



Office of the
Deputy Prime Minister

Creating sustainable communities

Action on mental health

A guide to promoting social inclusion



Social
Exclusion
Unit

Action on mental health – your guide:

Experiencing mental health problems does not have to lead to social isolation...

“It took more than just therapy – it took practical support and the right advice and encouragement – to show me the future really can be different”

Action on mental health is a short guide for:

- **frontline staff and service providers;**
- **people affected by mental health problems;**
- **local agencies;** and
- **employers.**

Action on mental health sets out the key issues on mental health and social inclusion and provides practical tips for action. There are 12 individual fact sheets on themes such as families and carers, discrimination and employment.

Action on mental health includes practical suggestions to help different services and staff to promote social inclusion and work in partnership. You'll find examples of good practice together with sources of extra support and advice.

Action on mental health accompanies the more detailed report, *Mental Health and Social Exclusion*, published by the Social Exclusion Unit in June 2004. This pack has been developed in partnership with the National Institute for Mental Health in England with the help of many other local and national organisations.

Extra copies of this guide or the individual fact sheets can be obtained from:
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Action on mental health

A guide to promoting social inclusion

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Stigma and Discrimination on Mental Health Grounds

"I feel reluctant to admit I've got mental health problems; the stigma and rejection are too hard to face."

Who is this for?

People affected by mental health problems, all those providing services for people affected by mental health problems, including primary care and voluntary sector staff, public, private and voluntary sector employers and service providers.

Key facts

- Stigma and discrimination can affect people long after the symptoms of mental health problems have been resolved. Discrimination can lead to relapses in mental health problems and can intensify existing symptoms.



- Over 80 per cent of respondents to the Social Exclusion Unit's consultation said that tackling stigma and discrimination should be a priority.
- Stigma and discrimination limit people's aspirations and can make it difficult to work, access services, participate in communities and enjoy family life.
- Fewer than four in ten employers say that they would consider employing someone with a history of mental health problems, compared to more than six in ten for someone with a physical disability. A third of people with mental health problems report having been dismissed or forced to resign from their job.
- In one survey, 44 per cent of people with mental health problems felt that they had experienced discrimination from GPs, while 18 per cent said they would not disclose their condition to a GP.

MYTHS ABOUT MENTAL HEALTH PROBLEMS

Myth 1: *People with mental health problems are dangerous and violent.*
 People with mental health problems are more likely to be the victims rather than the perpetrators of violence. Less than 5 per cent of people who kill a stranger have symptoms of mental illness.

Myth 2: *Mental health problems are rare.* Common mental health problems affect up to one in six of the general population at any one time. Almost everyone will know someone who has had mental health problems at some point in their lives.

Myth 3: *People with mental health problems are incapable of work.*
 US research found that up to 58 per cent of adults with severe and enduring mental health problems are able to work with the right support.

Myth 4: *People with mental health problems do not want to work.*
 35 per cent of people with mental health problems who are economically inactive would like to work, compared to 28 per cent of those with other health conditions. Many successful people have had mental health problems.

Promoting social inclusion

What works?

In May 2004, the National Institute for Mental Health in England (NIMHE) published a review of what works to address stigma and discrimination on mental health grounds (see Contacts and Resources for more details). The key principles in tackling stigma were:

- Involving people with first-hand experience of discrimination and carers throughout
- National programmes that support local activity
- Targeting specific audiences
- Long-term planning and funding
- Monitoring and evaluation

The strategy

In June 2004, NIMHE launched *From Here to Equality*, a five-year plan to tackle stigma and discrimination. It is based on international evidence of what works and brings together agencies from the voluntary sector and government. This programme will be nationally co-ordinated but will be implemented at regional and local level. Initial target audiences will be young people, the media, health and social care, public sector organisations, and private and voluntary sector organisations (see www.nimhe.org.uk).

Early work

The brand for the NIMHE plan and early projects were launched in October 2004. For more information visit www.shift.org.uk.

EXAMPLES OF GOOD PRACTICE

- **Mental Health Media**, in partnership with **Rethink**, has developed **Open Up**, an anti-discrimination toolkit of training, support and resources to enable people with mental health problems to take positive action against discrimination in local communities (020 77008171 or e-mail info@mhmedia.com).
- **Sanity Fair**, in Stoke on Trent, is an annual weekend carnival that aims to reduce stigma in a fun way. Entertainers attract people to stalls with information on mental health issues (James McAteer 01782 285800 or www.sanityfair.org.uk).
- The national charity **Shaw Trust** and the **Royal Navy** in Portsmouth work together to raise awareness of mental health issues. New navy recruits are involved in activities on placement at Shaw Trust alongside people with mental health problems. Evaluation has indicated a positive change in recruits' understanding of mental health problems (Shaw Trust 01225 716350 or www.shaw-trust.org.uk).
- The **Team for the Assessment of Psychiatric Services (TAPS)** conducted a study of local attitudes around a new community-based group home in South London. They found that there was willingness to help in the community but that people felt they needed some preparation – which is rarely provided. A public education programme took place. Compared with a control area, local residents were over three times more likely to have visited the home. 13 per cent (compared with none in control area) had invited people into their homes. Five out of eight of the people with mental health problems in the experimental area (compared with none in control area) said they had some contact with the local residents.
(020 7794 9724 or e-mail JLeff@rfc.ucl.ac.uk)

Further Information

The **Disability Discrimination Act 1995 (DDA)** outlaws discrimination against disabled people in employment and education, the supply of goods, facilities and services, and contains measures to facilitate access to public transport. It includes a duty on employers and service providers to make 'reasonable adjustments' in order to enable disabled people to work and access services. To be protected by

the DDA, a person must have, or have had, an impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. 'Long-term' means that it has lasted, or it is expected to last, for 12 months or more. Impairments arising from mental illness currently have to be 'clinically well recognised', although the Government plans to remove that requirement in the Disability Bill. For more information see www.disability.gov.uk.

The **Disability Rights Commission** (DRC) was established in 2000 to work towards the elimination of discrimination against disabled people, and to promote equality of opportunity for, and good practice in, the treatment of disabled people. The DRC issues codes of practice that give practical guidance on DDA legislation, publishes leaflets targeted at particular sectors, and runs an information website. The DRC also runs a helpline that advises disabled people about their rights, and advises employers, service providers and educationalists about their responsibilities. The DRC also provides information and advice regarding the responsibilities of employers in relation to employing people with experience of mental health problems. This can be accessed through their helpline or website (see Useful Contacts and Resources below).

The **Mental Health National Service Framework** Standard 1 aims to ensure that health and social services promote mental health and reduce discrimination and social exclusion.

Ofcom is the regulator for television, radio, telecommunications and wireless communications services. It includes an Advisory Committee on Older and Disabled People, which covers mental health issues (see www.ofcom.org.uk).

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

- A strengthened and sustained programme of work to challenge stigma and discrimination will be led by the National Institute for Mental Health in England (NIMHE). NIMHE will also monitor trends reported by Ofcom in mental health portrayal by the broadcast media, and will make recommendations to Ofcom on the case for further research in this area. (NIMHE to launch programme by autumn 2004.)
- Resources to raise the awareness of stigma and discrimination towards people with mental health problems, including a focus on ethnicity and gender, will be made available by the Department for Education and Skills (DfES) on Teachernet for use within Personal, Social and Health Education in schools. (NIMHE with DfES by September 2005.)

- The issue of stigma and discrimination towards people with mental health problems will also be addressed through the Healthy Schools Programme led by the Department of Health (DH) and DfES. (DH/DfES by September 2005.)
- NIMHE will work jointly with the Disability Rights Commission (DRC) to raise awareness among individuals and employers of the rights of people with mental health problems under the Disability Discrimination Act (DDA). (NIMHE with the DRC from 2004.)
- The Government will continue to monitor the impact of the DDA, including in relation to people with mental health impairment. (DWP/DRC.)
- The DRC code of practice relating to the new public sector duty to promote equality of opportunity for disabled people in the draft Disability Bill will need to ensure that issues in relation to people with mental health problems are clearly reflected. (DRC following the Disability Bill's passage through Parliament.)
- Central government departments will review their employment practices in light of the Cabinet Office's new toolkit on employment and disability, which will include a section on mental health. (All government departments during 2004.)
- DH will review international evidence on the role and efficacy of pre-employment health assessments, in order to devise an evidence-based system for use in the NHS (with potential application for other employers). DH is also monitoring implementation of its guidance on Mental Health and Employment in the NHS. (DH review to report by spring 2005.)

Useful Contacts and Resources

For information on mental health policies and the new anti-stigma programme contact the National Institute for Mental Health in England at www.nimhe.gov.uk. For information on what works see NIMHE's *Scoping Review on Mental Health Anti-stigma and Discrimination – Current Activities and What Works*, 2004 at www.nimhe.org.uk/antistigma/whatworks.

Mindout for Mental Health has a Line Manager's pack (downloadable from the internet) which can provide guidance to employers on reasonable adjustments in the workplace (www.mhmedia.com).

The Employers' Forum on Disability is a member organisation that also provides advice on mental health in the workplace, including guidance on reasonable adjustments for people with experience of mental health issues (www.employers-forum.co.uk).

The Mental Health Foundation provides support for employers to create a healthy workplace and create positive mental health policies. They have produced guidance that provides information on stress, triggers and supporting people back into work. This can be accessed through their web-site at www.mentalhealth.org.uk

The Royal College of Psychiatrists has produced an anti-stigma programme called *Changing Minds* (www.rcpsych.ac.uk).

The Disability Rights Commission's helpline is 08457 622 633 or visit www.drc-gb.uk

NIMHE has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at KC.nimhe.org.uk.

Scottish Executive – for information on mental health policy and services in Scotland contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive) at www.show.scot.nhs.uk

www.socialexclusion.gov.uk

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The Role of Health and Social Care Professionals in Promoting Social Inclusion

“What has helped most has been a good social worker who treats me like a person.”

Who is this for?

People affected by mental health problems, all those providing services for people affected by mental health problems, including primary care, Jobcentre Plus, education, housing, leisure and voluntary sector staff.



Key facts

- 90 per cent of people with mental health problems are treated in primary care. GPs rarely have the time to address broader vocational and social issues in depth, but successful models using specialist advisers linked to primary care have been developed in some areas.
- Nearly one-fifth of respondents to the Social Exclusion Unit's consultation argued that mental health services needed to become more socially focused and less medical in their approach.
- GPs issue sickness certificates when they assess that a person cannot perform their usual work. Mental health problems are more likely to be listed on sickness certificates in the most deprived areas of the country.
- What people with mental health problems are told by doctors and other health professionals can have a major impact on their confidence and their aspirations for the future. For many people with mental health problems, the concept of 'waiting to get well enough' is not a helpful one, as inactivity is strongly associated with worsening mental health.
- It is important to ensure appropriate pathways of care between primary and secondary services; up to 28 per cent of referrals from primary care to specialist services are inappropriate.
- The range of services is more limited in rural areas, with specialist services often absent. In 2002, 87 per cent of rural households were 4km away from a GP surgery.
- Adults with complex needs, such as substance misuse in addition to their mental health problems, often struggle to get their needs met by statutory services. Approximately 30–50 per cent of people misusing drugs have mental health problems.
- A person with schizophrenia can expect, on average, to live for ten years less than someone without a mental health problem, mainly because of physical health problems.

Promoting social inclusion

Planning framework

The Department of Health's health and social care planning framework and targets for 2005–2008 states:

“Unemployment and social isolation are important risk factors for deteriorating mental health and suicide. Information on how to help people with mental health problems gain and retain work, and improve community engagement, is set out in the report on mental health by the Government’s Social Exclusion Unit.”

Practical ideas

Taking into account an individual’s wider circumstances

- Whenever someone comes into contact with services (eg GP, Community Mental Health Team, in-patient facilities) it is important that staff identify the person’s housing, employment, education status and family role. If a potential problem is identified, such as the possibility of someone losing their job, it is important to take appropriate action, eg refer them to a specialist agency.
- Staff can establish links with local services to ensure that they can quickly address an issue as it arises, eg the Homeless Persons Unit, Jobcentre Plus, vocational rehabilitation agencies, crisis loan providers, and local substance misuse services.
- A GP’s intervention at the point of sickness certification is critical in determining long-term employment outcomes. However, certificates can be issued without taking into account other options, such as suggesting adjustments like a reduction in hours or alterations to someone’s role, or referring the person to local supported employment providers.

Person-centred planning

- Care plans and services need to be designed to take a holistic view of someone’s ability to recover and should not focus purely on their medical treatment. The plan needs to be driven by people’s personal aspirations and priorities.
- To ensure that the care plan genuinely reflects these personal aspirations and priorities, an advocate, friend or relative may need to be involved in drawing up the plan. It may be necessary to emphasise that individuals have a right to this support in advance of the meeting.

CARE PROGRAMME APPROACH, ROTHERHAM

As part of the Care Programme Approach (CPA) process for people with mental health problems, Rotherham Mental Health Services carry out an Occupational Needs Assessment and identify occupational goals. These are a core part of the CPA process and the actions are reviewed at CPA meetings.

Rotherham's Health and Social Care Community relaunched the CPA documentation in 2001. The Educational, Training and Employment (ETE) service made a fundamental change to the process of identifying and addressing occupational need within the full needs assessment. In conjunction with Rotherham Service User Monitoring Team, an occupational self-assessment was developed and this enables an individual to highlight their personal strengths and skills. Identifying meaningful goals forms the initial stage of referral to the ETE service. Feedback from people with mental health problems highlighted that meaningful activity, and the support of multi-agency partnerships were valued and important.

Contact: Gillian Whall on 01709 382118

- Key workers / care co-ordinators can assist people to improve their relationships with their family, friends and other social networks, and they can mediate between the parties. For more information see the **Families and Carers** fact sheet.

Complex needs

- Substance misuse is more common among adults with mental health problems than those without. Approximately one-third of patients accessing secondary services have substance misuse problems. Drug and alcohol use can make mental health assessments difficult, but not impossible. It can help to have a 'cooling off' area, which allows the person to be in a safe environment while they 'sober up'.
- Mental health and substance misuse services should aim to work together in partnership to support those with mental health issues who misuse substances by developing joint agency protocols. This could involve developing joint agency protocols/shared care plans to look at someone's mental health and substance misuse problems in parallel. For example, the approach adopted by Bromley Community Drugs projects partnership with the Assertive Communities Team (see the Social Exclusion Unit's report for more details).

- An estimated 25–40 per cent of people with learning disabilities experience risk factors associated with mental health problems. GPs and care staff may not recognise mental health problems among adults with learning disabilities, especially if patients have difficulty with communication. To provide effective care for this group requires joint working between health and social care, and could involve involving specialist organisations such as Mencap or the Royal National Institutes for the Blind and the Deaf. For more information on learning disability and mental health see Useful Contacts and Resources below.

Effective cross-sector working

The responsibility for promoting social inclusion for people with mental health problems lies with **all** sectors and not just health. However, examining in detail the role of the different sectors is outlined in the remainder of the pack (see, in particular, the **Employment, Housing, Criminal Justice and Education** fact sheets).

