



# Carers in Mind

Issue 21, Autumn/Winter 2010

## Benefits to Change

**Like many across the country, we at Richmond Borough Mind have been closely following the changes that have been proposed by the new coalition government, especially changes in relation to mental health services and benefits.** Both have a direct impact on the many users of our services. We acknowledge that the current environment is extremely unsettling for many and we hope to give service users and carers as many opportunities as possible to ask questions around these changes and to be accurately informed about them. The 'refreshed' National Carers Strategy is due out in November 2010 and the new Mental Health Strategy replacing New Horizons is due out at the beginning of December 2010.

**National Changes to Welfare Benefits** In the October Spending Review, the Chancellor has confirmed that he will be taking forward work to introduce a Universal Credit over the next two Parliaments (8-10 years). This will combine all out-of-work income-related benefits (including Housing Benefit) with tax credits to form one integrated source of help for all households that qualify. The aim is to sharpen work incentives, remove complexity and reduce fraud and error. Although the plan is to start taking new claims to Universal Credit in 2013, there will be a lengthy transition period for existing cases.

In the interim various changes to welfare benefits are proposed.

These are the main changes that we have identified that could possibly affect benefits for people with mental health problems:

**Disability Living Allowance** There is a proposed 20% reduction in the overall national budget for Disability Living Allowance through the introduction of a new medical test for all new and existing claimants, and changes in the way that benefits are increased with inflation. Starting in April 2013 all new claims and existing claims for DLA will be based on the new medical test. This will apply claims for people aged 18-64 only. It will take about 3 years to test all those people already on DLA when the new test starts.

**Incapacity Benefit** There will be two pilots to test the changeover from Incapacity Benefit to *Employment and Support Allowance* from Oct 2010 in Aberdeen and Burnley. The main reassessment process is due to start in February 2011.

**Employment and Support Allowance (ESA)** is the replacement for Incapacity Benefit. When applying for Employment and Support Allowance, individuals are assessed using the Work Capacity Assessment by Atos healthcare and placed in one of three groups:

★Support Group, not required to undertake work-related activity (£96.85 a week after the assessment phase at £65.45)

★Work Related Activity Group, for those deemed fit for work with support and preparation (£91.40 a week after the assessment phase at £65.45)

★Fit for Work, so transferred to Jobseeker's Allowance (£65.45).

There are two types of ESA - contribution-based ESA for people who have paid enough National Insurance contributions, and, income-based ESA for people who have not paid enough National Insurance contributions and satisfy the entitlement conditions. Currently there is no time-limit on the period for which individuals in the Work Related Activity Group can claim the contribution-based ESA, but the Government proposes that it would be limited to one year (starting in 2012-13).

**Housing Benefit** From April 2011 the government will introduce absolute caps so that Local Housing Allowance rates cannot exceed £250 for a one bedroom property, £290 for a two bedroom property, £340 for a three bedroom property or £400 for a four bedroom property. On housing benefit, single people up to the age of 35 will only be paid enough benefit to rent a room in a shared house. Currently this only happens to people up to the age of 25.

Current Department for Work and Pensions figures for ESA claims to November 2009 show that 6.8% of those with mental health problems assessed through the Work Capacity Assessment were placed in the Support Group and 24% in the Work-Related Activity Group, while 69.2% were found to be 'fit for work'<sup>1</sup>.

National Mind and Rethink are both actively campaigning around the proposed benefit reforms before they are finalised, you can find out more details of how you can become active in their campaigns from their websites.

From October, 1700 people in Burnley and Aberdeen who currently claim Incapacity Benefit have started being called to undergo the new test to see if they are fit for work or not. National Mind believes that the Work Capability Assessment is not able to adequately assess whether mental health can affect someone's ability to work and cope in the workplace, and is calling for a revision of the test before it is rolled out to over 1.5 million claimants nationwide.

