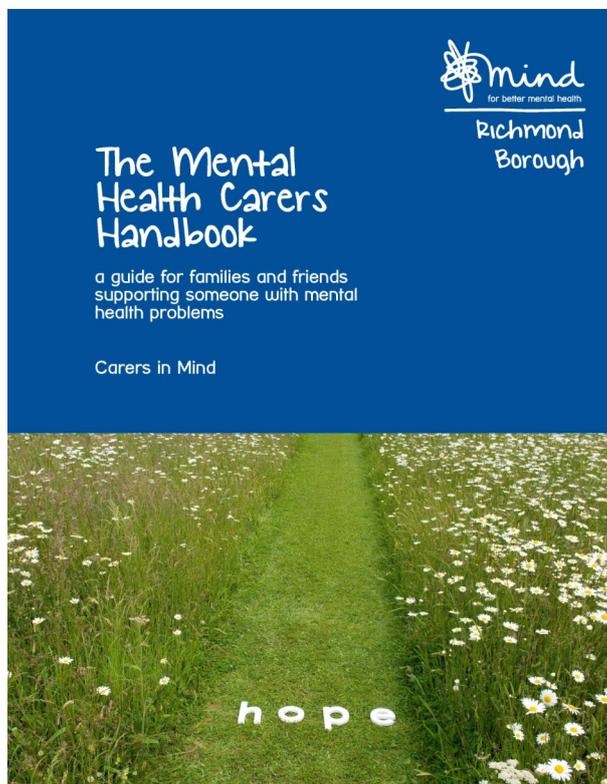


## Mental Health Carers Handbook launched!

At our conference during Carers Week we launched the new Richmond *Mental Health Carers Handbook*. This guide has been specifically collated for families and friends supporting someone with severe mental health problems and was funded by the London Borough of Richmond upon Thames and Richmond Clinical Commissioning Group.

The guide is based on the work we have developed locally with carers in partnership with South West London and St George's and we would like to thank everyone involved for their support in developing this valuable new resource for Richmond carers.

We are unable to post the guide due to the high costs involved but if you would like a copy, you can collect one from the reception desks at either Richmond Royal or the Maddison Centre. If you are unable get to either of these venues, please let us know and we will try to find another way to get one to you.



## WELCOME

We would like to say a very warm welcome to some new members of the Carers in Mind project team.



First, a big welcome to our new Acute Carers Recovery Worker - Jennie Bishop. Jennie will be working with the Richmond Crisis and Home Treatment Team and on Lavender Ward offering a specialist sup-

port service to families and friends during an acute crisis. Jennie started working with us full-time in July and her post is funded until July 2015.

Second, we would like to welcome Bansi Peshaweria who is our new Carers Activity Worker. Bansi will be working with us for one day a week and she will be planning and arranging our very important social activities! This is a new pilot post for the project which has been funded by National Mind until the end of May 2014. Bansi will also be helping with the Friday lunches and will accompany people on some of our trips so I hope you can meet her then.

Lastly we would like to welcome Richard Parkin who is our new social work student from Royal Holloway University who will be on placement with us until the end of March 2014. Richard will be working with us for 3/4 days a week offering additional 1:1 support meetings and joining Ruth and myself in developing our services.

(I am sure that everyone who met Jayme Hamilton, our previous social work student, will be delighted to hear that she got a 2:1 for her degree!)  
*Kim Willson*

If you would like a copy of the newsletter in large print or you need any help accessing information from the internet - please let Kim or Ruth know.

# The Health Select Committee Report on the Implementation and Operation of the 2007 Mental Health Act



**Campaigns such as Time to Change have made a real difference in tackling the stigma around mental illness but there continue to be long-term implications for those who have been detained under the Mental Health Act.**

It had been hoped that the introduction of community treatment orders (CTOs) would help to reduce the use of compulsory detention in hospital. It was predicted that 10% of people admitted under the act could instead be discharged and treated in the community under compulsory supervision and that it would reduce the risk of readmission. In 2008-09 when the provisions came into force there were 42,208 detentions for assessment or treatment but this had risen to 44,894 in 2011-12.