Further information

- The *National Service Framework for Mental Health (NSF)* was published in 1999 and sets out a major programme of reform, modernisation and investment for mental health services. The NSF recognises the importance of tackling stigma and promoting social inclusion. Health and social care services have a central role to play in enabling people to work and maintain social contacts.
- People with more severe mental health problems often receive support through specialist teams in secondary care, normally provided by Mental Health Trusts most commonly through a **Community Mental Health Team**. Community Mental Health Teams are typically staffed by medical, nursing, psychology, social work and occupational therapy practitioners. The **Care Programme Approach (CPA)** is designed to assess and plan for the needs of people using specialist mental health services. It should include everyone who is involved in the care of the individual. Following an assessment of need, a care plan should be drawn up with the individual, and a key worker/care co-ordinator appointed to monitor and co-ordinate the individual's care.
- If a person is referred to specialist mental health services they will have an allocated **care co-ordinator** whose role is to co-ordinate and have an overview of the different areas of care. This is not just in relation to health services but also to the areas where the individual requires support, such as employment, social networks or housing. The care co-ordinator is based within the local Community Mental Health Team.

- The National Institute for Adult Continuing Education (NIACE) supports over 20 **prescriptions for learning** projects in England. A pilot in Nottingham in three general medical practices found that 65 per cent of clients referred had no qualifications, and almost all said that they would not have taken up learning without the help of the project. One-quarter reported improvements in their mental health.
- **Exercise on prescription:** there are a number of places around the country where GPs can refer people to leisure centres or gyms. Studies have shown that patients respond well to GP advice to take more exercise and such schemes are beneficial to health, with reduced prescription medicines and improved quality of living.
- **Arts on prescription projects** arrange referrals to local arts organisations. Early evaluation showed a reduction in the number of recognisable mental health problems.

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

- **Support on employment and social issues through a new evidence-based guidance for commissioners, embedding vocational and social support in the Care Programme Approach and monitoring vocational outcomes for people with mental health problems (see Action Point 5 for more detail).**
- **Transforming day services to promote social inclusion.**
Characteristics should include: access to supported employment; developing referral links with community services; providing advocacy and support; and involving people with mental health problems in the design and operation (see Action Point 6 for more detail).
- **Advice on employment and social issues through primary care through the testing of different models particularly in deprived areas (see Action Point 7 for more detail).**
- **Training on vocational and social issues for health and social care staff through, for example, specific training for the new mental health workforce, developing local training for existing staff and strengthening the National Institute for Mental Health in England's Primary Care Core Skills' programme (see Action Point 8 for more detail).**

- **Tackling inequalities in access to health services through, for example, a formal investigation by the Disability Rights Commission into the health inequalities experienced by people with mental health problems, and a review of access to treatment for people with both substance misuse and common mental health problems (see Action Point 9 for more detail).**
- **Promoting greater take-up of direct payments by producing and disseminating a guide to action, disseminating good practice and reviewing exclusion criteria (see Action Point 10 for more detail).**

Useful Contacts and Resources

Department of Health (DH) – for information on the NHS, mental health and social care services visit www.doh.gov.uk.

National Institute for Mental Health in England (NIMHE) provides information on mental health policy and services visit www.nimhe.org.uk.

For an overview of the social care perspective see the Social Services Inspectorate publication, *Treated As People: An Overview of Mental Health Services from a Social Care Perspective, 2002–04*. This can be found on the Department of Health website, under publications and statistics.

Valuing People: A New Strategy for Learning Disability for the 21st Century (2001) sets out how the Government will provide new opportunities for children and adults with learning disabilities. It outlines the Government's plans for people with learning disabilities and their families, including those with mental health problems. For hard copies contact 0870 6005522, or download at www.archive.official-documents.co.uk

Department of Health published a draft strategy for women's mental health care, which includes sections on self-harm, perinatal illness and the issues facing women from ethnic minority backgrounds. This strategy can be found at www.nimhe.org.uk/downloads/FullWMHStrategy. This was followed by the development of implementation guidance, which can be found at www.nimhe.org.uk/downloads/77961-ImpleGuidance-tex.

The Sainsbury Centre for Mental Health, *Working for Inclusion* (2002).
Go to www.scmh.org.uk

Repper, J. and Perkins, R. *Social Inclusion & Recovery: a model for medical practice* (London 2003).

Torrey, W. C., Bebout, R., Kline, J., Becker, D. R., *et al.* Practice guidelines for clinicians working in programs providing integrated vocational and clinical services for people with severe mental health disorders. *Psychiatric Rehabilitation Journal*, 1998.

NIMHE has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at KC.nimhe.org.uk.

Scottish Executive – for information on mental health policy and services in Scotland contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive). Go to www.show.scot.nhs.uk

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Mental Health, Day Services and Community Participation

“Mental ill health does contribute to social exclusion because it affects your confidence to participate in the life of your community.”

Who is this for?

People affected by mental health problems, all those providing services for people affected by mental health problems, including primary care and voluntary sector staff, and people who commission or work in day services, volunteer bureaux and agencies, sports and leisure facilities.



Key facts

- In discussions with the Social Exclusion Unit, people with mental health problems highlighted the important role of day services but often said that they should have a greater focus on providing access to mainstream services in the community rather than being 'building based'.
- In 2002-03, health and social care spent £140 million on day and employment services for adults with severe mental health problems in England, but the money is not always invested in the types of services that best promote social inclusion.
- Direct payments allow people to purchase their own care, based on an agreed needs-led assessment. However, take-up by people with mental health problems has been low.
- Nine out of ten people with mental health problems engaged in volunteering said it gave them a sense of purpose and achievement, and more than eight out of ten said it had a positive effect on their mental health. Arts, leisure and sports activities can also have a positive impact on mental health.

Promoting social inclusion

ACCESSING THE WIDER COMMUNITY, MAINSTREAM PROJECT, IMAGINE, LIVERPOOL

Imagine is a voluntary sector organisation that runs the Mainstream project. Mainstream supports people with mental health problems to access wider opportunities rather than just mental health services. Each staff member ("bridge builder") is responsible for making links with a particular sector and supporting clients in these areas. Sectors include education and training; employment; visual and performing arts; sports and leisure; volunteering; and faith, spirituality and cultural communities. Clients define their own support needs and aspirations, and the client and bridge builder identify possible opportunities to meet these in mainstream settings. Bridge builders offer dedicated, tailored support to clients as they develop the confidence to use mainstream services and further develop social networks.

Contact: imagine@mentalhealth.org.uk, 0151 709 2366 - www.imaginementalhealth.org.uk

What can commissioners and providers of day services do?

Ensuring services are outward focused and inclusive

- Take a general approach to the planning of services that focuses on social inclusion and employment outcomes.
- Develop strong links and referral arrangements with community services and local partners.
- Recognise people's diverse needs around ethnicity, gender and culture, and reflect this in provision, perhaps by commissioning specialist support from local voluntary and community groups.
- Promote opportunities for the wider community to access day service facilities, eg use facilities for evening courses or concerts.
- Assign project workers to accompany people to mainstream community services if needed (see the previous case study).

Ensuring people have access to the opportunities they value

- Involve people with mental health problems in the design and delivery of services, including people who do not currently use day services. For example, feedback could be sought as part of the Care Programme Approach (CPA) process.
- Ask individuals what they wish to do with their time – people often identify activities or participation in the community, rather than in a day centre.
- Encourage people with mental health problems to run activities.
- Develop a newsletter or intranet to keep people informed of any changes to services where services do not operate from a fixed base/building.
- Introduce flexible opening hours to enable people in employment, or who have other commitments during the day, to access services.

Linking to other services and support

- Recognise that day services can help address other support needs that people accessing these services may have, such as housing need/homelessness or substance misuse problems, by putting them in contact with the relevant services.
- Support people to access and use direct payments.

What can mainstream services, such as supported employment, arts and leisure providers, do?

- Offer taster courses, or go into day services to talk to people who could potentially use your service to discuss their needs and aspirations.
- Ensure that discounts on services are available to people with mental health problems as well as to those with physical impairments.
- Promote opportunities for people with mental health problems to participate alongside people from across the community rather than offering segregated provision.

What can day services and mainstream service providers do together?

- Provide training for staff in mainstream services, with the help of people with mental health problems and day services staff, on the needs of people with mental health problems.
- Ensure that there are clear opportunities for progression from day services to mainstream services offering a variety of opportunities.
- Involve people with mental health problems in the monitoring of services, including the setting of indicators, with feedback to service commissioners.
- Develop links with the local area, for example by holding joint meetings with local tenants' associations or other local groups.

Further information

Direct payments¹ – most people who use mental health services have the legal right to choose to receive a direct payment to meet their assessed social care needs. This offers greater control and flexibility for the individual about how their needs can best be met. People can have as much support as they need to manage a direct payment, including planning to allow for fluctuating conditions and crises. Direct payments can be particularly helpful for people from ethnic minority backgrounds as they allow culturally sensitive support to be purchased.

Although direct payments were originally introduced for disabled adults, access to direct payments has been extended more recently to other groups, including carers (Health and Social Care Act 2001, and Carers and Disabled Children Act 2000).

Direct payment schemes are managed by each local authority, and most have an independent support service. For further information if you are having difficulty accessing direct payments contact Robin Murray Neill, on 01206 287 588.

Arts/Exercise on Prescription – a number of areas run ‘arts on prescription’ or ‘exercise on prescription’ projects, where GPs can refer people to local arts organisations, leisure centres or gyms. Evaluation has found that such schemes can have a positive effect on mental health. See **Health and Social Care** fact sheet for more details.

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

- Transform day services into community resources that promote social inclusion through improved access to mainstream opportunities.
- The Department of Health (DH) will work through the National Institute for Mental Health in England (NIMHE) to ensure that day services for people with severe mental health problems develop to provide for supported employment, occupation and mainstream social contact beyond the mental health system. This should include:
 - access to supported employment opportunities where appropriate;
 - person-centred provision that caters appropriately for the needs of all individuals, including those with the most severe mental health problems;
 - developing strong links and referral arrangements with community services and local partners;
 - providing befriending, advocacy or support to enable people to access local services, (including childcare services);
 - involving people with mental health problems in service design and operation; and
 - a focus on social inclusion and employment outcomes. (NIMHE guidance for commissioners to be developed by the end of 2004.)
- Progress in service redesign will be monitored through the annual review of mental health services (the ‘Autumn Assessment’) by Local Implementation Teams.

- NIMHE will work with the voluntary sector to disseminate a guide to action on direct payments for commissioners, managers, practitioners and people with mental health problems. This will include highlighting the potential for direct payments to help meet the needs of ethnic minorities and carers. (NIMHE to disseminate by the end of 2004.)
- The Social Care Institute for Excellence (SCIE) will identify and disseminate good practice examples. (SCIE by the end of 2005.)
- DH will review the direct payment exclusion criteria in relation to people detained under mental health legislation on leave of absence from hospital. (DH by the end of 2005.)
- Models to enable adults with mental health problems to participate in volunteering are being developed through Capital Volunteering, a partnership project in London led by Community Service Volunteers and NIMHE. (Community Service Volunteers/NIMHE from 2004.)
- The Department for Culture, Media and Sport (DCMS) in partnership with DH will give priority to undertaking research to establish the health benefits and social outcomes of participation in arts projects and the characteristics of effective local projects. (DCMS/DH to report by the end of 2006.)

Funding

Many day services receive their core funding from health and social care services. Other funding is also available (often to promote specific activities or to meet the needs of particular groups), but this can vary between different areas. Day service commissioners and providers could contact organisations such as their local Jobcentre Plus, further education college or local leisure services to discuss whether they could jointly fund and support projects.

The Government Funding website (www.governmentfunding.org.uk) provides information on grants that are available to voluntary and community groups from the Home Office, the Department for Education and Skills (DfES), DH and the Office of the Deputy Prime Minister (ODPM).

The Grantfinder service (www.grantfinder.co.uk) is the most wide-ranging source in the UK of accurate and comprehensive information on the full range of UK and EU financial support provision, including grants, subsidies, loans, venture funding and other incentives, that are available to all types of organisations. While there is a cost to purchase this service, Grantfinder tends to be available in the majority of local areas, either through local authorities and/or local Councils for Voluntary Services (CVSs). Contact your local authority or Local Strategic Partnership for further information.

References

- 1 Direct payments provided by health and social care services need to be distinguished from the scheme by the Department for Work and Pensions (DWP) to pay benefits and pensions directly into people's bank accounts, which is also known as 'direct payments'.

www.socialexclusion.gov.uk

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Mental Health and Employment

“Paid work gives people a real sense of their own value, improves their self-esteem and gets them out of their illness.”

Who is this for?

People affected by mental health problems, all those providing services for people affected by mental health problems, including primary care and voluntary sector staff, employers, Jobcentre Plus staff, supported employment project staff and welfare rights advisers.

Key facts

- Employment tends to lead to improvements in people’s mental health; inactivity is associated with worsening mental health.
- Only 24 per cent of adults with long-term mental health problems are in work. Although work is not the right solution for everyone, with the right support many more would be able and would like to work.
- Barriers to employment include low confidence, low expectations among staff, employer attitudes, and difficulties moving from benefits to work. There can also be a lack of support to help people retain jobs.



- The number of people on Incapacity Benefit for mental health reasons has grown significantly in recent years (from 475,000 in 1995 to 848,000 in 2004). More people claim Incapacity Benefit and Severe Disablement Allowance for mental health reasons than claim Jobseeker's Allowance.
- Jobcentre Plus has a number of initiatives to help people with disabilities to find work. In October 2003, Jobcentre Plus began piloting its flagship programme, Pathways to Work, to transform Incapacity Benefit.

Promoting social inclusion

EMPLOYMENT SUPPORT, SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST

Since 1995, the Trust has successfully increased its employment rate for people with severe and enduring mental health problems, with over 100 people being employed on the same terms and conditions as other staff. Evaluation suggests that each person employed in this way saved the Government £1,900 per year in reduced welfare spending and higher taxes, not including other healthcare savings.

The Trust has developed a Vocational Services Strategy based on the Individual Placement and Support approach (see below). Occupational therapists and borough mental health and employment co-ordinators work within the clinical teams to enable people with severe mental health problems to access open employment and mainstream education. Ongoing support is included in care plans, with a focus on individual choice. In 2003/04 the Trust supported 271 people in open employment, 222 in mainstream education/training and 157 in voluntary work.

The early intervention team includes a part-time vocational specialist to co-ordinate vocational plans with the individual and the clinical team, help people to find and keep jobs and education courses, and provide access to benefits advice. After one year, the employment rate rose from 10 per cent to 40 per cent, and the percentage not engaged in education, training or employment dropped from 55 per cent to 5 per cent.

