

If you are supporting someone with mental health or substance misuse problems and you are experiencing stress or anxiety due to your caring role you could be eligible for funding for a respite break. This is a one off health fund available until the end of March 2011, provided by NHS Richmond and managed by the London Borough of Richmond Upon Thames (LBRuT) in partnership with the voluntary sector.

The funding can be used for a holiday or for a series of smaller breaks e.g. a course of massages, gym membership or a French course – you choose! The fund is £350 for an individual or £500 for a couple. The money must be used for you, not the person you are supporting, and you will need to complete a short feedback form for the local authority.

We know that the health of Carers is often affected by their caring role. Research from the Princess Royal Trust for Carers shows that Carers can experience high levels of mental health problems themselves due to their caring role:

- ★ 38% suffer from stress
- ★ 28 % suffer from depression
- ★ 27% suffer from anxiety

Carers can sometimes be so concerned about the health of the person they are supporting that they can neglect their own health and

wellbeing. Whilst we know that a small amount of stress can be healthy, it depends on the degree and duration of the stress. If you have been under sustained stress for a long time it is likely that the stress will start to affect your health.

Sustained stress can trigger depression and anxiety, so please - take a break!

doing something where I wouldn't be thinking about all my problems at home, and this was perfect. I came back feeling refreshed and better equipped to deal with the day to day challenges - before the break I was about to collapse."

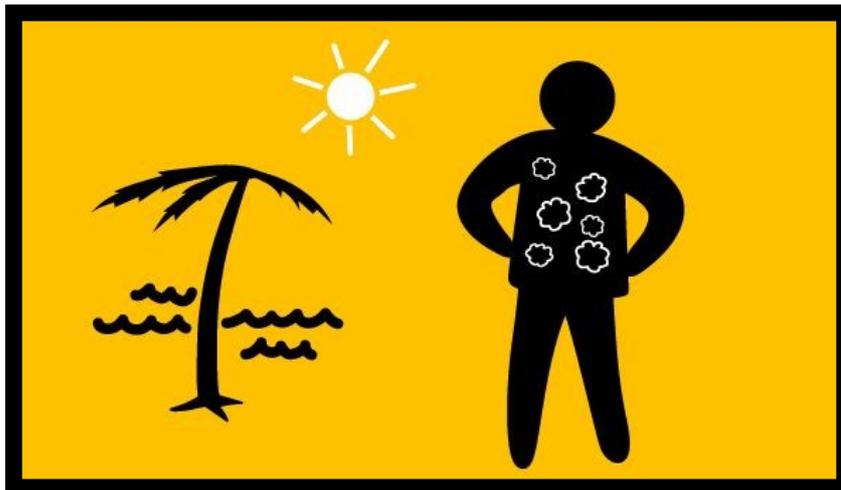
Thank you to Kelly George, the former LBRuT Carers Lead, who set up this fund in partnership with NHS Richmond. Not many local authorities have done so well with their partnership working, as you can see from the following press release from Carers UK:

"Across the country millions of pounds intended to fund respite breaks for voluntary carers in England has been spent on other areas of the NHS, according to The Crossroads Care and Princess Royal Trust for Carers who say only 23% of this year's cash is being spent on

carers. The two charities say the problem is that the money was never ring-fenced by the government and simply added to existing health budgets."

Please contact Carers in Mind, Richmond Carers Centre 020 8867 2380 or the Addiction and Support Care Agency (ASCA) 020 8940 1160 for more information.

Take a break! Funding for Carer health breaks from NHS Richmond



Last year, a local Carer from Carers in Mind used a small amount of respite break funding to go on a working holiday with the National Trust. "It was brilliant, I got really stuck in building dry stone walls and making paths for disabled access around the lake with a whole group of people and we all had a really good laugh. The centre we stayed in and the countryside all around us was absolutely beautiful, I really benefited from all that contact with nature. I wanted to make sure I was

