NHS Pensions - Request for Mental Health Officer

(MHO) status

**Completion guidance for form SM1**

Mental Health Officer (MHO) status is only applicable to members who spend all, or nearly all, of their working time in direct treatment and care of mentally ill patients.

Please read the factsheet which is available on our website at: [www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions)

**MHO status cannot be considered for:**

* any membership of the 2008 Section or 2015 Scheme;
* members of the 1995 Section who never held MHO status on or before 6 March 1995;
* members holding MHO status but who have a break in pensionable employment of any one period of five years or more spanning or after 6 March 1995;
* Medical and Dental Practitioner employment;
* any member moving to non MHO duties.

(This list is not exhaustive and other exclusions may apply).

This form must **not** be used for:

* Trainee / qualified Clinical Psychologists – refer to the SM215;
* Automatic grades nursing (capacity 01) doctors (capacity 03) – refer to the SM333;
* Retention of MHO/SC status for a nurse manager grade – refer to the SMR.

The form must **not** be passed to the employee to complete. The form must be:

* accompanied by the relevant job description;
* completed and signed by the principal medical, nursing or professional supervisor of the member;
* all boxes must be completed in full.

The total percentage of ‘hands on’ duties and those not ‘hands on’ must equate to 100%.

A separate form **must** be completed for each individual job or where a change in duties takes place.

Care must be taken when completing this form as NHS Pensions will not accept multiple requests for the same period of employment where the initial request for MHO status has been rejected.

NHS Pensions will contact the enquirer to confirm if MHO status applies.

|  |
| --- |
| Employer Address |

#### NHS Pensions

PO Box 693, Unit 5

|  |  |
| --- | --- |
| EA Code: |       |

Newcastle Upon Tyne

NE5 9EE

|  |  |
| --- | --- |
| EA Ref: |       |

|  |  |
| --- | --- |
| Date: |       |

#### NHS Pensions - Request for Mental Health Officer (MHO) status None automatic grades (SM1)

|  |  |
| --- | --- |
| Member’s full name |       |

|  |  |  |  |
| --- | --- | --- | --- |
| SD number |       |  NI number  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Employment start date |       |  End date / last update |       |

|  |  |
| --- | --- |
| Job title |       |

|  |  |
| --- | --- |
| Place of work |       |

|  |  |
| --- | --- |
| MHO claimed from |       |

This information is required to enable NHS Pensions to decide whether this person can have mental health officer status.

The principal medical, nursing or professional **supervisor** of this personmustcomplete the second page of this form, and then send both pages to NHS Pensions along with a **job description.**

**Note -** This form must **not** be used for:

* Trainee / qualified Clinical Psychologists – refer to the SM215.
* Automatic grades nursing (capacity 01) doctors (capacity 03) – refer to the SM333.
* Retention of MHO/SC status for a nurse manager grade – refer to the SMR.

Please ensure this form is completed accurately, as NHS Pensions will not accept additional submissions for the same period of employment. The form must **not** be passed to the employee to complete.

|  |  |
| --- | --- |
| SD No. |       |

Using this person’s job description, please provide a basic breakdown on average of duties performed, with both direct and indirect treatment of patients **totalling 100% altogether**. Also confirm the number of patients and number of staff present.

**For pension purposes,** the term mentally disordered includes mentally handicapped, psycho geriatric and patients suffering from mental disorder resulting from drug or alcohol dependency.

|  |  |  |  |
| --- | --- | --- | --- |
| Duties involving (hands on direct) care and treatment of mentally disordered patients e.g. in the presence of the mentally ill patient | **Percentage** of time spent per week on each | Number of mentally disordered patients with the member throughout the duty | Number of other staff present throughout the duty |
|  |  |  |  |
| Duties **not** involving direct (hands on) care and treatment of mentally disordered patients e.g. report writing, team meetings etc. where the patient is not present |
|  |
| Total | 100% |

# I certify the above is correct

|  |  |
| --- | --- |
| Signature |  |
| Official position |       |
| Date |   |   | / |   |   | / |   |   |   |   |