Contact Miles Rinaldi on - 0208 682 6929 or
Miles.Rinaldi@swlstg-tr.nhs.uk

Putting employment on the agenda

One of the barriers to employment can be low expectations. In order to tackle this barrier it is crucial to address the view that employment is an unrealistic aim or even an unnecessary risk. Ways to do this include:

- training on the positive effects of employment on mental health by supported employment providers, people with mental health problems and successful employers;
- job swaps/work shadowing between health and social care and Jobcentre Plus staff to increase understanding about respective roles and the opportunities available;
- identifying vocational leads to take responsibility for addressing employment needs within Trusts and Community Mental Health Teams;
- placing an emphasis on job searching and the building up of useful and preferably accredited skills throughout an individual's engagement with primary and secondary healthcare, eg encouraging people to build up a portfolio of skills and experience while on an acute ward;
- creating greater awareness among GPs of local supported employment options as potential referral routes; and
- implementing the evidence-based Individual Placement and Support model for people with severe mental health problems (see the **Health and Employment chapter** of the Social Exclusion Unit report for more details).

THE INDIVIDUAL PLACEMENT AND SUPPORT MODEL

This approach is evidence-based and is built on six key principles:

- Finding employment in integrated/mainstream settings ('real work')
- Immediate jobsearch, with minimal pre-vocational training
- Support from vocational workers based in clinical teams, with employment an integral part of the overall care plan
- Jobsearch driven by the client's preferences and choice
- Continual assessment of an individual's needs, with support adjusted as necessary and assistance in career progression
- Access to ongoing support on a time-unlimited basis once in work, with appropriate workplace interventions to enable job retention.

Making Jobcentre Plus services more accessible

Accessing Jobcentre Plus services can be intimidating for people with mental health problems. Ways to reduce these fears include:

- open days and a general induction for individuals as to how each local Jobcentre Plus works, the different staff and support options;
- regular meetings between Community Mental Health Team staff and Jobcentre Plus staff in each locality – the staff responsible for maintaining these contacts will need to be identified; and
- outreach – Jobcentre Plus staff providing advice in health settings such as day centres, psychiatric hospitals and GP surgeries.

Addressing the concerns and support needs of employers

A recent survey found that less than four in ten employers would be willing to employ someone with mental health problems. Reducing the stigma around mental health requires the dissemination of accurate information and the provision of targeted support.

Ways to address the concerns of employers include:

- raising awareness of how pressure in the workplace can affect mental health and ensure systems exist to prevent or reduce exposure to work stress factors;
- providing practical examples of the kinds of reasonable adjustments that can help people with mental health problems, eg mediation, home working, flexible hours and ongoing out-of-work support;
- impressing upon employers and their employees their legal responsibilities under the Disability Discrimination Act 1995 (DDA), and encourage them to seek advice about their duties from the Disability Rights Commission (DRC) or other sources of help, such as the Employers' Forum on Disability – often people do not realise that these legal protections apply to people with mental health problems;
- identifying fellow employers willing to outline the business case for a diverse workforce, ie create credible champions. One potential forum for this could be regular working breakfasts with other local employers;
- sharing good personnel policy locally between personnel officers, occupational health and business groups; and
- engaging employers in social enterprise or work placement schemes that give meaningful occupation or work experience to people with complex needs, such as those who may be homeless as well as having mental health problems (eg Business in the Community's Project Compass or Business Action on Homelessness).

**MENTAL HEALTH AWARENESS TRAINING,
CAMBRIDGESHIRE AND PETERBOROUGH MENTAL
HEALTH PARTNERSHIP**

The Trust's User Employment Project encourages the recruitment of people into paid work. It offers mental health awareness training not just for people working within the mental health sector but for business, education and the general public. It includes exercises where a person can experience hearing voices while still trying to communicate with another person.

Contact: Ken Kettle on 07775 532243 or
e-mail Ken.Kettle@cambsmh.nhs.uk

Self-employment and enterprise

For some people, an alternative to trying to compete directly in the job market is to look for opportunities to become self-employed or to run their own business. Practical aspects that can be helpful include periods of safe 'test trading', ongoing support and access to mainstream specialist business support. Various agencies offer support for people considering self-employment/enterprise, including:

Business Links – practical advice for anyone wanting to set up in business – from access to funding, an analysis of the viability of a business idea to guidance on marketing and financial planning (for details of local Business Links, telephone 0845 600 9006 or visit: www.businesslink.org);

Jobcentre Plus through the **self-employment options of New Deal and Work-based Learning for Adults** – assistance can include help with business planning and a period of test trading while still receiving unemployment benefits;

Enterprise Agencies – target pre-start, start-ups and micro-businesses (details of local agencies are available through the National Federation of Enterprise Agencies, telephone 0124 354055 or visit www.nfea.com);

The Prince's Trust – available for people up to 30 years old, and offers loans, grants and volunteer mentors for the first three years, complemented by regular advice and support (www.princes-trust.org.uk); and

Shell LiveWIRE – people aged 16–30 are eligible for this scheme. It provides information and advice to help individuals through the initial stages of setting up in business. It is also linked to a source of local business advice (www.shell-livewire.org).

Further information

The health sector

GPs: GPs can have a crucial role in promoting job retention through providing advice on an individual's condition, suggesting work adjustments and/or referring someone to a vocational adviser.

Community Mental Health Teams: multi-disciplinary teams (eg containing community psychiatric nurses, occupational therapists, approved social workers, psychiatrists, etc) who support people with mental health problems, their carers and families in the community.

Vocational leads: individuals with designated responsibility for employment within these multi-disciplinary teams.

Care Programme Approach: this is a framework for assessment and care planning to address the needs of people using secondary care services. An individual's employment and training support needs should form part of their care plan.

Graduate workers: 1,000 new workers since 2003 who provide support to GPs in their management of patients with mild to moderate mental health conditions.

For more information on the role of different staff and support options see the **Health and Social Care** and **Day Services** fact sheets.

The employment sector

Jobcentre Plus: Jobcentre Plus provides help and advice on jobs and training for people who can work, and provides the right financial help for those who cannot. It represents the result of the integration of the Employment Service and the Benefits Agency, and it is designed to be a more welcoming and user-friendly environment. This includes:

- **Disability Employment Advisers (DEAs):** DEAs provide specialist support to disabled people in finding and retaining a job, including in-work support. They receive additional training on working with disabled people and employers, and on building partnerships with employers and providers.
- **Incapacity Benefit Advisers:** each jobcentre now has a specialist Incapacity Benefit Adviser who works solely with people claiming Incapacity Benefit. They have received additional disability training, including modules specifically on mental health. This is a part of a specific programme of learning in how to work with this customer group by helping them to overcome barriers and matching their skills with the requirements of employers.

- **Job brokers:** available through the New Deal for Disabled People these are specialist agencies who assist people into work and then provide ongoing support and mediation where necessary.

These specialist advisers have access to a range of support both to help someone obtain a job and keep one. These include **Access to Work** to help pay for workplace adjustments, a flexible **Adviser Discretion Fund**, the **Travel to Interview Scheme** and a variety of training options under **Workstep** and **Work-based Learning for Adults**. For more information see the **Employment chapter** of the Social Exclusion Unit report, the glossary and DWP's website (www.dwp.gov.uk).

Pathways to Work: a pilot project in seven Jobcentre Plus districts that provides Incapacity Benefit customers with individual Incapacity Benefit Personal Advisers (IBPA). The IBPA has access to the new Condition Management Programme run jointly with the NHS, a £40 Return to Work credit and additional in-work support (for more information see the Social Exclusion Unit Mental Health and Social Exclusion report).

Local supported employment services: funded by the local authority and health services, these agencies can offer individualised routes into open employment and ongoing support for the worker and their employer. For more information on local supported employment opportunities contact the local Jobcentre Plus or Community Mental Health Team.

For information on the different benefit entitlements and how these relate to an individual's ability to undertake paid employment, contact your local Jobcentre Plus, visit DWP's website (www.dwp.gov.uk) and see the **Benefits** fact sheet. Alternatively, independent advice can be sought from the local Citizens Advice Bureau or independent advice agency.

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

- **Improving access to employment programmes** through improved training for Jobcentre Plus Incapacity Benefit Personal Advisers, addressing the needs of people with mental health problems within Pathways to Work and improving the Access to Work guidance. (For more details and timings see Action Point 12.)
- **Easing the transition from benefits to work** by improving awareness of the continuing support needs of Disability Living Allowance claimants, reviewing the benefit and employment support publicity materials, and raising awareness of the current arrangements to support people to increase their working hours. (For more details and timings see Action Point 13.)
- **Promoting enterprise and self-employment** by the piloting of measures to improve support for people with mental health problems. (For more details and timings see Action Point 14 of the report.)
- **Supporting and engaging employers and promoting job retention** through the National Institute for Mental Health in England's anti-stigma programme, the Health and Safety Executive's occupational health and safety support pilots, guidance on reducing work-related stress, and managing sickness and return to work and the Department for Work and Pensions/Department of Health's Framework for Vocational Rehabilitation. (For more details and timings see Action Point 15 of the report.)

Useful Contacts and Resources

For information on the support provided by Jobcentre Plus visit www.jobcentreplus.gov.uk. Information specifically on the New Deal programmes can be found at www.newdeal.gov.uk.

The Welfare to Work Handbook (Centre for Economic and Social Inclusion, 2004) – a comprehensive guide to the financial support and employment programmes available for adults of working age.

The Health and Safety Executive's (HSE) *Real Solutions, Real People* action pack for managers on work-related stress (see also www.hse.gov.uk/stress).

HSE, *Managing sickness absence and return to work: An employers and managers guide* (October 2004).

Mindout line manager's guide to reasonable adjustments for people with mental health problems (www.mhmedia.com).

Waddell G. and Burton K. *Concepts of rehabilitation for the management of common health problems* (2004) – a recent publication sponsored by DWP which looks at different aspects of rehabilitation.

The Employers' Forum on Disability is a member organisation funded and managed by employers, and it provides guidance, eg via a helpline, on how best to employ people with disabilities (www.employers-forum.co.uk).

The Association for Supported Employment (AfSE) is an organisation open to any agency delivering supported employment. It aims to assist agencies to support individuals with disabilities, and to promote best practice and training for the delivery of supported employment. Contact 0772 9356264 or visit www.afse.org.uk.

Social Firms UK: a Social Firm is a business that has been specifically set up to create paid employment for disabled people. Social Firms UK encourages the development of the sector via the dissemination of good practice, advice, and support and lobbying. Contact 01737 764021 or visit www.socialfirms.co.uk.

Business in the Community is a network that aims to engage and support business in continually improving its positive impact on society (www.bitc.org.uk).

See the Disability Rights Commission for advice on the duty of employers under the DDA. The Disability Rights Commission's helpline is 08457 622 633 or visit www.drc-gb.uk

For Business Action on Homelessness contact Eva Hamilton on 020 7566 8688.

NIMHE has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at kc.nimhe.org.uk.

Scottish Executive – for information on mental health policy and services in Scotland, contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive). Visit www.show.scot.nhs.uk

www.socialexclusion.gov.uk

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Mental Health and Welfare **Benefits**

Who is this for?

People affected by mental health problems, all those providing services for people affected by mental health problems, including primary care and voluntary sector staff, welfare rights advisers and Jobcentre Plus staff.

Key facts

- Benefits issues were mentioned as an issue by 62 per cent of respondents to the Social Exclusion Unit's consultation.
- The number of people claiming Incapacity Benefit for mental health reasons has almost doubled in ten years, from 475,000 in 1995 to 848,000 in 2004.
- Employment tends to lead to improvements in people's mental health; inactivity is associated with worsening mental health.
- Many people with mental health problems have said they lack advice about claiming benefits, and find the current system confusing. This can lead to people running up debts, as they do not claim the benefits to which they are entitled.



Promoting social inclusion

What can health and social care staff do?

- Health and social care staff should check that people are receiving the benefits to which they are entitled and, if necessary, encourage them to seek advice from a welfare rights adviser or Jobcentre Plus office.

What can welfare rights advisers and Jobcentre Plus staff do?

- Welfare rights advisers can help people to claim the benefits to which they are entitled, eg in cases where people do not know which benefits are available or how to fill in the forms. Jobcentre Plus can also provide advice and support with claiming benefits.
- Jobcentre Plus and welfare rights advisers could use outreach and hold regular surgeries in day centres, in-patient wards, etc, to ensure that more people receive information about benefits and employment opportunities.
- Staff should take account of people's wider circumstances, needs and aspirations. A high proportion of people claiming benefits would like to work, and many are capable of gaining employment provided they receive the right support (see also the **Employment** fact sheet).

What can health and social care staff, and welfare rights advisers or Jobcentre Plus staff do together?

- Health and social care staff could work with benefits advisers to identify how joint working could improve access to benefits. For example, in-patient units could develop protocols with their local Jobcentre Plus office on the action to be taken when people are in hospital and are on the point of discharge.
- Joint training could be used to explain the needs of people with mental health problems (to Jobcentre Plus staff) and the requirements of the benefits system (to health and social care staff).

- In Stafford, a local voluntary organisation, **Making Space – Options**, have agreed a new format for clients’ meetings with Disability Employment Advisers (DEAs) in Jobcentre Plus, based on clients’ feedback, so that people are better able to understand the options open to them (01785 228622 or e-mail staffordoptions@btconnect.com).
- **Haringey Citizens’ Advice Bureau** provides benefits advice to Community Mental Health Team clients and psychiatric in-patients in Tottenham, funded jointly by the local authority and Primary Care Trust. 70 per cent of enquiries are about benefits. (0870 126 4030 or e-mail Cabturnpikelane@aol.com)
- Staff in an in-patients unit in **Humber Mental Health Trust** have developed close links with Jobcentre Plus, with joint training workshops to discuss problems experienced on both sides. This led to changes in practice, with the development of an ‘admissions pathway’ process in relation to benefits and a nominated member of staff in each agency to work on these issues. This has helped to change attitudes to mental health within the benefits offices. (Yvonne Flynn, 01482 216624 or e-mail yvonne.flynn@number.nhs.uk).
- The Outreach Team from **Southwark Social Security Office Homeless Person’s Unit** works in the psychiatric wards in Guy’s and St Thomas’ hospitals to ensure that patients ready for discharge are advised of their rights, and that their claims for benefit are determined before they leave. This service removes the need for vulnerable individuals to take what can be the first difficult step into the benefit system on their own, without which they might be discharged without any money or chance of accommodation. (0207 902 8628 or e-mail tamara.kolbi@jobcentreplus.gsi.gov.uk).

The Department for Work and Pensions (DWP) has also introduced a number of initiatives to help ease the transition from benefits to work. These include the following:

- **The Linking Rules:** people who leave Incapacity Benefit for work or training, and reclaim the benefit within one year for the same health condition (or two years if they were eligible for the Working Tax Credit disability premium), will **re-qualify for the same level of Incapacity Benefit**. Claimants have to **register** by telephone or in writing within one month of leaving Incapacity Benefit to qualify.

- **Permitted Work Rules:** people claiming Incapacity Benefit can work up to 16 hours a week earning up to £72 (£78 from 1 October 2004) for 26 weeks. This may be extended for a further 26 weeks if an adviser agrees that it will help progress towards work of 16 hours or more a week. People who claim Income Support, Housing Benefit or Council Tax Benefit in addition to Incapacity Benefit will have these benefits reduced to offset additional earnings over £20 per week. There is provision under the permitted work rules for averaging hours over a period to establish whether the hours worked in a week are within the 16 hour limit. There is also scope **for averaging earnings** to establish a weekly amount where they are not paid on a weekly basis.

