A CODE OF GOOD PRACTICE FOR MEETINGS WITH SERVICE USERS
(eg Ward Rounds and CPA Meetings)

This Code is for the benefit both of mental health service users and their multi-disciplinary support teams. It sets out the conditions necessary for an atmosphere of care and respect to flourish.

The Code applies to all multi-disciplinary meetings, ie ward rounds, Section 117 meetings, CPA meetings. Since CPA meetings usually take place in the community and the term "service user" is now widely accepted for people with mental health problems living in the community, the code will use that term throughout. For people in hospital the term "patient" would of course apply.

PREPARATION FOR THE MEETING

Thought should be given at all times to the service user's comfort and dignity.

The Primary Nurse/Key worker should explain beforehand what the meeting is for. The service user's right to confidentiality should also be explained.

It should be made clear that a service user's attendance at a CPA meeting or ward round is <u>voluntary</u>.

> Service users may choose instead to meet one of the professionals involved in the team, either beforehand or afterwards.

> Service users should also have the opportunity to see that professional in a different setting if they so choose.

> On the other hand, if a service user is not admitted to to his/her ward round or CPA meeting, the reasons for this should be given.

PEOPLE PRESENT

Professionals : the number of professionals present should be kept to a strict minimum - say, three or four. All workers present at the meeting should be introduced to the service user and their reason for being there should be explained. The reason should always be for the service user's benefit.

Advocates/Family Members : Should a service user wish to bring a family member, friend or an advocate to the meeting, this must be facilitated and encouraged. The service user should inform the meeting beforehand.

Students : students should attend the ward round only with the service user's permission.

APPOINTMENT TIMES

Each service user should be given an appointment time, as well as relatives or other key individuals who are expected. The times given should be adhered to as closely as possible. When this is difficult, good practice would be for service users to be seen within fifteen minutes of their stated appointment.

There should be a named person responsible for facilitating the smooth running of appointments. In the case of Ward Rounds, this person's name should be recorded above the list of appointment times.

If there are delays longer than fifteen minutes, an apology should be given as early as possible to those still waiting and they should be told how long they might expect the delay to be.

PUNCTUALITY

Meetings should start on time and all professionals involved should aim to be present from the start. Latecomers should only be admitted if they are expected and they should be introduced to the service user. They should apologise for their lateness and explain it. Professionals who have to leave early should explain the reason for their departure and time it in such a way as to cause the least possible disruption.

SEATING

Seating should be arranged so that the service user is part of the circle, not at the centre of it. The ward round should be conducted in a way that ensures the service user feels as much part of a discussion as possible, rather than at the centre of a cross-examination.

REFRESHMENTS

Where refreshments have been provided for staff, service users should be offered refreshments too.

QUESTIONS

Questions should be asked in a respectful manner. Thought should be given as to who is the most appropriate person(s) to ask those questions in each case - it should not automatically be the psychiatrist.

Service users should also speak to their multi-disciplinary team in a respectful manner.

The service user's mental or emotional state should not be insensitively examined in public and amongst strangers with tests which lower his/her dignity.

Questions to which workers already know the answer should not be asked.

Unless it is judged to be absolutely necessary, service users should not be asked questions which take them into painful or intimate areas of their lives.

MONITORING/EVALUATION

The Code can be monitored by Advocacy Workers and through Audits. Equally, it can be monitored regularly by the teams themselves, who can support each other in ensuring it is followed.

PROPOSALS FOR IMPLEMENTING THE MEETINGS CODE

- that the code recognised and agreed as being the best available should be instituted methodically and as widely as possible, rather than a range of different versions be applied piece-meal.

- that it should be instituted in such a way as to ensure that all staff and all patients are kept aware of it (bearing in mind staff and patient turn-over).

- that its effective practice should be encouraged and underpinned not just by Audits and Directives, but by a Trust requirement that all psychiatric and Community mental health teams should review their practice in ward rounds, CPA and other meetings on a regular basis, with a view to taking shared and multi-disciplinary responsibility for ensuring the Code is upheld.

- There should also be training input, with the Code made part of Induction packages, to enable new staff to be introduced to the code as something more live than just words on paper, and to enable some psychiatrists who favour the code to present its benefits to colleagues who are sceptical (this last idea was suggested by a psychiatrist).

- that Healthcare Trusts should state a position on the "Own Space" model advocated in Strathdee's paper, which advocates the effective dismemberement of the traditional ward round, and should require each of their psychiatric and sector teams to begin to move towards this or a similar model, reviewing its progress on a regular basis, always ensuring that that progress remains in accord with the precepts outlined in the Meetings Code attached.

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