Although the causes of this increase are poorly understood, there is a link between a lack of bed capacity in psychiatric units and an increase in compulsory detention. The Care Quality Commission has found that in more than half of wards there was 90% occupancy and in 15% of wards 100% occupancy. In such circumstances clinicians have little flexibility to provide the best care. It may be that some patients are more unwell by the time they are eligible for a bed and then need to be sectioned, but there was also a disturbing suggestion that some patients were being detained because this was the only way to access a bed.

Both are unacceptable, but the second would be a serious violation of civil rights as well as an abuse of professional obligations. It can never be acceptable to use sectioning powers if that is not justified by a person's clinical condition. There also needs to be greater debate about whether it is right for voluntary patients to be held under de facto detention by threatening to detain them if they attempt to leave. In such a situation they are in effect detained without access to a tribunal or the right to advocacy.

The Department of Health must investigate this as a matter of urgency and address the shortage of inpa-

tient beds. A commitment to parity of esteem for mental illness under the Health and Social Care Act and NHS Mandate will have a hollow ring unless that translates into better care, especially for the most vulnerable people with severe mental illness.

The Oxford Community Treatment Order Evaluation Trial has demonstrated that CTOs do not reduce readmissions and there has been great variation in their use, with some areas discharging 45% of patients with a CTO and others none at all. Psychiatrists are divided on their use with some believing them to be unethical. Many patients find them to be stigmatising and the clinical variation in their use is a matter for urgent professional and service user review.

*Sarah Wollaston, The Guardian, 14th September 2013*

## From the Care Quality Commission website:

Professor Louis Appleby, Care Quality Commission board member, said: "We have heard anecdotal evidence that patients may be detained under the MHA simply to obtain access to an inpatient bed.

"Our view is clear - the principle of least restriction is a fundamental consideration for professionals making decisions about a course of action under the Mental Health Act.

"Detention solely as a mechanism to secure access to hospital treatment would not be lawful and if hospital or local authority staff think it is happening, or feel pressured to admit people in this way, they should report it to their trust – and if necessary to CQC."

We are considering exploring this further in our forthcoming review of Emergency mental health care. This review will also take forward the mapping of access to health based places of safety, noted in the Health Select Committee's report.

We will also be contributing to discussions around the implementation of Deprivation of Liberty Safeguards (DoLS) in circumstances where people lack capacity to consent to their care or treatment.

*22nd August 2013*

# TED Ideas worth spreading



**Eleanor Longden overcame her diagnosis of schizophrenia to earn a master's in psychology and demonstrate that the voices in her head were "a sane reaction to insane circumstances."**

classifications ever granted by the University of Leeds, England. Today she is studying for her PhD, and lectures and writes about recovery-oriented approaches to psychosis, dissociation and complex trauma.

To all appearances, Eleanor Longden was just like every other student, heading to college full of promise and without a care in the world. That was until the voices in her head started talking. Initially innocuous, these internal narrators became increasingly antagonistic and dictatorial, turning her life into a living nightmare. Diagnosed with schizophrenia, hospitalized, drugged, Longden was

**Despite what traditional medicine may state, Eleanor Longden isn't crazy - and neither are many other people who hear voices in their heads.** In fact, the psychic phenomenon is a "creative and ingenious survival strategy" that should be seen "not as an abstract symptom of illness to be endured, but as complex, significant, and meaningful experience to be explored," the British psychology researcher says.

Longden spent many years in the psychiatric system before earning a BSc and an MSc in psychology, the highest

discarded by a system that didn't know how to help her. Longden tells the moving tale of her years-long journey back to mental health, and makes the case that it was through learning to listen to her voices that she was able to survive.

You can find this TED talk by entering '*Eleanor Longden: The voices in my head*' into your search facility on the internet. If you do not have access to a computer but you would like to watch this talk please contact Kim or Ruth and we can arrange for you to see it.



**If the person you support hears voices, the Hearing Voices Network (HVN) may be a good website for them to access information and support – they are committed to helping people who hear voices.** Their reputation is growing as the limitations of a solely medical approach to voices become better known. The HVN offers information, support and understanding to people who hear voices and those who support them. They have an online forum people can access and the following free information sheets.