Further Information

People who are not working and have mental health problems might be eligible to claim one or more of the following benefits:

- **Incapacity Benefit:** paid to those unable to work because of sickness or disability, who are not receiving Statutory Sick Pay, and have paid sufficient National Insurance contributions. Young people incapacitated before age 20, or before age 25 if they have been in education or training, may be able to obtain Incapacity Benefit without satisfying the contribution conditions providing they have been sick for a continuous period of 28 weeks.
- **Jobseeker's Allowance:** paid to unemployed people who are actively seeking work. People cannot claim Jobseeker's Allowance and Incapacity Benefit at the same time.
- **Income Support:** a means-tested benefit, paid to those under 60 who have a low income and limited savings, and are working for less than 16 hours per week. This can include people on Incapacity Benefit.
- **Severe Disablement Allowance:** Since April 2001, no new claims for Severe Disablement Allowance have been allowed, but people who were receiving it before this date can continue to receive it provided that they remain eligible.

Some benefits are available whether or not people are in work. These include:

- **Housing Benefit:** provides help towards rent (although not mortgages) for people on low incomes, including those claiming Income Support and Incapacity Benefit. The amount depends upon individual circumstances.

- **Council Tax Benefit:** for those on low incomes (including on Income Support and Incapacity Benefit) who can have up to the full cost of their council tax paid for them.
- **Disability Living Allowance:** payable whether someone is in or out of work, if they live on their own or with a carer, and it is not related to income. It is paid to those who have needed help for three months because of severe mental or physical disabilities, and who are likely to need help for a further six months. It is not means tested, and payment is based on individual care and mobility needs.
- The **Working Tax Credit** offers additional support to top-up the wages of people on low incomes working at least 16 hours per week. Some Jobcentre Plus programmes also offer additional financial support for people returning to work. These are discussed in more detail in the **Employment** fact sheet.

Other forms of financial support include:

- **Community Care Grants:** available to people claiming Income Support or Jobseeker's Allowance in certain circumstances. These include moving from residential care to independent living; being rehoused after a period of homelessness; or support for families in exceptional circumstances, such as family breakdown or serious illness. Grants do not have to be paid back.
- **Social Fund Crisis Loans:** these offer financial support in an emergency, when someone does not have enough money to support his or herself and their family, and when this could pose a serious risk to their health. Loans need to be paid back but are interest free.

Other important aspects of the benefit and employment support systems are as follows:

Personal Capability Assessment: used to establish entitlement to incapacity benefits. It looks at the effect of an illness or disability on a person's ability to perform everyday activities. Those with the most severe mental health problems are exempt. The Personal Capability Assessment is repeated periodically to check that people are still entitled to claim benefits. People who do not meet the threshold but are not in work may be eligible for Jobseeker's Allowance instead.

Work-focused interviews: introduced in Jobcentre Plus offices for everyone making a new claim for Incapacity Benefit. They are used to discuss work options, including the help available from Jobcentre Plus to find work. Work-related activity is not mandatory as a result of the interview. Work-focused interviews are a key part of the Pathways to Work programme, described in the **Employment** fact sheet.

Volunteering and the benefits system

Incapacity Benefit claimants are allowed to do an unlimited amount of voluntary work. Benefit issues might arise when payment is involved or if the activity appears incompatible with the benefits claim – eg if someone claiming Incapacity Benefit because of back pain took a voluntary position that involved heavy lifting.

Jobseeker's Allowance – there are no restrictions on the amount of voluntary activity that can be undertaken by Jobseeker's Allowance claimants as long as they continue to satisfy the conditions of entitlement. Volunteers can now give seven days notice (instead of 48 hours) to rearrange or give up a volunteer position in order to take up paid employment. Claimants are still required to be available for an interview at 48 hours' notice.

Sheltered work

Many Mental Health Trusts and social care services commission or provide sheltered workshops, which have high staffing levels and which typically offer a limited range of unskilled activities and few opportunities for career progression. Payments can be below the national minimum wage levels (recent guidance from the Department for Trade and Industry (DTI) identified the situations where this was possible).

EMPLOYMENT AND BENEFITS ADVICE, ENABLE, SHREWSBURY

The Enable project offers help and support to people with mental health problems to find employment, working with individuals, employers and linking into services like Jobcentre Plus. A key part of their work is providing benefits advice. This involves helping people to understand and apply for the benefits to which they are entitled, and providing support and evidence for Personal Capability Assessments. When people are considering employment, they will discuss the financial support available (such as tax credits) and they will explore options like self-employment. The benefits team works closely with Jobcentre Plus, the local Citizens' Advice Bureau, and independent welfare rights officers.

Contact: Jonathan Allen – on 01743 340035.

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

DWP will improve awareness of the continuing needs of Disability Living Allowance (DLA) claimants upon returning to work; and will review and revise DWP communications to ensure that staff and customers are aware of the circumstances in which someone is eligible for DLA, in particular that eligibility does not depend on someone being out of work. (DWP by 2005.)

DWP will consider the feasibility of making the Incapacity Benefit linking rules more flexible, eg by allowing automatic registration and a faster return to work after using the linking rules. (DWP by 2005.)

DWP will continue to monitor the impact of the Housing Benefit/Council Tax Benefit rapid reclaim form, which is designed to encourage more people to make the transition into work, and will keep this under review. (DWP from 2004.)

The evaluation of the Permitted Work Rules will inform their future design. DWP will continue to work to raise awareness of the current arrangements to support people to increase their working hours to 16 hours or more per week, and will keep under review the case for further measures to facilitate this. (Evaluation to be published by the end of 2004.)

DWP will consider whether there are additional channels through the Department of Health or mental health stakeholders for distributing publicity materials which describe benefit rules, employment programmes and how to access them through Jobcentre Plus; and DWP will keep the materials under review to ensure they effectively communicate key messages to disabled people, including people with mental health problems. (DWP with DH by 2005.)

Useful Contacts and Resources

See the Department for Work and Pensions web-site (www.dwp.gov.uk) for advice about benefits, eligibility criteria and downloadable claim forms. Claim forms and general advice are also available from the Benefits Enquiry Line (0800 882200), a confidential telephone service for people with disabilities, their representatives and their carers.

The Inland Revenue are responsible for tax credits, including the Working Tax Credit. Applications for Working Tax Credit can be made via the website www.inlandrevenue.gov.uk.

The Citizens Advice Bureau web-site, www.adviceguide.org.uk, provides advice on various topics, including benefits. Contact details for local Citizens Advice Bureau can be found in the phone book.

Disability Information and Advice Line (DIAL) services are based throughout the UK and are run by and for disabled people. They provide information and advice on all aspects of living with a disability, including benefits. The web-site contains details of local DIALs (www.dialuk.info).

The Disability Alliance provides advice about welfare benefits for disabled people and publishes the *Disability Rights Handbook* each year. They also have a telephone helpline (020 7247 8763) for members of the public or for people giving advice to others (available Mondays and Wednesdays 2–4pm) or visit www.disabilityalliance.org.

Advice Now provides information about rights and legal issues, including links to web-sites giving advice on welfare benefits for sick and disabled people. (www.advicenow.org.uk).

Rightsnet provides information on changes to welfare benefits and tax credits for welfare rights advisers. Rightsnet is run by the London Advice Services Alliance (LASA) see www.rightsnet.org.uk for more details.

National Institute for Mental Health in England (NIMHE) has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at kc.nimhe.org.uk.

Scottish Executive – for information on mental health policy and services in Scotland, contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive). Visit www.show.scot.nhs.uk

www.socialexclusion.gov.uk
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Mental Health and Housing

“Mental health problems can lead to rent arrears which can lead to a cycle of decline and hopelessness leading eventually to homelessness. Caught early these problems are extremely easy to sort out. Caught late, they can be devastating.”

Who is this for?

People affected by mental health problems, all those providing services for people affected by mental health problems, including primary care and voluntary sector staff, those involved in providing housing, housing-related services or advice.

Key facts

- Over four out of five people with severe mental health problems live in mainstream housing, with the rest living in supported housing or other specialist accommodation. Half of those with their own home or tenancy live alone.



- Many people with mental health problems feel that they are not offered the same choices as other people when seeking a new home, and that they are frequently obliged to take hard to let properties.
- People with mental health problems are one-and-a-half times more likely than the general population to live in rented housing, with higher uncertainty about how long they can remain in their current home.
- Mental health problems are prevalent among homeless people with 30 to 50 per cent of rough sleepers having mental health problems, and as many as one in five homeless people having a mental health problem and a further issue such as substance misuse.

Promoting social inclusion

What can staff in the housing sector do?

- Liaise with Mental Health Trusts so that they are aware of local mental health facilities, and build links with health and social care staff.
- Work with residents and mental health and social care professionals to ensure that tenancies are sustained by providing clear advice on such matters as benefit entitlement, and by ensuring that appropriate support services are put in place, eg advice agencies or occupational therapists.
- Recognise that admission to hospital is not a reason for the person to give up their accommodation, as Housing Benefit and Council Tax Benefit will continue to be paid if someone is in hospital for up to 52 weeks.
- Inform the Housing Benefit department and Benefits Agency when a person is admitted to hospital, if they are unable to do so themselves.
- Draw an agreement up with the tenant that if concern exists about the person's mental health, the housing officer can raise the concerns with the tenant and/or their GP/Community Mental Health Team contact so that they can receive appropriate support before a crisis is reached.
- Support health and social care staff to retain the individual's link to the community and provide support (where required) to the individual on returning to their home.
- Access mental health awareness training to better understand the needs of this client group – many voluntary and statutory organisations are able to facilitate this training. People with experience of mental health problems should be involved in the delivery of the training.

What can professionals in the health and social care sector do?

- Check a person's housing situation when they first access their service, ie hospital, Community Mental Health Team, GP surgery. Staff should work with the person to reduce the risk of losing their home, if the accommodation is appropriate. If the person will be homeless they should be referred to the local housing authority and work with housing services to identify and address their housing and support needs.
- Establish referral protocols with local housing advice agencies.
- Offer informal and formal support to housing staff on mental health issues and housing management.
- Recognise the role that housing staff play in supporting people with mental health problems in the community, and develop collaborative working relationships with them.

What can housing and health professionals do together?

ASSESSMENT AND RESETTLEMENT TEAM, BROMLEY, LONDON

The Assessment and Resettlement Team in the local housing department is responsible for everyone over the age of 16 who is deemed 'vulnerable', including those with mental health problems. The team links health, social care and housing services to ensure that people who are re-housed have the best opportunity to maintain their tenancy. Part of their role is to vet potential properties to ensure that they are suitable and to go with clients to the viewing. All team members specialising in mental health have previously worked in a Community Mental Health Team. In the last year the team has worked with over 400 people.

Contact: Glyn Gunning – on 020 8313 4134 or at - glyn.gunning@bromley.gov.uk

- Organise regular meetings (possibly using the Care Programme Approach (CPA)) between the individual, care co-ordinator and the housing officer to ensure that correct support is identified and that support packages complement each other, eg housing-related support and care services.

- Set up regular meetings/good practice forums between the health and social care services and housing staff to increase understanding of each other's roles, pressures and priorities.
- Establish clear and effective channels for advice and referral for housing services.
- Implement joint training to raise awareness of, increase understanding and deal with mental health problems and housing/support needs.
- Develop systems for collecting and sharing information between services.
- Develop and monitor a shared outcome (between housing and mental health services) on improving mental health support for homeless people or those at risk of homelessness (see *Achieving Positive Shared Outcomes in Health and Homelessness*, Office of the Deputy Prime Minister, 2004).
- Agree joint protocols between services on general and forensic hospital admissions and discharges so that people with a mental health problem who might be homeless or vulnerable to homelessness are identified and their support/housing needs are addressed as part of a planned discharge. (See *Discharge from Hospital: Pathway, Process and Practice*, Department of Health, 2003).
- Appoint a health and housing/homelessness champion to lead joint work in the Primary Care Trust/local authority.

Further information

Primary Care

The majority of people with mental health problems are supported by their GP and by other NHS staff who work in primary care. At this point anyone with a mental health problem needs to:

- have their mental health needs identified and assessed;
- be offered effective treatment, including medication and psychological therapies; and
- be able to access advice on social matters, including housing.

Secondary Care

Care Co-ordination

- If a person is referred to specialist mental health services they will have an allocated **care co-ordinator** whose role is to co-ordinate and have an overview of the different areas of care. This is not just in relation to health services but also to the areas where the individual requires support, such as employment, social networks or housing. The care co-ordinator is based within the local Community Mental Health Team.
- If a person is admitted to **hospital**, in-patient staff should identify any housing or support needs, and they should liaise with the care co-ordinator to ensure that appropriate housing is found and that support structures are in place before the person is discharged.
- A **written care plan**: this will set out the treatment and support to be provided. The care plan should also address the social needs of the person, including housing needs.

Crisis Resolution

- **Crisis Resolution/Home Treatment** teams can respond promptly when someone is in crisis, as this service should be available 24 hours a day, 7 days a week. The twin objectives of the team should be to resolve the crisis and to prevent any unnecessary admission to hospital, therefore preventing potential loss of accommodation. The person's care plan should identify any action to be taken in the event of a crisis, including dealing with any issues concerning accommodation.

Housing

Ensuring appropriate allocations

Housing authorities are under a number of obligations in relation to housing allocations. They must:

- ensure that advice and information are available about the right to make an application for accommodation with assistance for those who need it;
- ensure that applicants are informed of certain rights, for example the right to be informed of any decision about the case and the right to review certain decisions; and

- publish their allocation scheme, including a policy on offering people a choice of accommodation.

The Choice-Based Letting scheme aims to improve the level of choice available to people when taking up local authority housing. Practice differs in local areas, so contact local housing departments to find out their arrangements.

Enabling someone to keep their home

- The **Supporting People** programme funds services that provide housing-related support to vulnerable individuals who need assistance in order to enable them to maintain or improve their ability to live independently. Such support can be provided to individuals either in their own homes or in specialist accommodation, eg sheltered schemes, hostel-type accommodation and shared houses.
- Authorities are also strongly encouraged to ensure that, where relevant, the housing-related support services are provided as part of an integrated package of services. The levels of support offered will vary depending on the needs of the individual and the type of service, and they should be tailored to meet the individual's need through an Individual Support Plan.

Information about the financial support to help people with their housing costs (Housing Benefit, Council Tax Benefit and Community Care Grants) is included in the **Benefits** fact sheet.

Preventing/addressing homelessness

- People who are in housing need or vulnerable to homelessness can apply to a local housing authority for assistance and have their housing needs assessed.
- Housing authorities must ensure that free advice and information on homelessness and preventing homelessness is available to everyone in their area.
- Where an applicant is eligible i.e. unintentionally homeless, in priority need for accommodation (which includes mental health problems), and has a local connection, the housing authority has a duty to ensure that accommodation is available until the applicant finds a settled home or circumstances bring the duty to an end.
- Further information on housing and homelessness can be found at Shelter (see Useful Contacts and Resources below).

