



For better  
mental health

# CARERS IN MIND

## 29 AUGUST 2008: COMMITTEE CALLS FOR REPLACEMENT OF OUTDATED SYSTEM OF BENEFITS FOR CARERS

The Work and Pensions Select Committee today publishes its Fourth Report of Session 2007-08, entitled "Valuing and supporting carers"

Those who provide unpaid care for relatives and friends save the public purse an estimated £87 billion each year. The care they provide is not only of enormous value to those they care for, but also to society in general.

However, most informal carers are of working age, and sustaining their ability to remain in work, or to return to work after a period of caring, is essential both to the Government's target of reaching an 80% employment rate and to employers who can not afford to lose their valued skills.

The Committee believes the current system of benefits for carers is outdated

and recommends the introduction of two distinctive 'tiers' of support for carers, offering: (i) income replacement support for carers unable to work, or working only part-time; and (ii) compensation for the additional costs of caring for all carers in intensive caring roles.

The Report notes that many carers face financial pressures due to the additional costs of caring and from either reducing working hours, moving into lower paid work, or giving up paid work.

Carers who give up work may also feel that their skills become rusty or out of date, and over time they may lose confidence and feel out of touch with the world of work.

Chairman of the Committee, Terry Rooney MP, commented: "Caring matters deeply to individuals, families and society

in general. Sustaining the ability of carers to provide the care and support they give to others is of critical importance. DWP must support adults who become carers during their working lives to combine work and care and enable those who wish to return to paid work when caring ends or changes to do so."

"The DWP must ensure that in caring for family members, young carers are not disadvantaged in accessing opportunities for education, training and employment.

"DWP needs to provide adequate financial support for those who provide care when of working age, either by compensating them for the extra costs of caring, or, if they need to give up work to care, through adequate income replacement and pension protection mechanisms."

## 17 JULY 2008: BRITAIN'S SIX MILLION CARERS GET NEW RIGHTS AFTER MOTHER'S LEGAL VICTORY IN EUROPE

The mother of a disabled child was today celebrating after judges in the European Court of Justice in Luxembourg upheld the earlier opinion of the Advocate General that treating employees less favourably because of their association with a disabled person was unlawful.

The legal victory in Europe creates new rights for Britain's six million carers, including those looking after older relatives.

Sharon Coleman, whose son Oliver was born with a rare condition affecting his

breathing and was also deaf, brought a case claiming she was forced to resign from her job as a legal secretary after, she claims, being harassed by her employers and refused flexible working, which was allowed to other employees.

She believes she was specifically targeted because she has a child with a disability, and was denied the flexible work arrangements offered to her colleagues without disabled children.

Ms Coleman's case, funded by the Equality and Human Rights Commission, was referred to the ECJ by an

Employment Tribunal in order to determine if 'disability discrimination by association' is unlawful. Her case will now have to go back to the Tribunal for a hearing later this year.

Ms Coleman's victory has ensured that the UK's disability discrimination law provides protection on the grounds of someone's association with, including caring responsibilities, for a person such as a family member with a disability.

The ruling will also mean that those caring for elderly relatives are protected under age discrimination legislation.

**MONTHLY CARERS SUPPORT GROUPS**  
**TEDDINGTON**  
1st Thursday from 6pm-8pm  
The Maddison Centre  
140 Church Road  
Teddington TW11 8NL

**EAST SHEEN**  
3rd Wednesday from 7pm-9pm  
The Training and Development Centre  
"Old School House" Lower Mortlake Road  
Mortlake SW14 7HJ

**TWICKENHAM**  
2nd Thursday from 7pm-9pm  
Richmond Carers Centre  
5 Briar Road  
Twickenham TW2 6RB

## 23 JULY 2008: LARGEST EVER REVIEW OF ACUTE INPATIENT MENTAL HEALTH SERVICES HIGHLIGHTS AREAS FOR ACTION AND SHOWS ALL HAVE ROOM TO IMPROVE

The Healthcare Commission today said the quality of the services varied widely across the country as it published the most comprehensive assessment of NHS acute inpatient mental health services ever undertaken.

