



MENTAL HEALTH RIGHTS, DETENTION & AFTERCARE

Independent Mental Health Advocates (IMHA)

Understanding who qualifies, what an IMHA can do and how independent advocacy supports your rights.

The key idea

An IMHA is a specialist, independent advocate for people who qualify under the Mental Health Act. Their role is to help you understand your rights, express your views and participate in decisions about care and treatment.

What is an Independent Mental Health Advocate?

An **Independent Mental Health Advocate (IMHA)** is a specialist advocate who supports people who qualify under the Mental Health Act. The service is designed as an additional safeguard when compulsory mental-health powers, particular treatments or certain community arrangements apply.

Independent from treatment

The Mental Health Act requires IMHA arrangements to reflect the principle that, as far as practicable, the advocate helping a patient is **independent of people professionally concerned with that patient's medical treatment**.

What is advocacy?

Advocacy is about helping a person understand information, express their wishes and views, ask questions and participate in decisions. It is not about an advocate deciding what is best for the person.

Free support

IMHA support is a statutory advocacy service for qualifying patients. NHS patient information describes IMHA sessions as free, and the service is separate from the person's clinical team.

Why does independence matter?

When somebody is detained, on a Community Treatment Order or otherwise subject to relevant Mental Health Act powers, it can be difficult to disagree with professionals or understand complicated legal information. An independent advocate can provide a separate source of support.

Current position

This guide describes the IMHA framework operating in **England in September 2026**. The Mental Health Act 2025 contains future advocacy reforms that are being implemented in stages.

Who can qualify for an IMHA?

IMHA entitlement depends on a person's Mental Health Act status. It is more specific than simply being in contact with mental-health services.

Detained patients

People detained under many Mental Health Act sections qualify for IMHA support. However, the current statutory scheme contains exceptions for some short-term and place-of-safety powers.

Community Treatment Orders

People subject to a **Community Treatment Order (CTO)** qualify for IMHA support. An advocate can help with understanding the order, conditions, rights and concerns about how it is operating.

Guardianship and restricted patients

The qualifying-patient framework also includes people subject to **guardianship** and certain **conditionally discharged restricted patients**.

What about informal patients?

Most informal or voluntary patients do not qualify simply because they are receiving inpatient mental-health care. However, the statutory IMHA scheme can apply to certain informal patients where specified treatments under the Mental Health Act are being considered.

Short-term powers

People held only under some short emergency or holding provisions - including Sections 4, 5, 135 and 136 - are generally outside the ordinary IMHA qualifying-patient definition. Other advocacy support may still be available locally.

What can an IMHA help with?

An IMHA can help make Mental Health Act information more understandable and support the person to take an active role in decisions affecting them.

Understanding rights

An advocate can explain Mental Health Act rights, legal status and the safeguards connected with detention, a CTO or other qualifying arrangements.

Understanding treatment

They can help you understand proposed treatment, the reasons given for it, your rights around consent and the questions you may want to ask the clinical team.

Expressing your views

An IMHA can support you to communicate wishes, concerns and preferences to professionals, particularly where meetings feel intimidating or communication is difficult.

Preparing for meetings

They may help you prepare questions, organise the points you want to raise and, where appropriate, attend meetings with you.

Restrictions and conditions

An IMHA can also help somebody understand and question restrictions or conditions connected with their Mental Health Act status, including concerns relating to leave or a CTO.

Your voice remains yours

The advocate's role is to support your participation, not replace your views with their own opinion about what you should do.

IMHA support and challenging decisions

An IMHA can be particularly useful when a person disagrees with detention, treatment arrangements or restrictions and wants to understand the available routes for review.

Tribunal and managers' hearings

An IMHA can help you understand the Mental Health Tribunal and hospital managers' review processes, prepare what you want to say and identify questions you may want to discuss with a solicitor.

Is an IMHA my lawyer?

No. An IMHA is an advocate rather than a legal representative. They can support you to understand your rights and access legal help, but specialist solicitors provide legal advice and representation.

Legal help can sit alongside advocacy

A person may use an IMHA and a mental-health solicitor at the same time. Their roles are different and can complement one another.

Can an IMHA get me discharged?

An advocate cannot personally discharge you or overturn a clinical decision. They can help you understand which people or bodies have those powers and support you to use the appropriate process.

Practical support

An advocate may help you gather your questions, understand reports or decisions, request explanations and communicate what you want decision-makers to know.

Access to information and professionals

The Mental Health Act gives IMHAs particular functions so they can provide meaningful advocacy rather than simply general emotional support.

Meeting the patient

An IMHA's work centres on direct support for the qualifying patient. The advocate should have an opportunity to understand the person's own wishes, questions and concerns.

Speaking with professionals

Within the statutory framework, an IMHA can communicate with people involved in the patient's care and treatment in order to support the patient and understand relevant decisions.

Records and confidentiality

IMHAs have statutory rights relating to access to certain records where the legal requirements are met. Access is not simply unrestricted: the Mental Health Act contains conditions governing when records can be inspected.

Confidentiality

Advocacy services should explain how they handle confidential information and the circumstances in which information may need to be shared, for example where there are serious safeguarding concerns or another legal requirement.

Ask how information is used

You can ask your advocate what they will record, what they may share, who they may contact and whether they need your agreement before taking a particular step.

How do I get an IMHA?

If you qualify, you should be given information about IMHA services and how to contact them. You do not need to wait until you are making a formal appeal before asking for advocacy.

