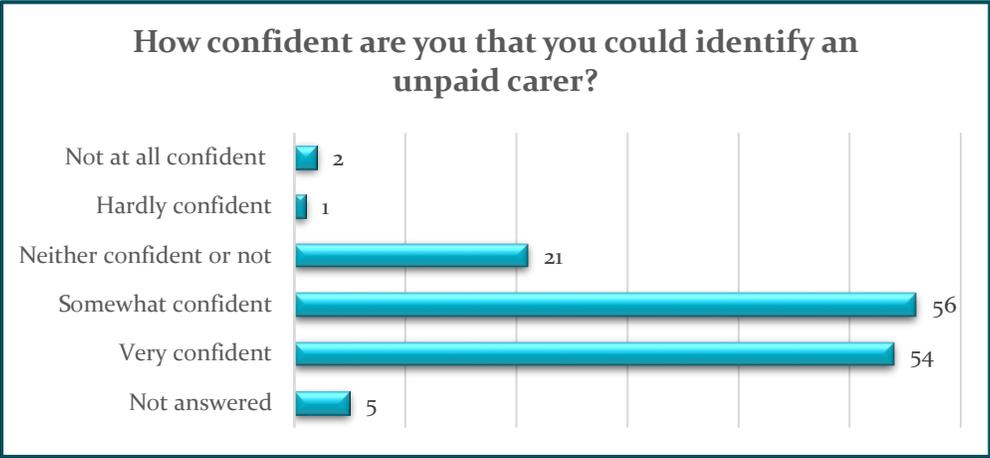
The people who responded worked in a wide range of mental health settings. The largest number of people said that they worked in community services. Eleven people (8%) said they worked in more than one part of the mental health system. The graph below sets out which parts people worked in.



*Child and Adolescent Mental Health Services

Levels of confidence in identifying carers

The survey asked how confident people were that they could identify a carer. They were asked to rate their confidence level on a scale of 1 – 5. Most people (79%) felt they were ‘somewhat’ or very ‘confident’ they could do so. The graph on the next page provides more detail.



The Group was pleased to see these high levels of confidence. However, they noted that they did not sit easily with the evidence the Review had heard from carers during its consultation. Carers had spoken of not being identified or routinely involved in the care of the person they provide informal care to. These issues around identification and communication were consistently raised as areas of concern for carers.

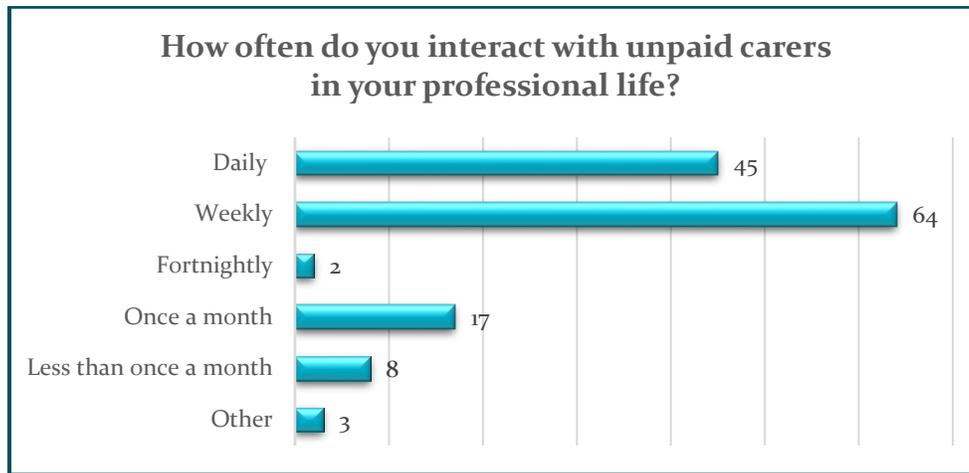
The Group reflected on the high levels of confidence of staff in the face of the evidence already received from carers. They noted:

- That the survey question only asked whether practitioners could identify carers. It did not explore what they did with this information or the quality of any following communication with the carer.
- One third of people who responded were Mental Health Officers. 85% of them rated felt 'somewhat' or 'very' confident in identifying carers. The Group wondered whether the levels of confidence in this group related to the check they needed to make about any Named Person.
- The Group felt it was more common for staff in learning disability or older people's services to work with families and carers in these services. Eight of the nine people working in Learning Disability Services (89%) did report high levels of confidence.