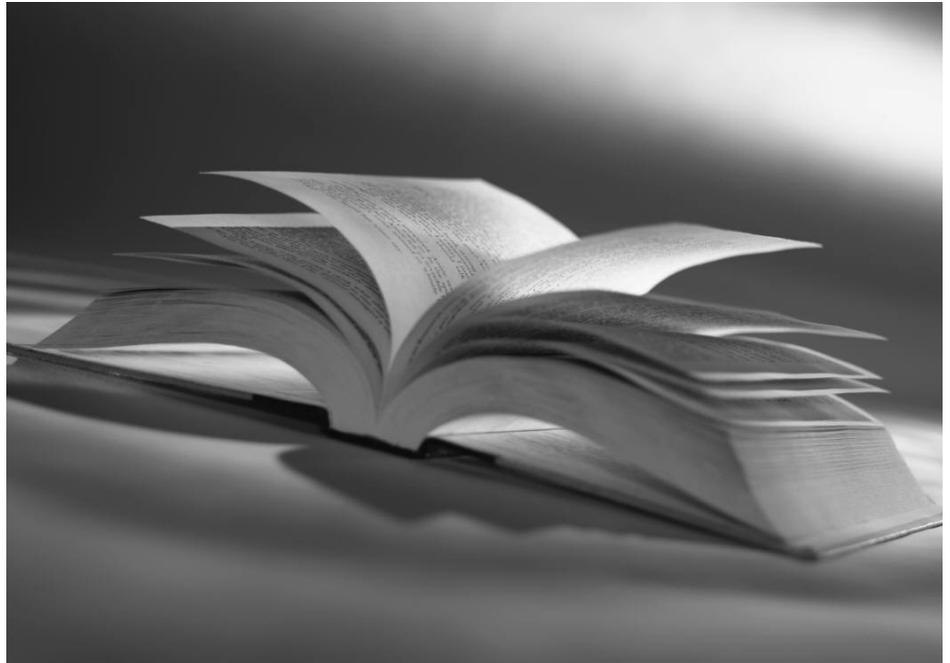
We have evidence that people with mental health problems can find the telling of their story a very important part of their recovery journey. The 'survivor' movement of the 1960s challenged the medical model of treatment, calling for a radical change in the way people with mental health problems were treated. By exploring the subjective experiences of those who live and recover from mental health problems, by listening carefully to their narratives, commonalities in people's recovery journeys have been identified.

In addition to redefining self, the journey can include overcoming stigma; renewing a sense of hope and commitment; resuming control over and responsibility for one's life; managing symptoms; being supported by others; and being involved in meaningful activities and expanded social roles*. Within South West London and St George's Trust (SWLStG) these different strands have been woven into a recovery approach promoting hope, control and opportunity.

The writings of key activists such as Patricia Deegan and Mary O'Hagan have had a profound influence on the way mental health services are now developing their approach across many countries. In America, Canada, Australia and New Zealand the recovery approach is further developed than in England and there is a wealth of recovery stories to inspire others, to give them hope. One of Mary O'Hagan's pieces that I frequently return to is 'Two Accounts of Mental Distress', in which she sets out her own journal entries against her hospital notes:

Telling our Story

Can relatives, partners and friends build and share their own stories as part of their own recovery journey?



"Mary is not to hide away in her bed. She is to be encouraged to get up for breakfast and engage in ward activities.

My back is like a hard shell.

My front is soft like jelly.

I hate to stand

because I cannot shield my front from the jabbing gaze of the world.

I must lie

curled up or front down."

Whilst there is a growing body of work around the recovery approach—and there is a sizeable body of research into the experiences of

family members who are supporting someone with mental health problems—there is still very little research, narrative or information about Carers and their recovery. What does the recovery approach really mean to families and friends? What are the key ingredients needed to create a fertile ground for family recovery – is it hope, control and opportunity – or is it something else entirely different?

One of the main requests consistently voiced during the consultations for the SWLStG Strategy was to be given practical skills and training on how to respond best to behaviour symptoms, is this one of the key recovery principles for families?

Looking for Solutions Together!