The Commission assessed all 69 NHS trusts providing acute inpatient mental health services in England. This covered 554 wards providing almost 10,000 beds for patients between the ages of 18 and 65. Overall,

8 trusts were rated as “excellent” (accounting for 843 beds – 9%), 20 as “good” (2,808 beds – 28%), 30 as “fair” (3,985 beds – 40%) and 11 as “weak” (2,249 beds – 23%).

The Commission conducted the review following a number of reports over the last decade highlighting concerns about the quality of inpatient mental health services. It was also concerned that the recent focus on community mental health services meant that inpatient services do not always get the funding and attention they need.

The review showed that while some trusts struggle to meet standards, there are a number of high-performing trusts proving that it is possible to provide personalised, safe and good quality acute

mental health care.

However, no trust was scored as “excellent” across all four of the key criteria, showing that every NHS mental health provider trust has room to improve services to patients.

The review showed that there were variations between trusts and there were also differences between wards in the same trust.

The higher performing trusts were those that actively involved inpatients in their care, provided meaningful activities in a therapeutic environment and that planned care around the needs of the service users.

The report highlighted a number of positive findings including good access to independent advocacy and to programmes to promote health, such as smoking cessation and healthy eating. Although the wards assessed in the review are for adults aged 18 to 65, most trusts could access advice and support from specialists in caring for young people and for older people, when needed.

But the report identified areas for action, in particular improving the involvement of patients in their care. The Commission said that despite guidelines to include

patients’ views in their care plans, this occurred in only 50% of cases.

Also, one in nine trusts scored “weak” on the criteria relating to safety, showing that in these trusts there was considerable room for improvement in ensuring the safety of service users, visitors and staff.

The report said there was insufficient attention to the sexual safety of patients and overcrowding in some trusts. It said more work needed to be done to train staff and to provide specialist services to patients who have mental health problems and who misuse drugs or alcohol.

Anna Walker, the Commission’s Chief Executive, said: “On behalf of patients we have thrown an intense spotlight on these services in a way that has never been done before.

“It is clear that it is possible to provide patients with excellent acute hospital care and that some organisations are doing exactly that. It is also clear that these can be tough places to work and I pay tribute to the dedicated staff who face the challenges on a daily basis.

“But our report also shows that there are issues of significant concern and this is particularly true for some organisations.”

This service review has assessed the quality and safety of care provided by NHS acute inpatient mental health wards and psychiatric intensive care units in England.

The overall focus of the review is on assessing whether admissions to inpatient mental health services are appropriate, purposeful, therapeutic and safe.

A number of reports have highlighted concerns about the quality of provision of acute inpatient services, with clear

evidence of unmet needs. This has also led to public concern about the safety of these services.

In response, the Government set out clear policy and objectives, along with capital investment, to ensure that appropriate acute services are available as part inpatient mental health services are appropriate, purposeful, therapeutic and safe. The four key criteria against which we assessed performance were:

A) There is an effective care pathway that ensures admission to hospital is

appropriate and that discharge from hospital is timely.

B) Inpatient services focus on the needs of the individual and provide care that is personalised and promotes recovery and inclusion.

C) Service users and carers are involved in care planning, in how the ward is run and in operational and strategic planning, evaluation and development.

D) The ward has systems, processes and facilities in place to ensure the safety of service users, staff and visitors.

**NOTE:** With regard to performance, South West London and St George’s was joint 41 out of the 69 Trusts, along with 9 other trusts with a ‘sum of points’ score of 8. The Trust’s overall review score was 2, as was its score in each of the above categories A to D (where 1 is weak, 2 is fair, 3 is good and 4 is excellent).

Source: Service Review Scores Table, where an overall score of 2 is allocated to all Trusts with a ‘sum of points’ score of 7, 8 or 9.

## 24 JULY 2008: LONG WAITING TIME FOR PSYCHOLOGICAL THERAPIES HARMFUL, SAYS MENTAL HEALTH REPORT

A group of leading mental health charities has today published a report which says that the lives of those stuck on long NHS waiting lists for psychological treatments are being damaged as a result.

Mental health problems can worsen, relationships can break down and some people are forced to take time off from work - or give up a job completely - according to **While we are waiting**.