Sophie Corlett, National Mind's Director of External Relations, said: *'The benefit test being used in the pilots starting today has a fundamental problem when it comes to people with mental health problems – it does not do what it's set up for, which is to distinguish accurately which people can work and which people can't. The benefit test is the gateway to the welfare system, and without a benefit test that works, you cannot create a benefit system that works.'*

*The Government has a tremendous opportunity to reform the system and has already made some positive moves by ensuring that people returning to work can keep some of their benefits. However, if reform is rushed through and not carried out in a thorough and rigorous manner it could end up making the same mistakes as previous reforms.'*

**Please see page 4 for news of local changes proposed to adult social care.**

## Innovative New Recovery College Opens

**A pioneering new College aimed at empowering people with mental health problems to be experts in their own recovery, live well and make the most of their skills and talents was opened at Springfield Hospital, Tooting on 20th September by South West London and St George's Mental Health Trust (SWLStG's)**

The South West London Recovery College's main building is located in the previous Trust Head Quarters building. The main College building also offers a comprehensive library of resources relevant to supporting recovery. The College will work on a hub and spoke model, offering courses in Sutton and Merton. From early 2011 the College will be delivering courses locally in Richmond and Kingston, this will be led by Helen Miles the Richmond and Kingston Recovery lead for SWLStG's.

The courses and library will be available to SWLStG's service users, staff, and carers (including family and friends). Mental health professionals and peer trainers will co-deliver courses with the aim of co-producing clinical and social outcomes to enhance the health and wellbeing of service users and support their recovery.

A key feature of the Recovery College will be the adoption of an 'educational' and 'coaching', rather than a medicalised model of service with the aim of helping people to recognise, develop and make the most of their talents and resources in order to become experts in their own self-care and do the things they want to do in life. The College will also be central to training staff in their roles and providing development for them. The Recovery College is part of the Trust's long history of groundbreaking models of care, such as user employment.

The emphasis of the College will be on shared decision making in a learning environment and promoting self-determination and self-management. The aim is not to replace opportunities and resources already available in the local area (for example, local libraries and courses run by local Colleges etc.) but to complement these within a therapeutic environment and encourage people to access other opportunities available in the local area.

To this end, the College will be working closely with partner agencies, the voluntary sector and other providers to invite them to deliver relevant courses

and work with SWLStG's to ensure that the College becomes a valuable community resource.

Carers in Mind has been working in partnership with Catherine Gamble, Consultant Nurse at SWLStG's, developing a new 10 week course for families and friends as part of the Recovery College programme which will be delivered in partnership with Kingston Carers Network.

The Family Recovery and Communication Skills Course is an experiential learning programme which examines carers' recovery process and addresses recognisable, cyclical phases that all families go through. Family members, service users and professionals are given the opportunity to share narratives and combine their learning in this cutting edge approach to family psycho educational training. As knowledge and skills are acquired participants can discover, renew and grow through their personal caring journey.

The College prospectus is available on the SWLStG's website or you can contact them on 020 8682 5818 or email [recoverycollege@swlstg-tr.nhs.uk](mailto:recoverycollege@swlstg-tr.nhs.uk) We will keep you informed of local developments.

## Safer Lithium Therapy



**Lithium Alert Card**

This patient is taking lithium therapy  
This card should be carried at all times and shown to healthcare professionals

Name of patient: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

GP: \_\_\_\_\_

NHS number: \_\_\_\_\_

**In December 2009, The National Patient Safety Agency [NPSA] issued a patient safety alert entitled 'Safer Lithium Therapy'.** Some patients taking lithium have been harmed because they have not had their dosage adjusted based on recommended regular blood tests. If patients are not informed of the known side effects or symptoms of toxicity, they cannot manage their lithium therapy safely.

Regular blood tests are important. Clinically significant alterations in lithium blood levels occur with commonly prescribed and over-the-counter medicines. The blood level of lithium is dependent on kidney function and lithium has the potential to interfere with kidney (renal) and thyroid functions.

All healthcare organisations in the NHS where lithium therapy is initiated, prescribed, dispensed and monitored are asked to ensure that by 31 December 2010:

- Patients prescribed lithium are monitored in accordance with NICE guidance;
- There are reliable systems to ensure blood test results are communicated between laboratories and prescribers;
- At the start of lithium therapy and throughout their treatment patients receive appropriate ongoing verbal and written information and a record book to track lithium blood levels and relevant clinical tests;

- Prescribers and pharmacists are required to communicate lithium results reliably and check that blood tests are monitored regularly and that it is safe to issue a repeat prescription and/or dispense the prescribed lithium;
- Systems are in place to identify and deal with medicines that might adversely interact with lithium therapy.

The UK Prescribing Observatory of Mental health (POMH-UK) in collaboration with NPSA and the National Pharmacy Association (NPA) have developed a variety of materials (information booklet, alert card and record book) to improve communication between patients on lithium therapy and healthcare providers.

After 31 December 2010, people will not be able to collect prescriptions for lithium from their pharmacist unless the necessary tests have been carried out. It is important for everybody to be aware of these changes in order to support the improved monitoring of physical health problems.