Frequency of interaction with carers

The survey asked how often people interacted with carers. Nearly half (46%) said they had weekly interactions. Nearly a third (32%) said they had daily

interactions. The graph below gives a breakdown of the responses to this question.



The Group were encouraged by these results. For example, over three quarters of psychiatrists (79%) stated that they had weekly contact with carers. However, again the Group considered the positive figures were at odds with the common experiences of lack of contact reported by carers or people with lived experience during the Review’s initial consultation – and with the experience of the Group itself. Carer experiences tended to more often reflect the one survey response that said that

[‘professionals hardly consult/speak to carers’](#).

There were indications that the frequency of interactions with carers may be influenced by where people work. For example, two thirds of people (67%) working in Learning Disability Services and over half of people (57%) working in Child and Adolescent Mental Health Services reported daily interactions. A much smaller proportion of the people working solely in acute settings (14%) or forensic settings (13%) reported these levels. The group wondered whether these differences may reflect the nature of such settings. For example, busy wards may mean less time for staff to spend with carers, and forensic settings may mean that carers have to travel distances to visit so are not seen as frequently.

The Group reflected that the survey asked only about the frequency of interaction professionals were having. It did not ask about the type of interactions being made or in what circumstances. Reports of daily or weekly interactions, for example, suggested to the Group that contact is routinely being made out with the more formal multi-disciplinary meetings or discharge planning meetings which occur less frequently. The Group also wondered whether COVID restrictions had any impact on the levels of frequency reported.

Awareness of carers' rights

The survey asked people whether they had received any carer awareness training in the last 5 years. Over half of the people (60%) said they had not. Mental Health Officers were the only group where more than half said they had received training (59%). The graph below shows how people in different roles answered this question.



* Two psychiatrists did not answer this question

Some people said that they did not feel they needed to do any training as their work did not routinely involve carers. Nor is carer awareness training mandatory.

The Group was concerned that the majority of people had no recent carer awareness training. The Group considered that a lack of such training can lead

to carers not receiving the support or information they need. This in turn can slow the recovery of the person they are caring for.

The survey also asked people about their awareness of the Carers (Scotland) Act 2016 (the Act) and how it informed their day-to-day work. Only half of the people (50%) said they were aware of the Act and/or gave examples of how it informed their day-to-day work.

Table 1: Percentage of respondents by role who were aware of the Carers (Scotland) Act 2016.

Mental health role	% who were aware of the Carers (Scotland) Act 2016
Advocate	40%
General Practitioner*	0%
Mental Health Officer	11%
Nurse	67%
Occupational Therapist*	50%
Psychiatrist	79%
Others	76%

*The percentage for this group is based on only 2 responses.

A number of people who said they were aware of the Act referred to it giving carers the right to a 'Carers Assessment'. However, the Act replaced 'Carer Assessments' with 'Adult Carer Support Plans' and 'Young Carer Statements'. This is important because these are not assessments. They allow carers to identify the needs to allow them to continue caring or not. The Group felt that the use of this terminology may indicate that some people are not as up to date with the legislation as they think.

People also mentioned that the Act places a duty on them to signpost carers to carer support organizations. One person highlighted the tension that can arise between what carers need and the resources available.

There is a huge burden on unpaid informal carers and in reality, little in the way of meaningful supports to offer [...] There can be a tension for example in terms of what a carer may need from a situation and what health services are resourced and skilled to provide.

Only four people referred to the duty of health boards, where practicable, to involve carers in discharge processes.

Overall, the Group felt that these responses showed more work needs to be done around awareness of carers and their rights among mental health practitioners. It was interesting to see this need given that there is an online training resource for staff, Equal Partners in Care.⁶ This resource was developed by NHS Education for Scotland, the Scottish Social Services Council and carer organisations. There was also funding to promote this resource widely.

In addition, Standard Two of Triangle of Care is about the need for all staff to be 'carer aware'.⁷ The results raise concerns that Triangle of Care is not being routinely implemented and/or that this standard is not being achieved by some professionals.

Involving carers in care plans

The survey asked how people engaged carers when creating care plans for a person. Many of the responses referred to the engagement they did with carers only, 'if the patient consented'. This did not seem to be as great a concern however if the carer was also the Named Person and the patient was subject to Mental Health Act. If a person lacked capacity to consent to carers being involved staff seemed more inclined to gather information from carers.