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

The Office of the Deputy Prime Minister (ODPM) and the Housing Corporation will identify best practice and will draw up guidance for local authorities and registered social landlords on preventing and managing rent arrears that reflects the needs of vulnerable tenants, including people with mental health problems, in mainstream housing.

Good practice guidance on Choice-Based Lettings will address how vulnerable people – including those with mental health problems and from ethnic minorities – can be assisted and supported in making appropriate housing choices. ODPM will consider the need to issue further guidance on appropriate allocations when the current National Institute for Mental Health in England/Housing Corporation research reports in summer 2004.

In revising the Code of Guidance on Homelessness, ODPM will ensure that it reflects homelessness and mental health issues.

ODPM will work with the Chartered Institute of Housing to ensure that mental health awareness is fully reflected in mainstream education and in training for housing professionals.

Research will be commissioned to develop practical ways to access mental health services for people who are homeless or in temporary accommodation. (Department of Health research to report in 2005.)

Useful Contacts and Resources

The Office of the Deputy Prime Minister Code of Guidance establishes the framework in which local authorities carry out their duties and allocate properties. It also contains details of consultation papers, the Government's press releases and Decent Homes (www.housing.odpm.gov.uk).

For a range of information and publications on homelessness, see www.homelessness.odpm.gov.uk

Choice-Based Letting – contact your local authority's Housing Department for more information on this new scheme as practice differs within each locality.

For information on Supporting People see www.spkweb.org.uk

Shelter helps people find and keep a home, and they provide advice and information for housing professionals. Their web-site is www.shelter.org.uk and they also have a helpline, *ShelterLine*, on 0808 800 4444. Shelter's Homelessness Act web-site is aimed primarily at local authorities and focuses on the practical issues following the implementation of the Homelessness Act 2002 (see www.HomelessnessAct.org.uk).

Information and policy advice for the housing and support sector can be found at www.sitra.org

For advice on funding see the Housing Corporation's web-site at: www.housingcorp.gov.uk/

The Citizens Advice Bureau web-site provides advice on a range of topics. (www.adviceguide.org.uk). Contact details for local Citizens Advice Bureau can be found at www.citizensadvice.org.uk/cabdir.ihtml or in the local phone book. The Citizens Advice Bureau is preparing a National Directory of Citizens Advice Bureau services specifically for people with mental health problems, which is due for publication in autumn 2004.

Revolving Doors have worked in improving access to care and housing for people with mental health issues who have had contact with the criminal justice system (www.revolving-doors.co.uk).

NIMHE has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at kc.nimhe.org.uk.

Scottish Executive – for information on mental health policy and services in Scotland, contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive). Visit www.show.scot.nhs.uk

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Mental Health, Education and Training

“People were not the sum of their psychiatric diagnosis;
they were learners with more to learn.”

Who is this for?

Potential and current learners affected by mental health problems, all those providing services for people affected by mental health problems, including primary care and voluntary sector staff, learning commissioners and providers.

Key facts

- People with low levels of educational achievement are likely to have less income and be less healthy overall.
- Among people with common mental health problems, just under one in three have no qualifications, and only one-third have qualifications at GCSE level equivalent.



- Only a small proportion of higher education students with mental health-related disabilities currently receives Disabled Students' Allowances (DSAs). The proportion of students in an institution receiving DSAs varies from 0-14 per cent.
- Involvement in learning can have a positive effect on someone's mental health. In addition to acquiring new skills, learning can promote confidence and give people a greater sense of purpose. It allows people to meet other students and make new friends, and to access better jobs and housing.

Promoting social inclusion

Potential learners can be constrained by low expectations, with some college and health and social care workers assuming that they cannot or do not want to access mainstream education, and that they will not want to undertake accredited courses. For many people, taking part in mainstream learning at the local college will promote better health outcomes. However, particularly at the outset, it may be necessary to provide additional support, especially if the student is moving away from home to study and having to form new support networks.

Supporting the individual learner

There are a number of ways in which learning institutions can support learners with mental health problems. These include:

- help with travel to the learning institution and with enrolment;
- one-to-one support in or outside the classroom, buddying schemes or mentoring;
- appropriate adjustments, such as to teaching and assessment methods, expectations around attendance, or requirements for group work or presentations; and
- outreach to encourage people to take up learning, and to explain the help on offer, eg holding education surgeries in Community Mental Health Teams.

THE INCLUSIVE LEARNING TEAM AT WIGAN AND LEIGH FURTHER EDUCATION COLLEGE

The team provides individual assessment and additional support to any learner with a mental health problem or other learning difficulty. Most students follow nationally accredited programmes, with provision from entry level through to higher education, in a number of vocational areas. Mentoring is available for students with mental health problems. Team members work closely with the local NHS trust partnership and local social service teams. Staff training is provided on an ongoing basis. Over 200 students are currently accessing college programmes under this service, with funding provided by the Learning and Skills Council.

Contact: Jill Mumford, Wigan and Leigh College, on 01942 761 887/849

THE PROGRESSION SUPPORT TEAM AT NOTTINGHAM TRENT UNIVERSITY

The team focuses on the practical difficulties faced by students with established mental health problems, and those who may be vulnerable to developing them. The support is marketed as assisting students to overcome barriers that they face to academic progression and providing specialist support to students with mental health problems. This allows a non-stigmatising access route to services, but also offers assurance of a quality service to those who are open about their mental health problems.

The service assists students to increase their understanding of the impact of their health and lifestyle on their education (and vice versa), and enables them to develop appropriate coping strategies. It also liaises over changes to methods of academic assessment and tutorial support. This involves the whole institution in mental health promotion, and ensures compliance with the Disability Discrimination Act 1995. In a typical academic year, the team supports approximately 200 students, and around 35 of these students will receive funding through the Disabled Students' Allowance.

Contact: Phil Scarffe, Nottingham Trent University, on 0115 848 2536

Training and support for education staff

All learning institutions need practical and user-friendly mental health policies, along with a holistic approach towards mental health. A support package for staff in learning institutions might include:

- a full induction for all new staff to raise awareness about the needs of learners with mental health problems, and confidence in working with this group;
- a list of referral agencies and local contacts, eg GPs, mental health services and local voluntary organisations;
- a focus on early intervention rather than crisis intervention; and
- a myth-busting sheet to de-mystify mental health.

Addressing organisational arrangements

It is important to improve the links between health and education providers to promote sustainable learning opportunities. Ways to do so include:

- improved links between education and health to ensure easier referral routes to the college, and to ensure that the learning can take place as part of an individual's overall care package;
- local mental health services making contact with learning providers to negotiate a mental health awareness package;
- educational support workers linking into health services, eg by being based for one day per week within a mental health setting to talk to potential learners and staff about available learning opportunities; and
- education and health providers joining existing National Institute for Mental Health in England (NIMHE)/National Institute for Adult Continuing Education (NIACE) regional networks to share best practice in promoting learning to people with mental health problems. Currently, there are nine networks and nearly 500 providers signed up to these networks. Details can either be gained from the NIACE web-site or through the NIMHE Regional Development Centre web-sites (see Useful Contacts and Resources below).

Further information

Forms of learning

There are three main types of learning provision for adults:

- **Adult education** is based in the community and often targets the needs of specific groups of learners. Adult education is largely non-accredited and allows learning to be more flexible and less formal.
- **Further education** is for people over compulsory school age (16 in England). It can take place in a school sixth form or sixth-form college, a further education college or a higher education institution.
- **Higher education** courses include degree courses, foundation degrees, postgraduate courses and Higher National Diplomas (HNDs). Learning takes place in universities, higher education colleges and some further education colleges.

Special Educational Needs and Disability Act

Under the Special Educational Needs and Disability Act (SENDA), all providers of post-16 education and related services have a legal duty not to discriminate against disabled students, either by treating them less favourably for a reason related to their disability or failing to make reasonable adjustments. The new legislation came into force in September 2002, and additional provisions requiring providers to make adjustments involving auxiliary aids and services came into force from 1 September 2003. From September 2005, all institutions will have to make reasonable adjustments to their premises in order to provide access for disabled students. Disabled students can challenge any acts of discrimination through the court system. The Disability Rights Commission offers a conciliation service for disputes under this legislation.

Financial Support for Higher Education Learners

Although people with mental health problems might not see themselves as disabled, learners and potential learners in higher education are entitled to apply for **Disabled Students' Allowances** (DSAs) to cover the extra disability-related costs in attending the course. DSAs are available to full-time and to part-time students (who study at least 50 per cent of a full-time course). DSAs could be used for specialist equipment, paying for non-medical support workers, help

towards the additional costs of travelling to the institution, or a general allowance. Information on how DSAs will work in the 2004/05 academic year is contained in the Department for Education and Skills (DfES) guide *Bridging the Gap: A Guide to the Disabled Students' Allowances (DSAs) in Higher Education in 2004/2005*, available from the DfES website: (www.dfes.gov.uk).

Funding for Post-16 learning providers (excluding HE)

The funding available through the Learning and Skills Council (LSC) includes:

- **Additional Learning Support** – extra funding made available to learning providers to cover the additional costs of provision for people with a wide range of additional needs;
- **Disadvantage Uplift** – extra funding for learning providers that is only applicable to certain groups of learners, including those with mental health problems; and
- **the Local Intervention and Development (LID) Fund** – the LID fund is about transforming local delivery and raising standards. Funds allocated to local LSCs are to be used at their discretion to address local needs, including raising access for different disability groups.

The LSC *Funding Guidance for Further Education in 2004/05* is available at the LSC's web-site at www.lsc.gov.uk and in hard copy. All learners in further education and adult education who are aged 16–19, or are on income-related benefits or on basic skills courses, get their tuition free through their institution as a matter of course (information on fee remission and other forms of learner support can be found on pages 29 and 38 of the guidance). Guidance for those receiving Jobseeker's Allowance, and information about the impact of studying on benefits, can be found in Annex D.

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

- The Department for Education and Skills (DfES) will work with the Learning and Skills Council to disseminate good practice on supporting access to adult learning and further education for learners with mental health problems.
- DfES will support the newly formed Universities UK/Standing Conference of Principals (SCOP) Committee for the Promotion of Mental Well-being in Higher Education (HE) in developing a forward work plan to: raise awareness of mental health issues; disseminate good practice on supporting access to HE to potential students with mental health problems; and deliver effective support to students while in HE.
- DfES will build on recent work on the Disabled Students' Allowance scheme to increase recognition and understanding by local education authorities and centre assessors of the issues facing learners with mental health problems and will standardise assessment procedures. Further and higher education institutions will review and make appropriate adjustments to their systems for raising awareness among all staff about issues for students with mental health problems.

(DfES from 2004.)

Useful Contacts and Resources

The Department for Education and Skills web-site (www.dfes.gov.uk) provides advice about courses and funding. For more detailed information on student support in England and Wales see www.dfes.gov.uk/studentssupport

For information on higher education opportunities see www.aimhigher.ac.uk

Learning and Skills Council: the LSC is responsible for funding and planning education, and for the training for over 16-year-olds in England (www.lsc.gov.uk). Any enquiries on local providers should be directed to your local LSC.

National Institute for Adult Continuing Education – England and Wales (NIACE): NIACE works in all fields of education and training. NIACE has a particular concern to widen access to learning and increase participation among groups currently under-represented in education and training. Contact 0116 2044200 or visit www.niace.org.uk.

Disability Rights Commission (DRC): The DRC's helpline (08457 622633) provides advice and support to students about the Disability Discrimination Act 1995 (DDA) legislation, and can advise on general DDA issues (www.drc-gb.org).

National Institute for Mental Health in England (NIMHE): for information on mental health policy and services visit www.nimhe.org.uk. NIMHE has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at kc.nimhe.org.uk.

Scottish Executive – for information on mental health policy and services in Scotland, contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive). Visit www.show.scot.nhs.uk

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Mental Health and Ethnicity

“Why is it all getting so complicated? As a black user all I want is access to meaningful services; access when I say I need access; to be listened to with respect and accepted; to be informed about what is going on and to be enabled to hold on to my life.”

Who is this for?

People from ethnic minority communities affected by mental health problems, all those providing services for these groups, including primary care and voluntary sector staff, education, housing, employment and advice services.

Key facts

- Adults from ethnic minority groups have higher levels of dissatisfaction with mental health statutory services than white people, and are twice as likely to disagree with their diagnosis.



- Stigma and fear within ethnic minority communities, in combination with a distrust of mental health services, means that they often seek professional help at a very late stage when their problems can be more serious.
- People from ethnic minority groups are six times more likely to be detained under the Mental Health Act than white people.
- The prevalence of common mental health problems is fairly similar across different ethnic groups, although rates are higher for Irish men and Pakistani women and lower for Bangladeshi women.
- People from ethnic minority groups are more likely to experience racism, be unemployed, be homeless, have poor physical health and live in deprived neighbourhoods, all of which can contribute to poorer mental health.
- There are particular issues for refugees – two-thirds have experienced anxiety or depression. They might have faced war, imprisonment, torture or oppression in their home country. In their new country they can also experience social isolation, homelessness, language barriers, hostility and racial discrimination.

Promoting social inclusion

Health and social care services need to be aware of the particular needs of people from ethnic minorities when designing and delivering services. This will involve:

- including people using services from a range of backgrounds in the design and delivery of services, and the development of training for the workforce;
- delivering services in appropriate locations, such as community or faith group settings;
- having access to interpreters and translation facilities;
- taking into account the role in the community of the individual and of their families and carers;

CHINESE OUTREACH SERVICE, THE KINHON PROJECT, SHEFFIELD

The four Primary Care Trusts in Sheffield provide an outreach service to their Chinese population, as members of the community are often reluctant to access mainstream services, and half cannot speak English. The project provides a women's drop-in centre and advocacy/translation services, and helps identify high-risk groups. They would like to expand to provide more accessible drop-in facilities, a telephone helpline and an outreach worker for men.

Contact: Andrew Wong – on 0114 2509594 or visit www.kinhon.fsnet.co.uk

- recognising and respecting people's different cultural and religious beliefs, and the inter-relationships between them and those of others; and

CULTURAL CONSULTANCY SERVICE, SPEKTRA – SOUTH LONDON AND MAUDSLEY MENTAL HEALTH TRUST

Spektra is situated within the South London and Maudsley NHS Trust (SLaM). It aims to resolve difficulties that occur between people and clinical teams due to differing cultural perspectives. People are referred (or can self refer) to the service. It aims, not only to recognise and acknowledge the person's own understanding of their mental health problem, which can often be shaped or influenced by their culture, but it also advises the clinical team on how to incorporate such cultural views into the clinical process.

The service will mediate between health and social care staff and the person to ensure that the role of culture is incorporated within the clinical and care process.

Contact: John Curran – on 020 7411 6538 or e-mail: john.curran@slam.nhs.uk

- ensuring where specialist services are more appropriate that they still remain integrated within mainstream health and social care organisations.

