

How to improve support for Nearest Relatives under the Mental Health Act

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“If people don’t realise they are the Nearest Relative then they don’t know their rights.”

Nearest relatives (NRs) are [an important safeguard](#) for people who are affected by the Mental Health Act. The Nearest Relative role is being reviewed as part of the [planned reform to the MHA](#).

A project building on recent research has identified that Nearest Relatives lack information and clarity about the role; often experience guilt, isolation and powerlessness; and face a postcode lottery around the quality and availability of support.

Nearest Relatives identified issues including: not being told about Tribunals; not being informed of the planned discharge of their relative from hospital; and having confidential information they provided shared without their consent.

Nearest Relatives can be frightened to challenge or complain because of the potential for this to impact on their relative, their relationships with them and the staff caring for them.

Professionals highlighted the importance of time and relational support, as well as the need for better written information about the role and its implications.

The research and a subsequent stakeholder Knowledge Exchange event identified actions to support Nearest Relatives now and when Mental Health Act reforms are implemented.



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Policy implications

Clarify who the NR is: Make it easier for professionals to find out who the NR is, perhaps through a central register like the Court of Protection register and/or through information held by GP surgeries.

Empower NRs: Clarify in law and guidance the role and rights of NRs, and when and how they are exercised. Protect their right to be consulted and heard, to receive information and to delegate the role and functions.

Improve information and communication: Professionals should provide ongoing, clear and timely information e.g. from the care co-ordinator/assigned nurse in hospital, from Independent Mental Health Advocates and/or from the voluntary sector.

Recognise and involve NRs: Professionals should listen to the NR when they say that their relative is becoming unwell and check with the NR if there are any signs of relapse. Professionals should strengthen continuity of contact with the NR when their relative is in hospital - give NRs formal involvement in care and treatment plans and involve them fully in discharge planning.

Provide adequate support services: Mental health services should provide clear information to NRs to enable them to ask questions, obtain legal advice and receive emotional support. Support mental health professionals with manageable workloads and good information. Join up mental health teams with safeguarding teams to better manage risk. Separate mental health delivery from complaints so complaints aren't dealt with by people who are providing services.

Ensure future reforms to the role are suitable: If people can nominate someone to perform this role in future, it needs to be someone who is knowledgeable, capable and has no conflict of interest. Safeguarding issues of coercion and manipulation must be fully considered. There must be a clear process in place to choose the person to fulfil the role.

Research findings

Recent research explored [Approved Mental Health Professionals' \(AMHP\) views on working with NRs](#) and [NRs' views on their experiences](#) and [knowledge of mental health law](#). The research involved surveys, focus groups and interviews.

AMHP experiences of the NR role: AMHPs were asked about how often they consulted with NRs. This was in 100% of cases related to section 3 for treatment, and in 89% of cases related to section 2 for assessment. AMHPs saw the NR role as a safeguard for the detained person as NRs could ask for information or act as advocates. There could be practical issues with getting in contact with the NR. AMHPs struggled to weigh up when and how much to consult the NR, particularly if the person didn't want the AMHP to speak to the NR.

Emotional impact of the NR role: Generally, NRs had negative experiences where they were not given enough information. The NR role was seen by them as beneficial, burdensome or both. The role could involve distress, relief or frustration so was a conflicted experience. NRs identified that they often undertook the role out of duty.

NR experiences of using the law: NRs in the study felt that assumptions were made by mental health professionals about their knowledge, and they had to find out information about the role themselves. NRs were uncertain about the scope of their legal rights and powers, and felt the role lacked status. They wanted more recognition, better information and more support.

On 9 May 2024, the University of Bristol held a Knowledge Exchange event to explore the experiences of NRs. The event involved people who are or have been NRs, AMHPs and other professionals working with NRs, representatives of voluntary sector organisations that support NRs, and researchers.

Participants heard about recent research, and discussed their experiences and what information and support would be useful for NRs.



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Further information

J Laing, J Dixon & K Stone, 'I was going into it blind': Nearest Relatives, Legal Literacy and the Mental Health Act 1983 (2024) 94 International Journal of Law and Psychiatry, May-June.

J Dixon, K Stone & J Laing, Beyond the call of duty: A qualitative study into the experiences of family members acting as a Nearest Relative in Mental Health Act assessments (2022) 52(7) The British Journal of Social Work 3783-3801.

J Dixon, M Wilkinson-Tough, K Stone & J Laing, Treading a tightrope: Professionals perspectives on balancing the rights of patients and relatives under the Mental Health Act in England (2020) 28(1) Health and Social Care in the Community 300-208.

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