There was less mention of staff listening to carers, even when consent had not been given. A few people did say it was helpful to seek information from a carer even if consent has been withheld:

A carer's perspective is important, and information can be obtained even if a patient expressly requests that information is not shared.

An individual may not wish their information to be shared however staff should accept information from them to prevent missed opportunities.

⁶ More information about Equal Partners in Care is available here: [Equal Partners in Care | Turas | Learn \(nhs.scot\)](#)

⁷ More information about the Triangle of Care can be found here: [Triangle of Care: A Guide to Best Practice in Mental Health Care in Scotland - Resources - Carers Trust](#)

This is in line with the guidance issued by several agencies, including the Mental Welfare Commission on this issue.⁸ These state that staff can listen to a carer's concerns, views or opinion even if a patient has not provided consent as long as no information is shared about the patient which would breach patient confidentiality.

People had a good understanding of the need to hear from carers when creating a care plan for someone. Responses showed that many people looked to involve them as much as possible, where consent had been given. Examples people gave of how they involved carers included:

- invite them to multi-disciplinary meetings.
- share, discuss and involve them in assessments and plans.
- involve them in discharge planning meetings.
- routine enquiry into carers (named person or next of kin) as standing item at inpatient care plan reviews.
- ask what emotional support carers and families need.

Benefits and barriers to carer involvement

The survey asked questions around involving carers in care planning and discharge planning, and the barriers to meaningful engagement with carers. It also asked people if they thought there was anything mental health professionals could do to support carers more effectively. This final section of the report gives example of the types of responses people gave.

The value of carers was highlighted in many responses. People spoke about the benefits that working alongside carers brought. Below are a number of examples of the positive comments that were made.

The carer is likely to be key to the recovery of an individual.

The carer often knows the person when well and unwell and can identify the signs of a relapse when it is in the early stages, and at a time when early intervention can prevent a further deterioration.

I view this relationship as equal participants. The individual and carer being the experts in their situation.

⁸ See the Mental Welfare Commission's, *Good Practice Guide: Carers and Confidentiality (2018)* at : [2018 update carers confidentiality final draft 16 oct 2018.pdf](https://www.mwscot.org.uk/2018-update-carers-confidentiality-final-draft-16-oct-2018.pdf) ([mwscot.org.uk](https://www.mwscot.org.uk))

Discharge home will likely fail if adequate support is not put in place for carers.

There is no point in doing a care and/or discharge plan without carers' views and concerns being taken into account.

People explained what they saw to be some of the barriers to effectively engaging with carers that people identified. They also suggested things that mental health professionals could do to support carers more effectively. The tables on the next two pages give an idea of what types of issues and ideas people shared.

Table 2: Barriers to engaging with carers

Barriers to engaging with carers	
Theme	Barriers
Sharing information	<ul style="list-style-type: none"> • Patient withholding consent. • Poor relationship between patient and carer. • Poor relationships between staff and carers. • Not understanding the role of carer. • Differing patient and carer views. • Fear of saying wrong thing.
Identifying carers	<ul style="list-style-type: none"> • Short stays can limit time to identify or involve carers • People not seeing themselves as carers. • Dealing with misconceptions of carers held by other team members. • No thought to whether any children or young people could be providing unpaid care
Involving carers/seeking carer views	<ul style="list-style-type: none"> • Overbearing carers who do not follow care plans. • Carers obstructing clinical decisions or not being on board with them. • Unrealistic expectations of the care that can be provided. • Carers' loss of faith in services. • COVID restricted carers visiting wards removing this chance to talk with them. • Other professionals' discriminatory attitudes towards carers. • Poor experiences of working with carers in past.