ANTENNA OUTREACH SERVICE, HARINGEY, LONDON

Since 1999, Antenna has worked with 200 Black African or African Caribbean people aged 16-25 who experience mental health problems. It is funded by the Primary Care and Mental Health Trust.

The service has links with a range of young people's services in North London, and will support mainstream providers working with young people with mental health problems. It has also developed a home tuition scheme, sports and graphic design courses, a music group, and opportunities for people with mental health problems to volunteer for community work through local churches. All of these build contact between people with mental health problems and the rest of the community, and aim to develop skills that facilitate a move out of the mental health sector into mainstream activities.

Contact: Norma Johnson on – 020 8365 9537 or
e-mail Antenna@outreachservice.fsnet.co.uk

Self-employment and enterprise – people with mental health problems from ethnic minority backgrounds can often face double discrimination in the labour market. In discussions with the Social Exclusion Unit, people from ethnic minority groups often stressed self-employment and enterprise as a valuable route back into work (see **Employment** fact sheet for more details).

Direct payments offer greater flexibility and choice to people with mental health problems to purchase their own care and support, based on an agreed needs assessment. These can be particularly appropriate for people from ethnic minority backgrounds as it can enable them to purchase care that is more culturally sensitive (described in more detail in the **Day Services** fact sheet).

Faith and religious groups can offer a powerful opportunity to build positive social networks for people with mental health problems, and they can be particularly important for some ethnic minority groups. Research has shown that aspects of spirituality are linked with beneficial mental health outcomes and are consistently related to greater life satisfaction, happiness, morale and other indicators of well-being. However, it should be appreciated that the interface between a person's mental health and their faith/religion can be problematic and can cause further difficulties for some.

Further information

- The Race Relations (Amendment) Act (2000) (RR(A)A) placed a duty on public authorities to actively promote race equality and it requires that listed organisations have a race equality scheme, which will include all Mental Health and Primary Care Trusts. Health and social care agencies have a statutory duty to eliminate unlawful discrimination and to demonstrate evidence such as monitoring the effects of policies on ethnic minority groups, training and setting race equality objectives.
- In October 2003, the Department of Health (DH) launched *Delivering Race Equality: A Framework for Action* for consultation. The draft framework identified what people who plan, deliver and monitor local primary care and mental health services should do for people with mental health problems and carers from ethnic minority groups. The framework is built around improved information, more appropriate and responsive services, and better community engagement. It seeks to improve suicide rates, acute in-patient facilities and averse pathways into care. The final framework is due to be published in November 2004.
- DH has set up a national steering group to oversee ethnic minority and mental health programmes. The steering group is co-chaired by Rosie Winterton (Minister for Health) and Lord Victor Adebawale (Chief Executive of Turning Point). Within this framework the National Institute for Mental Health in England (NIMHE) has established a black and minority ethnic mental health programme. This programme will be implemented nationally, and aims to raise the awareness of mental health problems, reduce discrimination, increase employment and help bridge the gap between mainstream services and ethnic minority communities.
- Diverse Minds was set up by Mind with support from DH in response to ethnic minority groups' concerns about their experiences of mental health care. It acts as an information sharing network and campaigns to improve mental health services for all ethnic minority groups. It has recently produced a set of guidelines supporting best practice in mental health for the black and ethnic minority communities.

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

Action will be taken across government to improve services for ethnic minorities with mental health problems by:

- mapping good practice across the country and developing a model to address routes into and out of care for some ethnic minority groups to ensure that they are dealt with appropriately and responsively (NIMHE/Home Office by 2006, see Action Point 11); and
- improving mental health training for police and probation officers with a strong focus on diversity issues. (See the Social Exclusion Unit report for the timings of Action Point 11.)

In addition, the need to address ethnicity issues is highlighted throughout the action plan, in particular:

- the programme to challenge stigma and discrimination (NIMHE launch by autumn 2004, see Action Point 1);
- new teaching resources to raise awareness of mental health issues in schools (NIMHE/Department for Education and Skills by 2005, see Action Point 2);
- strengthened training for health and social care professionals (NIMHE by 2007, see Action Point 8);
- improved treatment and care for adults with common mental health problems who use drugs (National Treatment Agency by 2005, see Action Point 9);
- promoting greater take up of direct payments (NIMHE by the end of 2004, see Action Point 10);
- piloting support for adults with mental health problems who wish to pursue enterprise and self-employment (Small Business Service from 2004, see Action Point 14);
- the systematic review of evidence and existing support for parents with mental health problems (Social Care Institute for Excellence from 2005, see Action Point 18);
- good practice guidance on Choice-Based Lettings to assist people to make appropriate housing choices (Office of the Deputy Prime Minister by 2005, see Action Point 21); and
- piloting new arrangements for the delivery of advice services (Department for Constitutional Affairs/Legal Services Commission by 2005, see Action Point 23).

Useful Contacts and Resources

The National Black and Minority Ethnic (BME) Mental Health Network was launched at the Afiya Trust conference in Manchester in September 2004. The aim of the network is to reduce inequality and to promote good practice in mental health for ethnic minority groups. The network has been established through a partnership consortium of interested organisations (www.afiya-trust.org).

Contact the National Institute for Mental Health in England (NIMHE) at www.nimhe.org.uk, or telephone 0113 254 3811, or e-mail Ask@nimhe.org.uk for information on the National BME programme. NIMHE has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at kc.nimhe.org.uk.

Diverse Minds: visit www.diverseminds.org.uk, telephone on 020 8519 2122 or e-mail contact@mind.org.uk

The Commission for Racial Equality: the Commission employs officers who specifically work around mental health issues and who can offer advice and support (www.cre.gov.uk). Telephone 020 7939 0000 or e-mail info@cre.gov.uk

The Refugee Council: the Council provides information on mental health services to refugees and their advisers (www.refugeecouncil.org.uk). Telephone 020 7820 3000 or e-mail info@refugeecouncil.org.uk

Scottish Executive – for information on mental health policy and services in Scotland, contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive). Visit www.show.scot.nhs.uk

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Mental Health, Families and Carers

“The worst part is when you are not sure how ill she is and if you should call a doctor or a friend. Sometimes she just sits and cries. My sister had to do a lot of housework when mum was ill.”

Who is this for?

People affected by mental health problems, all those providing services for people affected by mental health problems, including primary care and voluntary sector staff, teachers, children and family staff.

Key facts

- There can often be a gap between the service provision for adults with mental health problems and services provided for children. As a result parenting and family issues are not always given the attention they deserve.



- Parents can have difficulty accessing mental health services to plan for their own and their families' needs before crises occur. Mental health services do not always address the caring responsibilities of people with mental health problems.
- An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves.
- A high proportion of adults with mental health problems – 46 per cent of women and 28 per cent of men – feel that their parenting abilities have been unfairly questioned because of their mental health.
- Carers can lack information about how best to help someone with mental health problems and the support that is available to them. Carers who provide substantial care are twice as likely to develop mental health problems themselves.
- An estimated 6,000 to 17,000 children and young people care for an adult with mental health problems.

Promoting social inclusion

There are a number of ways in which families, carers and people with mental health problems could be better supported and enabled to maintain their social networks.

Recognising the importance of people's families

- Building explicit links between adult mental health services and children and families' services to provide a comprehensive service to meet families' needs.
- Assigning responsibility for liaising with and supporting families to specific workers in key treatment teams – eg in Early Intervention Teams.
- Ensuring that the training received by professionals working with children and families addresses parental mental health issues.

EARLY INTERVENTION SERVICE, SOUTH WORCESTERSHIRE

The team seeks to engage with families right from the point of referral. All the staff are trained in family interventions and there are six Behavioural Family Therapy trained staff on the team. Out of all the individuals on the team caseload who are in contact with their family, only one individual has not consented for the team to contact them. For all the other clients the team is supporting the family either by involving them in the treatment process or carer support.

Families are invited to meet with other families to share experiences and to gain information and support. The team has also provided specific support for siblings and has recently produced a booklet about psychosis from a sibling perspective.

Contact: Tony Gillam on 01905 681511 or
e-mail: tony.gillam@worcsh-tr.wmids.nhs.uk

Reducing the fears and concerns experienced by families

- Parental hospitalisation can be a worrying and uncertain time for families, with parents and children fearing family separation due to loss of contact. Ensuring there is a designated space where a family can be together when visiting is important.
- Families can benefit from psycho-educational approaches (known as family interventions) to help them care for and understand the needs of people with severe mental health problems. There is evidence that they are at least as effective as other interventions but they could be spread more widely (see *National Institute for Clinical Excellence Guidance 2002*).

FAMILY WELFARE ASSOCIATION, BUILDING BRIDGES, LEWISHAM, LONDON

In partnership with health and social services, the Building Bridges service provides support for families where a parent or carer is experiencing severe mental health problems and is caring for a dependant adult. It provides specialised support to bridge the gap between children's and adult mental health services. Services include:

- family-focused work to increase parenting skills, plan for periods of crisis, and provide home-based emotional and practical support and counselling for children;
- confidence building group work for mothers, with a crèche for children; and
- training for local children's and community mental health team staff.

In 2002–2003 nearly 80 per cent of clients were on income support, over 50 per cent were ethnic minorities and 70 per cent were lone parents.

Contact: Rose De Paeztron on 020 7272 4412 or e-mail rose.depaeztron@fwaprojects.org.uk

Increased support and recognition for carers

- Recognising carers as valued partners in decision making can be crucial for ensuring the right package of care for the individual and for alleviating feelings of frustration and anxiety for their carers.
- Access to, and knowledge of, the financial and emotional support available to carers can be limited. It is important to make this information readily available, eg referring people to the Direct Payments Scheme (see below for more details).
- For some carers it will be helpful to raise awareness of their entitlement to a comprehensive needs assessment and their own care plan (see below for more details).

Further information

Families

Every Child Matters, the Green Paper on Children published in 2003, set out five main outcomes which services should work towards: being healthy; staying safe; enjoying and achieving; making a positive contribution; and economic well-being. This is now leading to major changes in how services for children, young people and families are organised and delivered, covering issues such as early intervention, accountability and workforce reform (see Useful Contacts and Resources for further information).

Carers

The Department of Health produced *A Commitment to Carers* that provides an overview of what families and friends should expect from mental health services. As part of this commitment, carers are entitled to a needs assessment and they may also be entitled to financial help.

- **The Carers (Recognition and Services) Act 1995** gives people who provide 'substantial care on a regular basis' the right to request an assessment from social services.
- **Standard 6 of the National Service Framework for Mental Health** states that all individuals who provide regular and substantial care for a person on the Care Programme Approach (CPA) should have an assessment of their caring, physical and mental health needs. This assessment should lead to their own care plan and should be repeated on at least an annual basis. For more information on the CPA see the **Health and Social Care** fact sheet.
- **Carers (Equal Opportunities) Act** (Sam's Act) – the new act is likely to be implemented on 1 April 2005. The principal aims of the Act are to ensure that work, life-long learning and leisure are considered when a carer is assessed. It will give local authorities new powers to enlist the help of housing, health, education and other local authorities in providing support to carers; and it will ensure that carers are informed of their rights.
- **Direct payments** – following on from an assessment of their needs, carers may be entitled to an amount of money to help pay for support. For more details on direct payments see the **Day Services** fact sheet.

Partners of Care – in January 2004, the Royal College of Psychiatrists and the Princess Royal Trust for Carers launched Partners of Care. This joint campaign will run for one year and will concentrate on the problems faced by carers of all ages (see Useful Contacts and Resources below).

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

- The Department of Health (DH) will commission the Social Care Institute for Excellence (SCIE) to conduct a systematic review of evidence and existing practice by health and social care services in supporting parents with mental health problems with their parenting needs, including meeting the needs of ethnic minority parents; and will publish new guidelines. (SCIE from early 2005.)
- The Department for Education and Skills (DfES) will work with DH to ensure that the common core of training for professionals working with children and families addresses mental health issues. (DfES/DH from 2004.)
- DfES will encourage the emerging local structures for children and families' services to take explicit account of the needs of parents with mental health problems and their children, and will collaborate locally with adult mental health services. DfES will work with DH to help develop greater awareness in adult mental health services of the need to support parents with mental health problems in their role as parents. (DfES/DH from 2004.)

DfES will help improve access to family and parenting support by:

- highlighting the needs of parents with mental health problems and their children in the emerging family policy strategy; and
 - encouraging local Sure Start programmes, children's centres, other early years settings and other local statutory and voluntary services, such as Home Start, to be accessible and to reach out to and support parents with mental health problems, and respond to their needs and those of their children. (DfES from 2004.)
- DH will give priority and seek appropriate funding for a review of the quality of and access to family visiting facilities within hospitals, and to the general attitudes towards family visiting and young carers when a parent is in hospital. (Review to be undertaken by 2006.)

Useful Contacts and Resources

Department of Health Women's Mental Health strategy – for information on women's needs in relation to families and their mental health.

Every Child Matters – for more information see www.dfes.gov.uk/everychildmatters/

Connexions work with young people aged from 13–19. They can help with information and advice on learning, careers, health, relationships and money. They can be contacted on 0800 800 13 2 or at www.connexions-direct.com

Parentline Plus is a UK registered charity that offers support to anyone caring for a child. It runs a free phone helpline, courses for parents, develops innovative projects and provides a range of information (www.parentlineplus.org.uk).

Social Care Institute for Excellence (SCIE) promotes good practice in social care by reviewing and sharing practice, and they have set up the Parental Mental Health and Child Welfare Network to improve joint working (www.scie.org.uk).

Sure Start covers children from conception through to age 4, and up to age 6 for those with special educational needs and disabilities, as well as parents and communities across the country. The Public Enquiry Unit can be contacted on 0870 0002288 (www.surestart.gov.uk).

The Institute of Psychiatry provides mental health information for carers and relatives (www.mentalhealthcare.org.uk).

The Partners of Care campaign have developed a series of three separate checklists to help people with mental health problems, carers and psychiatrists talk to each other more clearly. These checklists can be viewed at www.partnersincare.co.uk or requested by calling 0207 235 2351 and asking for extension 127 or 154.

Carers UK provide information and advice on all issues relevant to carers. They can be contacted on 020 7490 8818 (www.carersonline.org.uk).

Crossroads – Caring for Carers are a charity who consider that carers should be entitled to practical support to reduce the stress of caring. They are able to offer 'in-home care' to allow carers some time to themselves (www.crossroads.org.uk).

The Princess Royal Trust for Carers is a national charity that works to make things easier for carers to cope by providing information, support and practical help (www.carers.org).

NIMHE has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at kc.nimhe.org.uk.

Scottish Executive – for information on mental health policy and services in Scotland, contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive). Visit www.show.scot.nhs.uk

www.socialexclusion.gov.uk

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Mental Health and Criminal Justice

“Prisoners’ mental health needs require attention and support if they are to be remedied.”

Who is this for?

People affected by mental health problems, all those providing services for people affected by mental health problems, including primary care and voluntary sector staff, police, the prison service, probation staff, substance misuse workers and those who work with people involved with the criminal justice system.