**Hearing Voices Coping Strategies:** This sheet lists suggestions for coping with the experiences of hearing voices, and seeing visions and having tactile sensations. It is hoped some of these ideas can help towards living positively with these experiences and to maintain a sense of ownership over them.

Remember that voice hearers are not alone: Research shows that 4% of people hear voices, this is the same

number as have asthma. Voice hearers throughout history have included a great many influential people: religious prophets, doctors and psychologists, philosophers, artists, poets, explorers and politicians. This list was compiled by the Manchester Hearing Voices Group.

**Better Sleep for Voice Hearers:** Many voice hearers report problems sleeping. Poor sleep can mean not being able to fall asleep in the first place, waking during the night, waking up too early or not feeling refreshed on waking.

It is common for voice hearers to report that their voices are worse at night, and that the night time means they cannot use their usual coping strategies such as going for a walk. People are also often alone at night, lacking distraction, and in trying to unwind for the night, their lack of occupation may bring on their voices.

This booklet, written by voice-hearers for voice-hearers, provides some tips and guidance on how people manage difficulties sleeping because of voices, visions or intrusive thoughts.

## Free NHS Health Checks for Richmond Carers

**Richmond Clinical Commissioning Group (CCG) values carers and is committed to ensuring Carers are supported by local health services.** One way we are doing this is to offer free Health Checks to Carers aged between 40-74 years as part of the NHS Health Check programme.



The NHS Health Check assesses your risk of developing; heart disease, stroke, kidney disease or diabetes. If any warning signs are found, then together we can do something about it. However if you suffer from heart problems, diabetes, high blood pressure, chronic kidney disease, have had a stroke or on a course of Statins therapy then you are already monitored by your doctor and do not need to attend an NHS Health Check.

NHS Health Checks are offered to people once every five years aged between 40 and 74. The Check takes about 30 minutes and includes:

- ★ A blood pressure reading
- ★ A simple blood test to measure your cholesterol level
- ★ Height and weight measurements to calculate your Body Mass Index (BMI)
- ★ A lifestyle consultation including; your age, sex, and family history

During your consultation we will calculate your risk score of developing heart disease in the future, and receive a results information pack.

You will also receive free personalised lifestyle advice and support about what you can do to stay healthy.

You can have an NHS Health Check at:

- ★ Your GP practice
- ★ Your local pharmacy

For more information ask your GP or contact Richmond Clinical Commissioning Group on **020 8734 3093** or email: [nhs.healthchecks@richmond.gov.uk](mailto:nhs.healthchecks@richmond.gov.uk)

## Grace Debt Advice

“Unfriendly Fonts” that was a term used by a carer to describe the fonts used by the recovery department of her bank. She had noticed that the font they used on their “bad news” letters was different to the rest.

When a letter with an unfriendly font arrived it was immediately filed in plastic bags. As the pile of plastic bags grew so did the anxiety – until she called Grace Debt Advice for help. It took two advisers two hours to help her open all the letters and then, using the traffic light analogy, another hour to work out a plan to move her finances from red to green.

The result: an incredible sense of relief as the burden of worry lifted. Her story is more common than you would think: 52% of carers surveyed by Carers UK admitted that their financial concerns were affecting their health.

Grace Debt Advice was set up to help carers end this stress and anxiety by taking control of their finances. We provide financial health checks for carers who are worried about their circumstances, a full debt counselling and solution service for those struggling with unaffordable debt. And, for those who want to become better carers, we offer sharper living talks, tools and tips to help carers increase the money in their pockets.

Don't let “Unfriendly Fonts” ruin your day, give Grace a call on 020 7183 4456 or email us at [carers@gracedebtadvice.org](mailto:carers@gracedebtadvice.org)

Grace Debt Advice is part of Richmond Carers Hub.



**Doc Ready is a website that is aiming to help young people get the most out of their GP appointments when it comes to dealing with a mental health issue.**

By preparing young people with an agenda, details about their appointment, and information about what to expect from a GP visit, it can help both them and the doctors get the most out of the limited resources and time that they have to share.

This is an attractive app and website specifically designed for young people aged 15-25.