Healthcare services nationally have been working with people who are prescribed lithium to ensure everybody has been given the appropriate information and reliable systems are in place for their blood tests. If you would like more information please contact us.

## Reflections

**This year Richmond Borough Mind received funding from the Heritage Lottery Fund to run a project called Reflections.** The Reflections project has collected the oral history of over 60 contributors made up of service users, carers, volunteers, staff, mental health professionals, stakeholders and members of the public.

This was done by a team of 8 oral history researchers working really hard and transcribed by another 5 volunteers. We also made a film of peoples experience during the last 50 years. As the co-ordinator for the project, I feel it is really important at this point that we look back over the last 50 years and see all the developments that have taken place in this time to help guide us for the next 50 years. It is also important to catch the memories of some of the people who were actually there 40 and 50 years ago.

I have enjoyed working in a multi media way with all the different people involved and the exhibition will be in Marble Hill House during the weekends of November. In December we will be exhibiting in Barnes and Richmond for people to see the exhibition who cannot travel to Marble Hill.

Helen Robinson



## Local Changes to Adult Social Care

**The Council in Richmond upon Thames have announced proposals to change how adult social care is delivered to local disabled and older people. They have to find ways to reduce spending on Adult Social Care as they cannot continue to spend at the current level or deliver exactly the same services with reduced funding.** The council is consulting on these proposals now and it is very important that local disabled and older people, and carers and organisations, make their views known.

The proposed changes include raising the threshold of those who can

receive social care. People who were classed as having 'moderate' needs could in the past receive social care, funded by the Council. The proposal now is to raise that threshold to provide social care only to people who are assessed as having 'substantial' or 'critical' needs. Richmond is currently one of the very few Councils in the country that has still offered social care to people with 'moderate' needs.

They also propose changes to the Self Directed Support Contributions Policy (the way the Council charges for Adult Social Care), so that where people are able to afford it, they contribute more to the cost of their support. They are proposing to include a person's disability benefits

(Disability Living Allowance and Attendance Allowance) in the assessment for how much people will have to pay for their care.

Richmond Borough Mind will be working closely with a variety of organisations including Richmond Aid and Job Centre Plus, inviting speakers to be able to provide information to service users and carers directly at different events in the community, please see Dates for your Diary for details. If you would like more information about these activities please contact us.

**You can also complete an online response to these proposals on the [Richmond.gov](http://Richmond.gov) website – Adult Social Care Consultation**

## Services Update

Following the introduction of new admission pathways for the Kingston & Richmond Assertive Outreach clients, **Orchids Ward** was running with very low patient numbers. The ward has now closed, albeit on a temporary basis.

The work on re-commissioning care for service users of **Southbank House**, a rehabilitation service on the periphery of the Surbiton Hospital site, is continuing. A steering group has been set up, led by NHS Kingston, with carer and user representation (through Kingston Advocacy). Individual needs assessments are being carried out for each service user to ensure continued care that best meets their needs.

**Lavender Ward** has introduced Protected Engagement Time from 2 to 4pm every day. This will be a quiet time where service users and staff can work together without being disturbed in a group setting or 1:1 basis. The ward office will be closed as all staff will be spending time with service users in order to enhance the quality and time staff spend with service users on an ongoing basis.

## Welcome Ruth!

**During recent consultations many of you have told us that you would like increased opportunities for one to one contact when you first speak to Carers in Mind and/or when you are experiencing a crisis.**



Most of our services are delivered through group work as we have limited capacity to work with everybody on a one to one basis, however following your feedback we have been able to increase our ability to work with you individually through the recruitment of a part-time Carers Support Worker. Ruth Stroud joined us in August and now works Monday, Wednesday and Friday – I am sure everybody will join me in extending a very warm welcome to her.

*'Since joining Carers in Mind I have already had the opportunity to meet some of our Carers both on a one-to-one basis and at the monthly lunches and outings. I look forward to meeting, talking to, and working with all of you in the fullness of time. Given the scope of the project I anticipate being able to welcome and support new and existing carers who call the service or want to meet face to face. I will also be getting involved supporting social activities, support groups, complementary therapies, and the carers recovery library and information resources to support the educative role of the project.'*

*Whilst I hope that my personal experiences as a carer, care worker, counsellor and mental health day service support worker will enable me to bring an understanding to the role I also look forward to continued learning and development through our working together.'*

**Ruth Stroud**

**If you need any help accessing something from the internet - please get in touch and we can arrange to help you.**