Table 3: How mental health professionals could support carers more effectively

How mental health professionals could support carers more effectively	
Theme	Suggestions
Sharing information	<ul style="list-style-type: none"> • Identify when patient is well and ask about sharing information. • Helpful to begin these discussions at the admission stage. • Ensure carers know their rights. • Ensure carers have opportunities to be involved in MDT meetings. • Find out if carer is also guardian/power of attorney and what they specify. • Ensure policies and procedures are in place for confidentiality and sharing information. • Explain to carers that some information cannot be shared.
Identifying, involving and supporting carers	<ul style="list-style-type: none"> • Raising awareness of carers of all ages. • Listen and respect the views of carers. • Treat carers with respect and acknowledge their expertise. • Have more time in appointments to speak with carers. • Have more discussions with patients around the support they need. • More training about carers and how to involve them. • Keep up to date with carer networks. • Signpost to carer organisations. • Awareness of Carer Advocacy. • Awareness of role of young and young adult carers

Conclusion

The Group recognised that the size and self-selecting nature of the survey’s sample has its limitations. However, they felt the results did highlight that

significant work remains to be done around the role of carers. The survey responses raise concerns about a lack of awareness and training on carers and their rights among mental health practitioners. They also suggest that practitioners' perspectives on their confidence in identifying carers and involving them in care and decision-making may be different from the perspectives of carers.

Work still needs to be done to meaningfully engage with carers to help and support the care and treatment of the person being cared for. The Group were heartened that some responses showed an appreciation of the value of involving carers. However, carers commonly report feeling insignificant and undervalued when it comes to their engagement with mental health services. Working in partnership with carers is often cited as a recommendation in reviews and enquiries. In many cases, such involvement could have prevented a serious incident happening or a deterioration in a person's mental health.

Greater understanding of the rights of carers to be involved could help bring about greater partnership working between services, carers and those with lived experience. This is especially important at times of transition and discharge. Such a change does not require large investments of money. It needs a willingness of staff to engage with carers and carer support organisations. And, where carer awareness training has worked well, is when it is rolled out to all staff regardless of role.

Understanding policies and protocols around communication and information sharing are also required. Guidance is widely available for practitioners to help them share information, especially if no consent given. Removing some of the barriers around engaging with carers can go a long way to ensuring positive outcomes for all involved, but especially for the person with lived experience.



The Triangle of Care - A Professional Perspective

In response to the first consultation of the review, many carers indicated that they did not feel listened to when determining the care and treatment for the person they cared for. Furthermore, they felt that their relationship with the professional providing care and treatment was not conducive to treating the patient in a way which afforded them their wills and preferences. We would like to understand this from a professional perspective to determine whether there is anything we can do to improve things in this area. To this end we would be grateful if you could complete the following questionnaire in as much detail as possible.

1. How confident are you that you could identify an unpaid carer?

Not at all confident 1 - 5 Very confident

2. How often do you interact with unpaid carers in your professional life? (A carer is someone, of any age, who provides unpaid support to a family member or friend. This might be parents, spouses, grandparents, daughters, sons, brothers, sisters, partners, friends or neighbours.)

Daily

Weekly

Once a month

Less than once a month

3. Have you received any carer awareness training in the last 5 years?

Yes

No

4. Are you aware of how the Carers (Scotland) Act 2016 informs your day to day work? If the answer to this question is yes please use the text box below to provide a description.

5. The Mental Health Act Code of Practice advises practitioners on sharing information with a patient's carer. Which of the following do you think is included in this?

1) It is not advisable to share any information with carers

2) The patient must have given consent for information to be shared

3) You can only share information if the patient is unable to give consent

4) I don't see any benefit in sharing information with carers

6. In the box below, please describe how you engage with carers when creating a proposed care plan for the patient? (if applicable)

7. In the box below, please describe how you involve carers in the discharge planning of patients?

8. In your experience, what benefits, if any, would there be in involving carers in a person's care plan and/or discharge plan? Feel free to give an anonymous example if you wish.

9. How does your involvement with a carer and the sharing of information alter if there is a guardianship order in place?

10. In your experience, what are the biggest barriers to engaging with carers regarding the care and treatment of the individual they care for?

11. Are there any policies in relation to confidentiality that restrict you from sharing information with carers that you feel would be useful?

12. In your view, what is a best practice approach to respecting patient confidentiality and sharing information with the person's carer(s)?

13. In your view, is there anything which mental health professionals could do to support carers more effectively?

14. Please choose your role from the list below

- Nurse
- GP
- Psychiatrist
- Psychologist
- Occupational Therapist
- Mental Health Officer
- Advocate
- Community practice nurse
- Other Health Professional (Please detail)

15. Please indicate which setting best describes where your role sits?

- Community
- Acute Setting
- Third Sector
- Addictions
- CAMHS
- Learning Disabilities
- Forensic Services
- Other setting

Thank you for taking the time to complete this questionnaire. Please return to secretariat@smhlr.scot.