National clinical guidelines recommend that psychological treatments, such as cognitive behavioural therapy and psychotherapy, should be made available on the NHS.

But such therapies remain difficult to access and the wait for patients is long – often more than six months, sometimes years.

The report comes ahead of the roll out of the Government's Improving Access to Psychological Therapies (IAPT) programme, which is expected to bring 3,600 extra therapists to half of England's primary care trusts (PCTs) in the next three years and to reduce waiting times in those areas dramatically.

**While we are waiting** says that unless

the Government requires all PCTs to publish data about how long it takes for patients to get treatment, inequalities in access to talking therapies will continue.

The report says that psychological therapy can not only improve an individual's mental health but also a person's ability to manage family life, relationships, a job or an ongoing physical illness.

**While we are waiting** recommends that:

- \* PCTs aim to meet the IAPT programme's aspiration that psychological therapy is available when needed urgently, within 3-10 days.
- \* The NHS communicates to patients about the different kinds of psychological treatments on offer to ensure that they get access to the right therapy for their problem.
- \* Therapy services need to be flexible, offering weekend and evening appointments for those who work during the day.
- \* Therapy services should be sensitive and accessible to children and young people, and delivered by experts in children's mental health.

**Emily Wooster, Policy Officer at Mind, said:** "People are still struggling to access a choice of treatments, still waiting months and even years for urgently needed support, and still watching their lives deteriorate while they are stuck on waiting lists.

When you are facing an urgent need for any health treatment, waiting weeks or even days can seem like too long. The government needs to hold Primary Care Trusts to account on this issue."

**Chief Executive of Sainsbury Centre for Mental Health, Angela Greatley, said:** "Psychological therapies can make a huge difference to people's lives. We applaud the Government's efforts to speed up access to effective treatment.

It is now up to PCTs across the country to ensure they make provision for all people who need psychological therapies to receive them in a timely manner."

The Mental Health Foundation, Mind, Rethink, The Sainsbury Centre for Mental Health and YoungMinds are members of the **We Need to Talk** coalition, which campaigns to increase investment in and widen access to psychological therapies on the NHS.

## 10 SEPTEMBER 2008: IPCC PUBLISHES MAJOR STUDY ON USE OF SECTION 136 OF THE MENTAL HEALTH ACT

Twice as many people are detained in unsuitable police custody for assessment under the Mental Health Act as those taken by the police to hospital for this purpose, according to research published by the Independent Police Complaints Commission (IPCC) today.

During a one year period (2005/06) over 11,500 people were detained in a police cell as a place of safety under section 136 of the Mental Health Act. In the same period 5,900 people were taken to and detained in a hospital.

The IPCC's report, 'Police Custody as a "Place of Safety": a National Study Examining the Use of Section 136 of the Mental Health Act 1983', examines the nature and extent of the use of police custody as a place of safety across England and Wales.

It is the first time national data on the use of section 136 by all 43 police forces has been collated.

The report makes a number of recommendations for the police and health services to improve practice and the experiences of the many thousands of people detained by the police under this power.

Under section 136, police officers can detain people, believed to have a mental disorder, who are in a public place and take them to a place of safety such as a hospital or police station for assessment.

Ian Bynoe, IPCC Commissioner with national responsibility for mental health, said: "Someone whose distress or strange behaviour causes the police concern needs rapid medical and social assessment in a safe environment.

It is therefore intolerable that even though it has been Government policy since 1990 that a hospital is the preferred place of safety for such an assessment our research shows that twice as many people are detained in police custody as in a more fitting hospital environment.

"Police custody is an unsuitable environment for someone with mental illness and may make their condition worse, particularly if they are not dealt with quickly, appropriately and don't receive the care they need.

The continued use of cells not only diverts police resources from fighting crime, but criminalises behaviour which is not a crime. A police cell should only be used when absolutely necessary, for example when someone is violent, and not as a convenience."

## Hitting the Ground Running! Kim Willson, Carers Project Co-ordinator

I find it hard to believe that this is only been 24 days since I started - it's been quite a whirl the last few weeks.

Firstly a huge thank you to Peter Marks for all of the hard work he has put into the project in the last 6 months since Silvia left, I am very, very grateful to him. I would also like to thank Emma King, our Director, and John Holmes for all the extra work they have done looking after everybody.