A big thank you to everybody who came along to this event on June 18th. We shared some work which the Mental Health Carers Development Group had done towards the Borough Carers Strategy which will be refreshed over the coming year. This gave a chance for a wider group of Carers to give their feedback on the priorities the group had identified. If you would like to comment on the draft actions, but you weren't able to attend, please contact Kim

*Living Outside Mental Illness—Qualitative Studies of Recovery in Schizophrenia, Larry Davidson 2003

So is it time for Carers to be building and telling their own stories - could these stories, if listened to carefully, give us a greater sense of understanding of what recovery really means to families? Would this help us to develop better resources to support and empower families on their journey?

For people supporting someone with mental health problems it is not always easy, or possible, to tell your own story. There can be ethical dilemmas – both private and public. Is this my story, or the person who I am supporting's story? Do I have the right to tell my story if it includes someone else's story, do I need their permission? Would it be damaging for them if I told my story in a public space?

I remember, myself, the frustration of my art tutors when they consistently asked me to 'contextualise' my work – I would constantly hide behind smoke screens - I could never say what my work was really about in such a public arena. Maybe it is only

now that I fully realise what I was doing during my degree – I was using it as a space to build my own visual narrative.

I also remember reflecting on how hard it can be for Carers to tell their stories during a recovery training session for professionals. The reply I received was, 'that families have to hold their stories privately in the same way as professionals'. I don't agree, families are not professionals and they don't have the professional boundaries and support structures, it is also quite possible that the barriers for families in telling their story could actually be hindering them in their own recovery journey.

For some Carers the ethical dilemmas can be worked through, and under certain circumstances, they can feel comfortable sharing their story in a public arena. I recently attended the 5th International Carers Conference with a local Carer and Ruth Allen, Head of Social Work and Carers Lead for SWLStG Trust. We presented a workshop which included

the Carer's story as an essential and pivotal part of the presentation – we were looking at the importance of story telling in contributing to a better understanding of Carers' experiences to inform a strategy and promote collaborative working. But for the Carer it was not a simple process, the whole family had been involved in making the decision for her to present in public.

So we need to make sure there are safe places for people to tell their stories. We need to listen carefully to what is hidden within those stories. Maybe we need to find new ways of supporting Carers build their stories as they try to make sense and meaning out of their own experiences.

Most importantly we all need to develop a richer understanding of Carers' stories – I believe they are an essential part of the family healing and recovery process.

Kim Willson

Carers Project Coordinator

SWLStG Trust launched their 'Carers, Families and Friends Strategy' on July 1st at the annual good market place

On July 1st Judy Wilson, Chief Executive of SWLStG, and John Rafferty, Chairman of the SWLStG Board of Directors, launched the Trust's Carers, Families and Friends Strategy.

'The overall aim of adopting a new strategy for work with carers, families and friends of people using Trust services is to develop better partnerships, improve the quality of the support we provide directly to people, improve clinical and social outcomes and recognise the vital importance of close social networks to the mental well being of our clients. We need to ensure staff attitudes and approaches are oriented towards including carers, families and friends positively, recognising their expertise and their usual great commitment to their loved ones, wanting what is best for them.'*

Part of the governance structure for the new strategy includes the development of a new Carers, Families and Friends (CFF) Reference Group. One of the main aims of the Reference Group will be to help improve the Trust's response to Carers' issues. The Reference Group will help to ensure that the Trust meets the Carers, Families and Friends Strategy 'Quality Standards' set out in the strategy.

The Ten Quality Standards:

1. Develop relationships of mutual respect, partnership and courtesy with carers, family members and friends, responding promptly to queries, suggestions and concerns.
2. Identify and accurately record relevant details of all substantial carers and other significant family members and friends.
3. Enable carers, families and friends to have timely access to the informa-

tion and training they need about mental health conditions, services, rights and how to best support their loved ones.

4. Involve carers, families and friends in treatment, care and support planning wherever possible, recognising them as 'expert contributors' in accordance with NICE and other best practice guidance.

5. Recognise the rights and aspirations of carers, families and friends, offering carers' assessments, personalised support, advocacy and signposting to further sources of assistance where appropriate.

6. Take account of the diverse personal needs and circumstances of carers, families and friends, including factors such as age, gender, ethnicity and relationship to the cared for person.

7. Improve the training of all relevant

*A new strategy to improve the Trust's response to carers, families and friends of people using our services. www.swlstg-tr.nhs.uk

staff to work effectively with carers, families and friends.

