Specialist Advice Services in the Acute Mental Health Sector, a summary of initial findings based on responses by Mental Health Trusts.

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Introduction

The research was undertaken to establish how advice and information services are made accessible to Mental Health Service users; both inpatients and patients being treated in the community, and which organisations are the providers of these advice and information services.

98% of Mental Health Trusts that responded (from 41.4% of Mental Health Trusts in England) found that advice and information services were made available to patients because they improved patients' health and wellbeing, whilst 78% of Mental Health Trusts noted that they resolved patients' housing issues and 68% highlighted that they reduced the risk of patients being readmitted. There were variations in access to advice and information services across and within Trusts which should be addressed. Trusts often provide advice and information services using in-house staff, but should ensure that advice experts are giving advice, rather than relying on healthcare professionals to refer patients to PALS which then signpost to advice agencies.

Objectives

- To identify which specialist advice services (welfare benefits, accommodation etc) are provided to clients using mental health services.
- To identify how such services are accessible to patients.
- To identify why mental health services provide specialist advice.

Methodology:

The NHS choices website was used to identify the Mental Health Trusts in England. http://www.nhs.uk/servicedirectories/Pages/MentalHealthTrustListing.aspx

On 6/12/10, a letter was sent to the CEO of all 58 Mental Health Trusts in England asking them to nominate 2 officers to complete a survey by 7/1/11. The letter requested that the nominated officers should have responsibility for either planning the provision of services such as information and advice or knowledge of the practicalities of delivering advice services.

Those Trusts that did not reply were sent a reminder letter on 18/1/11 asking them to make their nominations by 11/2/11.

Those officers who were nominated were e-mailed a link to a short online survey. The nominated officers who had not completed the survey by 23/2/11 were emailed again asking them to complete the online survey by the 9/3/11.

27 Trusts responded to the letter with 23 Trusts nominating 2 officers to complete the survey, whilst 4 Trusts nominated just one officer.

There were 39 responses to the survey from 24 different Trusts. Of these 2 were rejected because the respondent answered no to both qualification questions:

- Do you have responsibility for planning the provision of services such as information and advice?
- Do you have any knowledge of the practicalities of delivering advice services?

There were a further 3 duplicate entries from individuals who had started to complete the survey but not finished it. For each of these duplicates, the most recent response was used, which in each case contained more data than the original entry.

Following the removal of duplicate entries and the 2 responses where respondents did not answer either of the qualifying questions positively; there were 34 separate entries from 24 Mental Health Trusts, representing 41.4% of all Mental Health Trusts in England. To overcome the bias of 10 Trusts inputting two responses, their responses were merged. For the data analysis, the survey looked at the percentage of Trusts positively agreeing with the statement. If both respondents had the same response, then this was the response used in the data analysis on behalf of that Trust. If one respondent answered "don't know" and the other respondent answered "Yes" or "No" then the latter's response was used as the Trust's position. If one respondent answered "No" whilst the other answered "Yes", the score was halved, in effect with ½ a Trust agreeing to the statement. All qualitative data was kept and merged in the Trust response.

Results

Following the removal of duplicate entries and the 2 responses where respondents did not answer either of the qualifying questions positively; there were entries from 24 Mental Health Trusts, representing 41.4% of all Mental Health Trusts in England.

The majority of responses were from individuals who had knowledge of the practicalities of delivering advice services (64%), as opposed to individuals who had responsibility for planning the provision of services such as information and advice (38%). The majority of respondents also had some understanding of the alternative role with only 3% having no knowledge of the practicalities of delivering advice services and only 6% having no responsibility for planning the provision of services such as information and advice.