My background has been working with



the community development and children's centre initiatives in the borough where partnership working has become firmly established. This will be a main focus for The RBMind Carers Project in order to give you the best service we possibly can.

Personally, I am just really pleased to be working with such a wonderful group of people and look forward to hearing from all of you about how you want your project and services for Carers to develop.

### First monthly Carers Lunch!

You are all invited to the first Carers Lunch on November 7<sup>th</sup> at 1pm, The Social Centre at The Richmond Royal. I am hoping to hold them once a month so we have a chance to meet up socially on a regular basis.

The second lunch will be on November 28<sup>th</sup> at 12noon, followed by a talk from Catherine Gamble on 'How Families Recover'. This is an introduction to the Recovery Approach which the Trust works with. Catherine has an excellent reputation for running really good training sessions.

Can you give Kim a call on 8940 7384 if you would like to come to either, or both lunches. These lunches are free for registered Carers.

### The Carer's Voice

In the last few weeks by listening closely to Carer's stories it is clear that there are some common concerns and frustrations which are shared by many Carers. Carers Assessments, the impact of Recovery and SDS on Carers, and Lavender Ward have been the main areas of concern so far.

The Borough and the Trust are both keen to consult with Carers, and more importantly to look at how appropriate changes can be made in the delivery of services in response to Carers feedback. How this becomes a reality is the next step.

You now need to think about how you wish to move forward. Should there be a Carers Voice Forum? What are your thoughts on this, please let Kim know.

### Self Directed Support Evening

Thank you to everybody who came along to this evening which was the first introduction of Self Directed Support and Direct Payments to Carers.

Now it is time for Carers to share any concerns, having a frank and honest conversation about the realities of what living with Self Directed Support might entail for Carers.

At this stage I will be asking Carers to let me know any specific concerns they may have, I'll keep you in touch.

### Lavender Ward Update

We will be preparing a Lavender Ward information pack for carers which we hope to have your feedback on, and will be working in partnership with the Trust on the Star Wards initiative.

### MIND AGM

#### Come along!

Richmond Borough Mind would like to invite you to its Annual General Meeting and Get Together. There will be a talk by Vincent Cable MP and Paul Farmer, CEO of National Mind.

The membership form enclosed is inviting you to become a member of Richmond Borough Mind. It is NOT registration for The RBMind Carers Project.

### World Mental Health Day

Orleans Gallery will be running a communal art workshop 1-4pm to celebrate on October 10<sup>th</sup> - sounds fun! Call 0208 831 6000 to book and find out more.

### Carers Rights Day

Richmond Carers Centre will be hosting an event on December 5<sup>th</sup> for Carers Rights Day. Details will be confirmed by November - call 020 8867 2380 if you would like more information.

### Weekly Massage

#### We now have massage every Friday.

Tonia has very kindly joined Kirstin as the second member of our pampering team. Sessions will be on Friday mornings at The Social Centre at The Richmond Royal.

To book with Kirstin on the first Friday of the month call 07976 661202, for the other Fridays with Tonia, call Kim on 8940 7384.

**If you have any concerns about services provided by Richmond Borough Mind, the Trust, including Lavender Ward, or services provided by Richmond Borough Council that affect you as a Carer, please contact Kim on 020 8940 7384 or email [kim@rbmind.com](mailto:kim@rbmind.com)**

Further information on articles in this newsletter can be found at the following sites:

<http://www.publications.parliament.uk/pa/cm200708/cmselect/cmworpen/485/485i.pdf>

<http://www.equalityhumanrights.com/en/newsandcomment/Pages/legalvictoryinEurope.aspx>

[http://www.healthcarecommission.org.uk/\\_db/\\_documents/The\\_pathway\\_to\\_recovery\\_200807251020.pdf](http://www.healthcarecommission.org.uk/_db/_documents/The_pathway_to_recovery_200807251020.pdf)

<http://www.weneedtotalk.org.uk/>

[http://www.ipcc.gov.uk/news/pr100908\\_136sectionreport.htm](http://www.ipcc.gov.uk/news/pr100908_136sectionreport.htm)

<http://starwards.org.uk/>