Ask the service

You can ask ward staff, your care coordinator, the hospital's Mental Health Act office or the organisation responsible for your care how to contact the local IMHA service.

Other people can help make contact

Where appropriate, another person can help somebody get in touch with advocacy. The Mental Health Act also places duties on specified professionals to tell qualifying patients about IMHA availability, and the statutory framework recognises a role for the patient's current Nearest Relative in requesting an IMHA visit.

You can decline advocacy

Having a right to an IMHA does not mean you have to use the service. Advocacy should support the person's choices rather than becoming another compulsory part of care.

Communication needs

Tell the advocacy service about communication or accessibility needs. This might include an interpreter, Easy Read information, communication aids, sensory adjustments, additional processing time or a preference about how meetings take place.

If communication is difficult

An advocate should make reasonable efforts to understand how the person communicates and support meaningful participation rather than assuming that limited speech means limited views.

IMHA, IMCA and other advocacy

Several types of advocacy exist in health and social care. Their names are similar, but their legal roles are different.

IMHA

An **Independent Mental Health Advocate** supports qualifying people under the **Mental Health Act**, including many detained patients and people on CTOs.

IMCA

An **Independent Mental Capacity Advocate** is a different statutory role under the **Mental Capacity Act 2005**, generally connected with specified decisions for people who lack capacity and meet the relevant criteria.

Care Act advocacy

Independent advocacy under the **Care Act 2014** can apply during certain care and support processes where a person has substantial difficulty being involved and does not have an appropriate person to support them.

Can somebody need more than one type?

Potentially, yes. A person's circumstances can engage different legal frameworks. The important question is what process or decision is happening and which advocacy duty applies.

Ask rather than guess

If you are unsure, ask the service to explain **which type of advocacy is being offered, the legal basis for it and what that advocate can help with.**

What an IMHA does not do

Understanding the boundaries of the role can make advocacy more useful and prevent confusion about what an advocate can promise.

- An IMHA does not decide whether you should remain detained.
- An IMHA does not replace your responsible clinician or make clinical decisions.
- An IMHA is not a solicitor and does not replace specialist legal representation.
- An IMHA does not make decisions on your behalf simply because you disagree with professionals.
- An IMHA cannot guarantee a particular outcome from a Tribunal, managers' hearing, complaint or treatment discussion.
- An IMHA should not pressure you to accept the advocate's own preferred outcome.

The purpose is participation

The advocate helps you **understand, question, communicate and participate**. Their value is not measured by whether professionals ultimately agree with every request.

What if I am unhappy with my advocate?

You can ask the advocacy provider about changing advocate where possible or using its complaints process. You can also ask for the role and confidentiality arrangements to be explained again if expectations are unclear.

Independence includes accountability

Independent advocacy should still have clear professional boundaries, complaints arrangements and safeguarding responsibilities.

The Mental Health Act 2025 and advocacy

The **Mental Health Act 2025** includes significant reforms intended to strengthen access to independent mental-health advocacy and the role of advocates in supporting patient voice and involvement.

Future expansion

The 2025 Act contains amendments to the IMHA framework, including changes connected with qualifying patients and strengthened advocacy arrangements. These provisions are part of the wider phased implementation programme.

Why the date matters

A reform can be written into an Act of Parliament without yet being operational. Advocacy resources therefore need to distinguish between **current entitlement** and **future rights once the relevant provisions are commenced**.

September 2026 position

This PDF describes the IMHA framework currently operating in England. It does not assume that the wider advocacy amendments in the 2025 Act have already taken effect.

What should services do during transition?

Patients and supporters can ask whether a particular 2025 reform has commenced and request the current statutory information or guidance being used by the service.

Keep resources reviewed

Because implementation is staged, this resource carries a review date and should be checked again as further commencement regulations and updated statutory guidance take effect.

Practical questions to ask an IMHA

- Can you explain which Mental Health Act section or order applies to me?
- What rights do I have to challenge or review it?
- Can you help me prepare for my ward review, managers' hearing or Tribunal?
- Can you help me understand my treatment and the questions I can ask?
- Can you support me to explain my wishes or concerns to the team?
- Can you help me understand restrictions, leave or CTO conditions?
- How do you keep my information confidential?
- Can you help me contact a specialist mental-health solicitor?
- What can you do if I need communication or accessibility adjustments?
- What happens if I disagree with a decision but do not know which process to use?

A useful starting point

You do not need to know the legal language before speaking to an advocate. You can begin with: **'This is what is happening, this is what I do not understand, and this is what I want help to say or ask.'**

About this resource

This PDF provides general educational information about Independent Mental Health Advocacy in England. Eligibility and the advocate's statutory functions depend on the person's legal status and circumstances. It is not individual legal advice.

Information reviewed: 24 September 2026

References & further information

Mental Health Act 1983, sections 130A-130D. Statutory framework for Independent Mental Health Advocates in England, qualifying patients, advocacy functions and information duties.

Mental Health Act 1983 Code of Practice. Statutory guidance concerning advocacy, patient participation, information and Mental Health Act safeguards.

NHS. *Mental Health Act* and *Mental Health Act: Easy Read*. Public information on IMHA support and patient rights.

Mental Health Act 2025. Includes amendments to the IMHA framework that form part of the phased reform programme.

Next in this collection

The next resource will be **Nearest Relative & Family Involvement**, explaining the current statutory Nearest Relative role, how it differs from next of kin, family confidentiality and the future Nominated Person reform.