Key facts

- Around 70 per cent of sentenced prisoners have identifiable mental health problems (for more information see the Social Exclusion Unit’s report *Reducing Re-offending: National Action Plan*).



- Between 2003 and 2004, there were 93 suicides (known as self-inflicted deaths) in prison.
- People with mental health problems are more likely to be the victims rather than the perpetrators of violence: a study of people with psychosis in British inner-city areas reported that 16 per cent had been the victims of violence, compared with about 7 per cent of the inner-city population overall.
- People from ethnic minority backgrounds are more likely to enter mental health services after initial contact with the police or other forensic services (those that have links to the criminal justice and health systems), although they are no more likely to be aggressive before admission. People from ethnic minority communities make up 21 per cent of the male prison population (between two and three times the proportion in the general population).
- Police officers are often the first to be called to any incident of a person experiencing a mental health crisis. They currently receive very limited standard training in mental health awareness and recognition, yet they spend a significant amount of their time interacting with people with mental health problems.

Promoting social inclusion

TAILORED MENTAL HEALTH SERVICES, HM PRISON BIRMINGHAM

The new health centre has two dedicated 17-bed wards for inmates with mental health problems in a general health-care setting within the prison. The wards are staffed by health-care service personnel, many of whom have worked in community mental health facilities, with a team of prison officers. A primary care team is also based at the health centre. The centre also runs a 60-place 'day centre' facility for inmates with less acute mental health problems and for those who are not able to take part in mainstream education facilities. This provides specially designed activities, including basic skills work, life skills – such as budgeting – and creative activities.

Contact: Charanjit Mehat on - 0121 345 2500 or Fax: 0121 345 2361

What can Prison Officers do?

- Liaise regularly with health and social care staff located within the prison if they are having concerns about the mental health of a prisoner.
- Promote a supportive environment by being alert to signs that prisoners may be at risk and by being aware of the support options available.
- Encourage those in prison to engage in purposeful activity, as inactivity is related to the worsening of mental health problems.
- Prison Resettlement Officers should ensure that both the probation service and health and social care services are involved in resettlement plans.
- Ensure that links have been made with a GP as people are issued with only two days' medication upon release – running out may have a negative effect upon the person's mental health.

What can the Police do?

- Agree protocols with local mental health facilities to address action to be taken when a person is in crisis.
- Make regular contact with in-patient facilities and Community Mental Health Teams (CMHTs) to foster partnership working and understanding of each other's roles – eg a Mental Health Liaison Officer linking through to community services.
- Liaise with the Approved Social Worker prior to arrival at A&E or a mental health in-patient setting to ensure that the person can be seen as quickly as possible and correct supports can be identified.

MENTAL HEALTH AWARENESS TRAINING, NORTHUMBRIA POLICE

The Northumbria Police Force is piloting a training course on mental health awareness for operational officers within specialist units. The course includes mental health services, communication techniques, recognition of symptoms and behaviour, medication, and methods of defusing conflict. It was developed after a survey and an earlier pilot course aimed at patrol officers suggested that officers would welcome additional training on mental health issues, with the great majority believing that mental health should be a higher priority within the police service.

The training was developed and delivered in partnership between people with mental health problems, police officers and mental health service providers. Independent evaluation by the University of Newcastle suggested it resulted in quicker incident responses, shorter incidents, more appropriate resolutions, reduced potential for violent confrontations and improved attitudes towards mental health issues among officers. The evaluation also highlighted the very positive view of such an initiative among the mental health community.

Contact: Northumberland Police Community Safety Department on 01661 868499, Northumbria Police HQ, North Road, Ponteland, Newcastle Upon Tyne, NE20 OBL

What can Probation Staff do?

- Liaise with the Prison Resettlement Officer to ensure that support for people with mental health problems is consistent and planned prior to release.
- Consider vocational and social aspirations – ie employment, housing and family issues (see **Employment, Housing, and Families and Carers** fact sheets).
- Ensure that links are made with the local Community Mental Health Team who will be able to provide support with regards to mental health problems.
- Create links with local substance misuse services to provide support if appropriate.

What can health and social care staff do?

- Link with probation services to support the person with resettlement, and consider issues such as employment, housing and family issues (see **Employment, Housing, and Families and Carers** fact sheets).
- Liaise regularly with probation staff to ensure that the conditions of the community rehabilitation order are being met. Three-way meetings (including the probation service and the person involved) are helpful for support and resettlement planning. Ensure that correct supports are in place towards the end of the order, which may involve the consideration of through care (a voluntary extension of supervision by probation staff).
- Provide support to local prison, probation and police staff in relation to mental health issues – such as providing mental health awareness training or providing information and advice on specialist services.
- Provide links for local prison, probation and police staff to community substance misuse services.

Further Information

Health

- **A&E** – a duty psychiatrist will assess the person and will decide whether they need referral to in-patient or community services. Assessments can also occur in the identified 'place of safety' if a psychiatrist (or authorised health and social care professional) is able to attend.
- **Care co-ordinator** – a person assigned by health and social care services who co-ordinates the different parts of a person's care, including links to the criminal justice system.

Criminal Justice

- **Sections 135 and 136 (Mental Health Act 1987)** are police powers to intervene if a person is exhibiting distressed behaviour in public or to enter premises (with an approved social worker) for the purposes of taking a person to a place of safety.

- **A place of safety** is a hospital, a specialist residential or nursing home for people with mental health needs, residential accommodation provided by a local social services authority or 'any other suitable place, the occupier of which is willing temporarily to receive' the person. The last resort would be a police station if no other setting is available.
- **Appropriate adult** – if the police identify a person in custody as having a mental health problem there is a duty to request the attendance of an appropriate adult. They can be a family member, friend or often a volunteer or social/health care professional.
- **Forensic Medical Examiner** – provides medical care to people detained in police custody. Their assessments include whether the person should be detained under the Mental Health Act and whether they are fit for questioning. However, it should be noted that not all forensic medical examiners have approval for assessment (Section 12 Mental Health Act 1987).
- **Community Rehabilitation Order** – if a person receives a community rehabilitation order they will be assigned a community rehabilitation officer to assist them with their resettlement. (For further information on community rehabilitation orders contact the probation service – see Useful Contacts and Resources below.)
- **Temporary licence** – in certain circumstances a prisoner will be allowed to leave prison on a temporary licence. These can fall into different categories – compassionate licence, a facility licence and a resettlement licence. The latter is designed to help prisoners reintegrate back into the community and maintain family ties, making suitable arrangements for accommodation, work and training on release.

Joint Working

- The responsibility for prison healthcare has been transferred from the Prison Service to Primary Care Trusts. **Mental Health In-reach Teams** have been introduced into many prisons, with plans to extend this service in the near future. This is to ensure that prisoners entitled to care from a Community Mental Health Team will have a care plan in place in prison and on release.
- The new **National Offender Management Service** brings together prison and probation services. The service should help improve offenders' access to mainstream mental health services.

- The **Home Office**, working closely with other government departments, has published a national action plan to reduce re-offending, drawing together action on tackling such barriers as unemployment and homelessness (see Useful Contacts and Resources below for further information).
- **Court Diversion Schemes** aim to identify whether a person has mental health problems prior to arrival at prison and to divert people to more appropriate provision. These have proved very successful in preventing people from going to prison and instead receiving the right placement for treatment and support (see Useful Contacts and Resources below for further information).

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

The National Institute for Mental Health in England (NIMHE) and the Home Office (HO) will work together to develop a model to address coercive and complex pathways into and out of care for some ethnic minority groups, and to ensure that these groups are dealt with appropriately and responsively by both services. This will also consider gender issues. (NIMHE/HO to develop model by 2006.)

Building on the forthcoming action plan on reducing re-offending, the HO and Department of Health (DH) will work to develop a pathways approach that can be used at the local level to ensure that offenders with mental health problems are able to access suitable treatment at the earliest possible stage. (NIMHE by the end of 2005.)

NIMHE and the Probation Service will work towards making work-based mental health awareness training available for all probation officers. The training will cover diversity issues, including ethnicity and gender. (NIMHE/Probation Service from 2004-2005.)

The Association of Chief Police Officers (ACPO) will review the available post-foundation training on mental health awareness, and will ensure that ethnicity issues are fully addressed within it. (ACPO by 2006.)

The Central Police Training and Development Authority will make available Home Office funded mental health awareness training, in collaboration with NIMHE, at a number of regional centres. (Central Police Training and Development Authority by 2007.)

Useful Contacts and Resources

The Home Office is the central government department dealing with criminal justice, prisons and the police, see www.homeoffice.gov.uk

The Prison Service provides information on the work going on in prisons throughout England and Wales see www.hmprisonservice.gov.uk

To access information about the probation service see www.probation.homeoffice.gov.uk

To access information on the police visit www.police.uk

Home Office, *Reducing Re-offending: National Action Plan* (Home Office Communication Directorate, 2004).

A checklist for Accident and Emergency staff to help them deal with patients with mental health problems was published in 2004. This is available at www.dh.gov.uk/assetRoot/04/08/11/93/04081193.

Revolving Doors is a charity concerned with mental health and the criminal justice system. It works with the police, prisons and courts, as well as supporting people who have 'fallen through the net' of mainstream services. (www.revolving-doors.co.uk).

Nacro is a national organisation working to reduce crime by resettling prisoners, helping people with housing and employment, and working with communities and young people (www.nacro.org.uk). For more information on court diversion schemes see *Findings of the 2003 Survey of Court Diversion/Criminal Justice Mental Health Liaison Schemes for Mentally Disordered Offenders*.

National Institute for Mental Health in England (NIMHE) – for information and local case studies/projects on mental health issues and criminal justice (www.nimhe.org.uk). NIMHE has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at kc.nimhe.org.uk.

Scottish Executive – for information on mental health policy and services in Scotland, contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive). Visit www.show.scot.nhs.uk

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Mental Health, Advice and Financial Services

“By providing services in a range of mental health settings, many of the barriers to accessing an advice service are removed.”

Who is this for?

People with mental health problems and all those who work with them, advice workers and people working in financial services.

Key facts

- Financial problems are the most frequently cited cause of depression, but they can also be a consequence of mental health problems. People with mental health problems are nearly three times as likely to be in debt as those without mental health problems.
- People with incomes of less than £200 per week are over twice as likely to have depression or panic disorders compared to those with higher incomes.



- People with common mental health problems are more than twice as likely to have difficulties managing paperwork as those without mental health problems.
- A quarter of people with mental health problems have been refused insurance or other financial services.

Promoting social inclusion

Access to accurate information about legal and financial entitlements is crucial to achieving social inclusion. Listed below are some practical examples of how to disseminate this type of information more widely.

- In some areas, such as Salford, Northumberland and Runnymede, the local Citizens Advice Bureau and healthcare providers have introduced specialist advice facilities in day centres and hospitals to improve access to advice at times when people can need it most.
- The Legal Services Commission, working in partnership with local authorities and advice-providing agencies, have established a one-stop advice service in East London called the Community Debt Unit. This provides debt advice through Community Debt Workers to people living in East London who need support in managing their debt problems. The Unit has been funded by the Legal Services Commission, Neighbourhood Renewal funding and the National Lottery.

INDEPENDENT ADVOCACY SERVICE, CAMBRIDGESHIRE

The Independent Advocacy Service provides people with mental health problems across Cambridgeshire with help to access information and support. The service is funded jointly by the local Primary Care Trust and the city council, and is free, independent and confidential. The advocate is there to ensure that clients have an opportunity to speak up for themselves and get their voice heard. Working at the client's direction, the advocate can support the client to deal with issues including housing, financial services, welfare benefits and legal issues, as well as practical help with forms and letters. As one client said, "Advocacy has enabled me to review the circumstances of my life and find a practical way forward."

Contact: Mark Evans on 01733 758278 or e-mail Cias@btconnect.com

Further information

Advice services

Advice services play a vital part in enabling people to achieve housing and financial stability. They can come in different forms, including:

- **advocacy** – making sure clients have the opportunity to speak up for themselves or have their views represented;
- **legal advice** – helping people resolve issues such as tenancy or housing disputes;
- **information** – signposting people to other relevant services and informing people of their rights; and
- **practical support** – such as help with claiming benefits, resolving housing or employment issues, etc.

Community Legal Service Partnerships undertake analysis of the level of need for legal and advice services. They assess gaps in local provision and identify areas of specific priorities. They provide information and analysis to funding bodies, such as the Legal Services Commission or local authorities, to help funders make decisions about where additional resources or services are needed. This helps to improve access to legal and advice services. More information and links to your local partnership are at www.legalservices.gov.uk/partners

The **Legal Services Commission** is an executive non-departmental public body created under the Access to Justice Act 1999 to replace the Legal Aid Board. It aims to provide the widest possible access to information and advice services. For further information, go to www.legalservices.gov.uk

The **Disability Rights Commission** (DRC) works towards the elimination of discrimination and seeks to promote equality of opportunity for disabled people. It provides advice and information about disabled people's rights under the Disability Discrimination Act 1995 for disabled people, employers and service providers. However, it does not provide general advice on issues such as benefits or housing unless discrimination is involved. Go to www.drc-gb.org

For information on accessing specific services and entitlements, see the accompanying fact sheets, especially **Benefits, Education, Employment, and Housing**.

Financial services

The **Association of British Insurers** produced guidance in 2003 setting out insurers' responsibilities under the Disability Discrimination Act 1995. Insurers should offer the same cover and terms wherever possible, unless there are lawful reasons based on relevant and reliable data. Best practice principles within the guide are widely applicable to people with mental health problems.

There are ongoing concerns about the extent to which insurance companies' risk and outcome information is based on the real experiences of people with mental health problems, and whether staff have enough knowledge of mental health issues to assess applications. For example, even those with high levels of responsibility (including financial responsibility) in their job could struggle to access basic financial services as a result of their mental health problems.

In response to existing shortages, some organisations have started to develop specialist provision. For example, the **Manic Depression Fellowship** has negotiated affordable life and travel insurance premiums for its members, and the web-site **Loonscape.com** has been set up to help employed people with mental health problems to access basic financial services.

BUREAU INSURANCE SERVICES

Bureau Insurance Services is due to launch a travel insurance scheme for people with mental health problems or learning disabilities who might find it difficult to get insurance elsewhere. People applying for insurance need to get a certificate from their GP eight weeks in advance, stating that they are likely to be fit to travel during the period up to and including the time away, and they agree to continue taking any regular medication while away. Should the person become unwell and be unable to travel, or become unwell while away, they would be covered by the insurance. Insurance premiums are set slightly higher to cover the additional work involved with issuing certificates.

Contact: Chris Jordan, Bureau Insurance Services 01424 220110
or go to www.bureauinsure.co.uk

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

The Department for Constitutional Affairs (DCA) and the Legal Services Commission will pilot new contracting arrangements for the delivery of advice services to people with mental health problems. (DCA/Legal Services Commission to consult in 2004 and to implement pilots by summer 2005.)