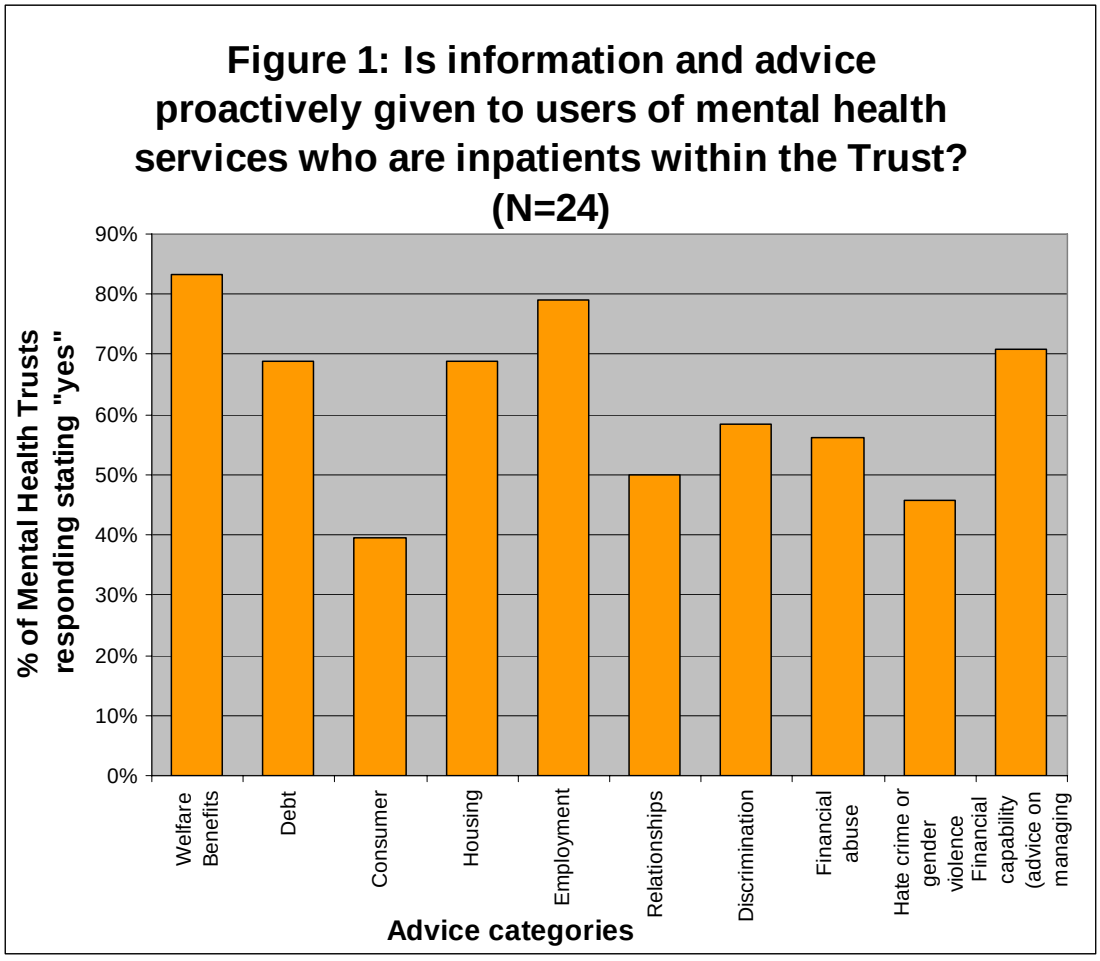
Inpatients

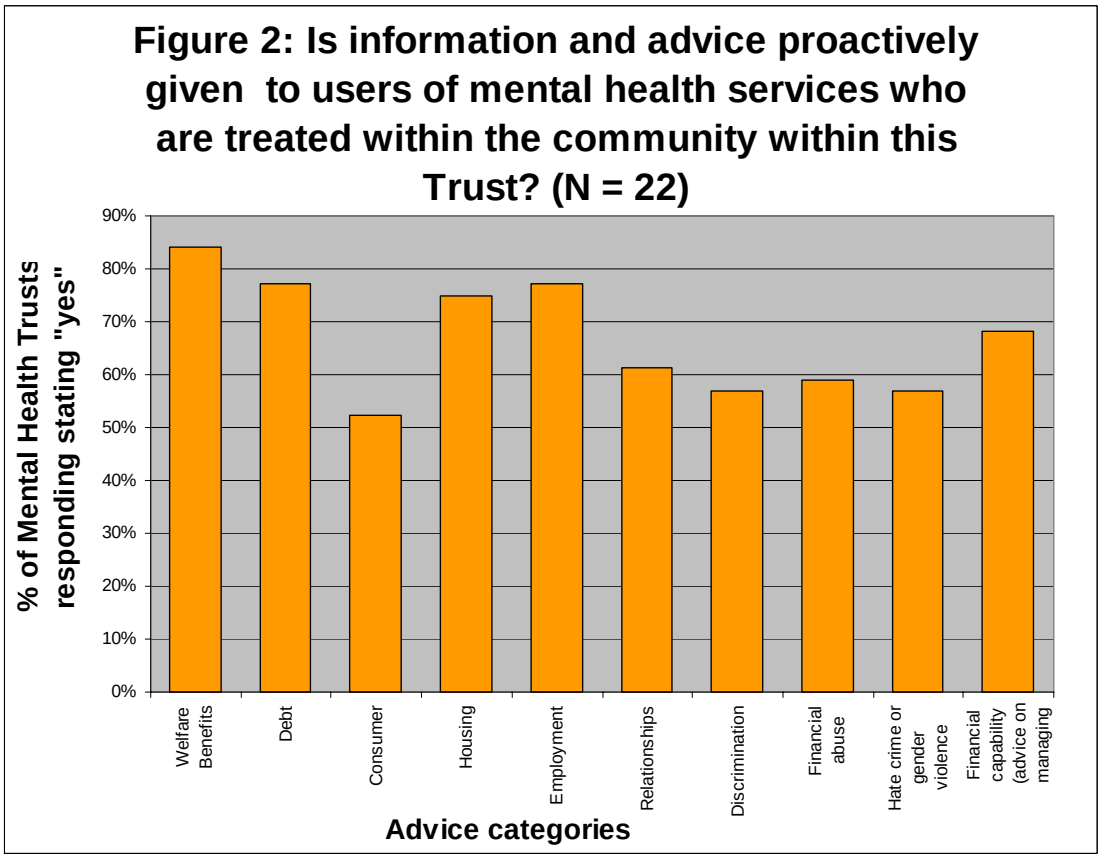
Figure 1 shows that responding Mental Health Trusts stated that advice was proactively given to inpatients on the vast majority of legal advice categories, with Welfare Benefits (83%), Employment (79%) and Financial Capability (71%) being the three areas where Mental Health Trusts were most likely to proactively offer patients advice.

Variations in access to advice exist between Trusts and no category of advice is available in all Trusts. Significantly, there are also variations within Trusts with respondents noting "*we have 2 hospitals, one has CAB from …., the other has no advice service*" and "*We operate different services in different sites*".

19 Mental Health Trusts answered questions about the provision of services suggesting that there was a mix of providers of these advice and information services including the Mental Health Trust (53%), Citizens Advice Bureaux (26%), Local Mind Associations (24%) and community-based advice services (16%). Anecdotal responses reinforced this range of service providers whilst highlighting the range of in-house providers including “Nursing staff”, “PALS”, “Local Minds/ independent advocates/ our Trust staff - PALS / care co-ordinators/SWs/CPNs”, “*Trust's own Patients' Advice & Liaison Service (PALS)*” and “*Trust staff in liaison with specialist services*”.

The majority of Trusts noted that inpatients were advised of the existence of the information and advice service (76%), while 42% of Trusts noted patients were referred as a result of financial problems identified as part of an assessment encompassing a routine financial assessment and 37% of Trusts noted patients were referred as a result of financial problems identified as part of an assessment that did not involve a routine financial assessment. 32% of Trusts stated that the information and advice service was able to approach patients on the ward to highlight the existence of the service. Only 3% of Mental Health Trusts stated that an interview with an advice agency worker was carried out routinely with all service users.