8. Work in close partnership with other agencies, carers' organisations and commissioners, to improve support services and advocacy for carers, families and friends in South West London

9. Take account of the implications for carers, families and friends within all relevant Trust activities including service and policy developments.

10. Routinely monitor performance against these Quality Standards through Board and Executive level reporting against action plans and through the operation of a formal, representative Carers, Families and Friends Reference Group.

The CFF Reference Group will be able to directly report issues to the Trust Board. The Trust is seeking to recruit up to 30 members for this Reference Group from across the Trust. This will be predominantly be carers, family members and friends and also representatives of local Carers' Centres from across the five Boroughs. To ensure wide representation, they aim to recruit people of different ages, ethnic backgrounds, circumstances and interests. They are hoping that Reference Group members will bring their experience of caring and being a family member or friend, using this to help the Trust improve what it does for the benefit of the many different types of people that the Trust serves.

Frequency and timing of Meetings:

There will be Quarterly meetings planned for the early part of the evening to allow any working Carers to participate.

Venue: A convenient central venue will be agreed by the Reference Group and provided by the Trust.

Date of the 1st Meeting: 1st meeting will convene in September 2010.

Reimbursement of Expenses: £7.50 per hour.

If you are interested in joining the CFF Reference Group please contact:

**Anjna.Mehta-Lancing@swlstg-tr.nhs.uk
0208 682 6186 (Wed & Thurs) to find out more information. If you would like to apply for the group there is a short application form to complete — deadline August 20th, 2010.**

Strategy Modelling Workshops

Mental Health Strategies have been commissioned to work on the next stage of the joint commissioning strategy for adult mental health services in the borough.

The first part of the project is about gathering the facts and figures and designing the model for the following inpatient and community services:

Adult acute (e.g. Lavender Ward), Rehabilitation services, Low secure inpatient, Psychiatric Intensive Care Units (secure units), Community mental health teams, Assertive outreach, Crisis resolution/home treatment, A&E liaison psychiatry, Early intervention in psychosis, Community forensic service, Personality disorder service, Community recovery service, Eating disorder service and Primary care mental health service.

The project is about finding answers to the following questions:

- ★ How many inpatient mental health beds (or occupied bed days), for each of the inpatient services listed above should be commissioned for the people of Richmond upon Thames? (The strategy states that we would expect to reduce inpatient beds by about 8 in total and this is what this scenario is about)
- ★ What should the caseload, the caseload capacity and activity levels of community mental health services look like, for the community teams listed above, for the people of Richmond upon Thames?
- ★ What referral systems and care pathways should operate to give the best movement of patients between services (including open access options)?

The project will look to work within the limits of the financial resources expected to be available across the full range of mental health services.

Once the model is mostly ready, we will check how it works, and begin to make use of it. This will include giving carers the opportunity to give their feedback on the information provided by the model during a workshop on:

During the workshop we will encourage Carers to propose their own "what if?" scenarios. These could include:

- ★ Increasing or reducing the caseload size of a particular service (number of beds, day places, or community caseload available at any given time)
- ★ Removing a service unit altogether, or creating a new service unit
- ★ Changing the length of time patients typically stay with a service, e.g. minimum time, maximum time or the typical time
- ★ Changing how patient's access the service, such as allowing or ending direct GP referrals to a particular service or allowing self-referral
- ★ Changing the function of a service, in terms of which types of patient it deals with

We hope participants will feel free to suggest any scenario they think may help improve local services. The workshops are an opportunity for Carers to test out ideas about how services could be changed for the better. However, if you do not have an interest in facts and figures and reading spreadsheets then the workshops may not be for you.

The findings from this project will feed into the development of NHS Richmond's new commissioning arrangements for local mental health services. We hope this gives you some idea what to expect. There will also be workshops for service users and professionals.

There are 20 spaces for Carers at the workshop which will last for 2 hours, please contact Caroline O'Neil. You can also be involved in implementing the strategy recommendations in other ways for more information contact:

Caroline O'Neill, Engagement Manager on 020 8973 3094 or email involve@rtpct.nhs.uk.

**22nd September at 6pm,
York House**