The National Institute for Mental Health in England (NIMHE) will test models for providing vocational and social support in or linked to primary care, working in partnership with the Department for Work and Pensions (DWP) and DCA, who provide funding for local advice services. (NIMHE with DCA/DWP from 2004.)

Useful contacts and resources

The Community Legal Service has a web-site (www.clsdirect.org.uk) that enables users to search online for a quality marked local legal adviser or solicitor. CLS Direct also have a telephone advice line (0845 345 4 345) offering legal advice and assistance on debt, welfare benefits or education problems.

The Citizens' Advice Bureau web-site (www.adviceguide.org.uk) provides advice on a range of topics. Contact details for local Citizens Advice Bureau can be found at www.citizensadvice.org.uk/cabdir.ihtml or in the local phone book. The Citizens Advice Bureau is preparing a National Directory of Citizens Advice Bureau services specifically for people with mental health problems, which is due for publication in autumn 2004.

Disability Information and Advice Line (DIAL) services are based throughout the UK and are run by and for disabled people, and they provide information and advice on all aspects of living with a disability (www.dialuk.info).

www.advicenow.org.uk contains information about rights and legal issues, including links to websites with advice on issues affecting sick and disabled people.

www.rightsnet.org.uk offers information on changes to welfare benefits and tax credits for welfare rights advisers. It is run by the London Advice Services Alliance.

www.nationaldebtline.co.uk provides information and advice about dealing with debt. It also runs a free helpline: 0808 808 4000.

Action on Debt – Why it Matters and What You Can Do provides practical tips for managers in health, employment, neighbourhood renewal, justice, children and housing. This is a Social Exclusion Unit publication and can be found at www.socialexclusion.gov.uk or a hard copy can be ordered on 0870 1226 236.

The Government's approach to people who have unmanageable debts is set out in the Consumer Credit White Paper, published in December 2003. This is available at www.dti.gov.uk/ccp/topics1/pdf1/creditwp.pdf

To contact the Legal Services Commission call 020 7759 0000 or visit www.legalservices.gov.uk.

To contact the Association of British Insurers call 020 7600 3333 or visit www.abi.org.uk.

NIMHE has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at kc.nimhe.org.uk.

Scottish Executive – for information on mental health policy and services in Scotland, contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive). Visit www.show.scot.nhs.uk

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Local Implementation of the **Social Exclusion Unit Report**

Who is this for?

Adults with mental health problems and everyone at a local level who works with this client group, including mental health service commissioners and providers, health and social care professionals, Jobcentre Plus and Learning and Skills Council managers, local authority social services, social inclusion and housing leads, local transport planners and Local Strategic Partnerships.

Promoting social inclusion

The report sets out a new model for partnership working across sectors and an action plan to achieve change (see chapter nine of the Social Exclusion Unit report). The over-arching objective of this plan is to ensure that experiencing mental health problems does not present a barrier to achieving individual goals and participating in society. Health and social care services have a critical role to play in helping people recover – or hold on to – what they value in life, by facilitating access to advice, support and mainstream opportunities. At the same



time, it is essential that other service providers, including those in the fields of housing, arts and leisure and supported employment, actively address the issues faced by this client group and engage with the health sector to deliver change.

The basic approach

Local strategies to meet these objectives will need to take into account differing local characteristics, eg rural or geographically dispersed populations or services, the age/ethnicity profile, transport links and areas of deprivation. However, there are a number of core elements, as outlined below.

Implementation at a local level will be led jointly by the Primary Care Trust and the local authority, working in close partnership with the Mental Health Trusts, local Patient and Public Involvement Forums and Jobcentre Plus. Ideally, this partnership working will be formalised through joint consultation and planning mechanisms, and will be facilitated via pooled funding arrangements.

The other key local partners who need to be involved in implementation are:

- **people with experience of mental health problems, and carers;**
- **voluntary, community and private sector service providers, including ethnic minority groups;**
- **local employers;**
- **Learning and Skills Councils;**
- **Connexions;**
- **the Drug Action Team; and**
- **the Learning Disability Partnership Board.**

The Primary Care Trust Chief Executive and the local authority Director of Social Services have lead responsibility for devising a local action plan. This will include reviewing current commissioning arrangements to ensure that participation of the voluntary sector is maximised.

A key lever for implementation is the Department of Health's (DH) health and social care planning framework and targets for 2005–2008, which states:

“Unemployment and social isolation are important risk factors for deteriorating mental health and suicide. Information on how to help people with mental health problems gain and retain work, and improve community engagement, is set out in the report on mental health by the Government's Social Exclusion Unit.”

Creating the framework

In four in-depth local area studies conducted as part of the Social Exclusion Unit's report a number of factors were identified as needing consideration when determining the best way to achieve social inclusion.

The design and delivery of mental health services

- **Leadership:** securing strong leadership and wider local support for promoting social inclusion is vital.
- **The commissioning and strategic direction for mental health services:** effective commissioning of mental health services will recognise the importance of promoting social inclusion in lowering demand for crisis interventions and reducing suicide.
- **An emphasis on the individual:** promoting social inclusion requires services to have an underpinning philosophy that focuses on the aspirations and skills of the individual and on participating in the wider community, as opposed to a focus on symptom reduction and risk management.
- **Community involvement:** actively involving people with experience of mental health problems and carers in the design, delivery and monitoring of services, and commissioning projects which build on capacity within local communities.

Effective partnership working

- **The approach to 'mental health' adopted by mainstream services:** it is important that the providers and commissioners of services beyond the health sector appreciate and address the needs of this client group and promote the service-delivery models that work, eg the Individual Placement and Support employment model (see the **Employment** fact sheet).
- **Achieving effective strategic planning across sectors:** it is crucial to achieve positive working relationships between statutory and voluntary sector agencies, facilitated by agreed protocols for sharing information and joint assessments, pooled budgets and shared outcomes for monitoring purposes.

- **Resource issues:** it is important to secure both health and other mainstream funds (eg Jobcentre Plus and Learning and Skills Council (LSC) contracts) for the provision of services for adults with mental health problems (see the section on funding below).
- **Staff commitment:** securing the necessary enthusiasm and continuity across the sectors to make things happen is vital.

For information on workforce issues and the new guidance for commissioners see the **Health and Social Care** fact sheet.

Practical ideas

Listed below are some practical ideas for delivering social inclusion for adults with mental health problems:

1. Incorporate mental health as a priority within Local Strategic Partnerships.
2. Build socially inclusive mental health policies into local authorities' Equality Strategies.
3. Set up networks of specialist and mainstream service providers, eg in the field of employment or education, to ensure that people are presented with a range of cross-referred opportunities with varying levels of support (see the case study opposite).
4. Draw up protocols for joint working between mental health services, Jobcentre Plus, local colleges, etc.
5. Ensure that people with mental health problems and carers are regularly consulted with and are represented on the boards of Mental Health and Primary Care Trusts.
6. Mental health services can provide training and advice on workplace mental health issues in return for mainstream services adopting more inclusive and welcoming services.
7. Draw up a directory of local services, including arts and leisure opportunities to provide ideas for individuals and referral options for GPs.
8. Hold themed 'surgeries' in Community Mental Health Teams to raise people's awareness of the range of local opportunities and broader support mechanisms available, eg on employment and training. These can be particularly effective and credible if people with previous/current experience of using secondary mental health services play an integral role.

9. Work with local transport planners to ensure that the transport needs of people with mental health problems are included within each Local Transport Plan (LTP) and the Accessibility Planning process.

WORKNET BROMLEY, LONDON

WorkNet was set up in 2001 and has ten partner organisations across the voluntary and statutory sectors, all working in the fields of education and employment. It promotes a range of services for people experiencing mental health problems to give them the opportunity to access paid employment or further education.

The network receives 38 per cent of its funding from the European Social Fund and the remainder from its partner organisations. The majority of referrals come from the area's three Community Mental Health Teams, which hold fortnightly drop-in sessions. Once someone is in contact with the network, partners will refer through to each other and ensure that the next step is secured before someone finishes their current activities. Monthly steering meetings reinforce these links.

Contact: Kim Kelly – 020 8461 7140 or visit www.worknetbromley.co.uk

Sources of funding and support

A useful point of contact for funding expertise is the Social Inclusion lead at each National Institute for Mental Health in England (NIMHE) Regional Development Centre. They will have access to information on the different funding sources, including those held by the Learning and Skills Councils (LSC) and Jobcentre Plus, and the capacity to co-ordinate regional bids. A successful example of regional bidding is the London-wide capital volunteering project (for more details see the Social Exclusion Unit report's action plan).

The Government Funding website (www.governmentfunding.org.uk) provides information on grants that are available to voluntary and community groups from the Home Office, the Department for Education and Skills (DfES), the Department of Health (DH), and the Office of the Deputy Prime Minister (ODPM).

The Grantfinder service (www.grantfinder.co.uk) is the most wide-ranging source of accurate information on the full range of UK and EU financial support, including grants, subsidies, loans, venture funding and other incentives, available to all types of organisations. While there is a cost to purchase this

service, Grantfinder tends to be available in the majority of local areas either through local authorities and/or local Councils for Voluntary Services (CVSs). To access this service, approach your local authority or Local Strategic Partnership.

MONITORING

At a local level, data that could be used to monitor progress include the:

- number of people with mental health problems in paid work (Office for National Statistics (ONS) Local Area Labour Force Survey);
- number of people with mental health problems on Incapacity Benefit on mental health grounds (Incapacity Benefit admin data);
- number of people with mental health problems achieving a qualification equivalent to NVQ level 2 (ONS Labour Force Survey);
- number of people on the Care Programme Approach being supported in open employment, mainstream education or volunteering;
- number of people with mental health problems employed by Mental Health Trusts, local authorities and other public sector bodies; and
- number of people with mental health problems assisted by the Supporting People programme.

For information on monitoring indicators see **Annex C of the main Social Exclusion Unit report.**

THE SOCIAL EXCLUSION UNIT REPORT'S ACTION POINTS

National implementation will be led by a cross-government implementation team based within the National Institute for Mental Health in England (NIMHE) including secondees from other government departments. (NIMHE team to be in place by September 2004.)

Implementation at the local level will be led jointly by the Primary Care Trust and local authority. They will work in close partnership with the Mental Health Trust, local Patient and Public Involvement Forums, and Jobcentre Plus. They will ensure that implementation is mainstreamed within the local strategic partnership delivery arrangements. (Primary Care Trusts and local authorities from 2004.)

NIMHE will provide practical support for implementation through its Regional Development Centres, including a national conference to launch implementation and through the establishment of networks on key implementation themes. (NIMHE from 2004.)

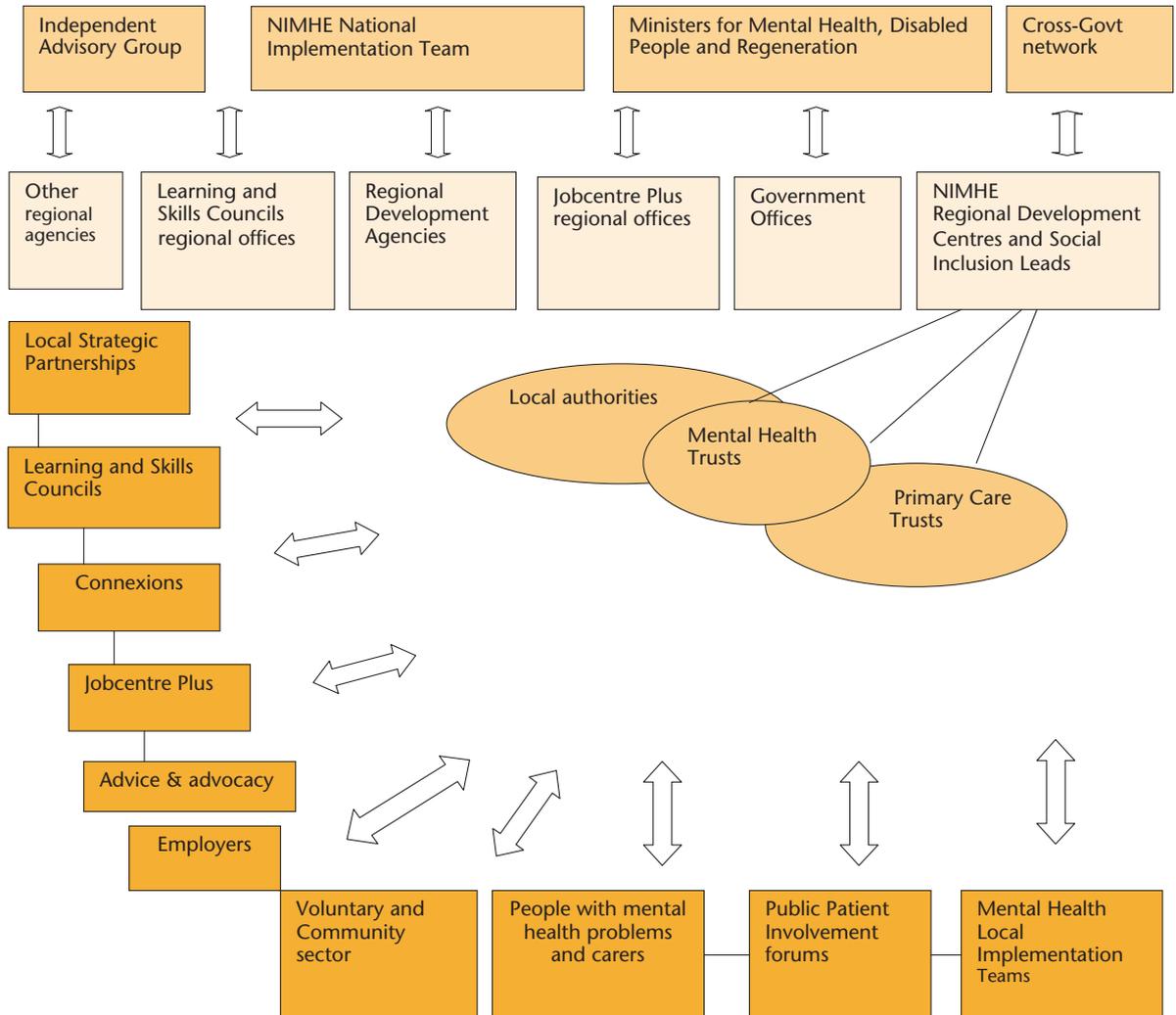
The provision of vocational and social support will be embedded in the Care Programme Approach (CPA) with full involvement of the service user (for more details and timings see Action Point 5).

The new joint review inspection framework being developed by the Healthcare Commission and Commission for Social Care Improvement (HC/CSCI) will reflect vocational and social inclusion issues. (HC/CSCI to pilot the new framework by spring 2005.)

The Adult Learning Inspectorate (ALI) will make a clear distinction between outcomes for people with different disabilities, including people with mental health problems, in all relevant inspection reports about the quality of provision. (ALI from April 2005.)

The Department for Transport (DfT) will reflect the specific needs of adults with mental health problems within Local Transport Plan and Accessibility Planning Guidance (DfT summer 2004).

Overview of Local and National Implementation Arrangements



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