Patients being treated within the community

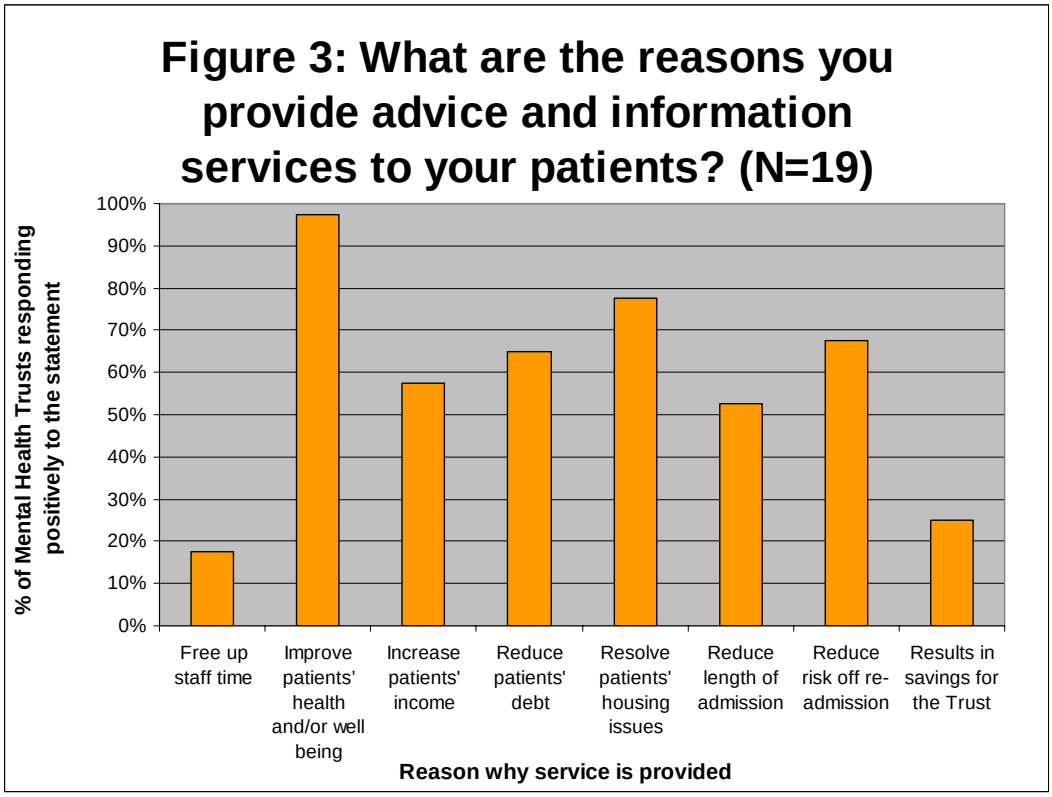
Figure 2 shows that of the 22 responding Mental Health Trusts, the majority stated that advice was proactively given to inpatients on the vast majority of categories of legal advice with Welfare Benefits (84%), Employment (77%), Debt (77%) and Housing (75%) being the categories of law where Mental Health Trusts were most likely to proactively offer patients advice.

19 Mental Health Trusts answered the questions about service provision, once again suggesting that there was a mix of providers of these advice and information services including the Mental Health Trust (66%), community based advice services (29%), Citizens Advice Bureaux (26%) and Local Mind Associations (24%).

As for inpatients, the anecdotal response again highlighted the range of providers including independent advice providers, Local Mind Associations, and Citizens Advice Bureaux. The responses also shed light on in-house provision: "*IAPT workers*", "PALS", "*various care coordinators", "Patient Advice & Liaison Service (PALS)", "trained Support workers in areas such as benefits and debt plus we use the local Citizens Advice service".*

The majority of Mental Health Trusts noted that patients being treated within the community were advised of the existence of the information and advice service (71%), while 58% of Mental Health Trusts noted patients were referred as result of financial problems identified as part of a non routine assessment and 42% were referred as result of financial problems identified as part of a routine financial assessment.

Reasons for the provision of specialist advice services.
Figure 3 shows that amongst the 20 Mental Health Trusts answering the questions about why advice and information services were provided for mental health service users, the primary reason given was to improve patients' health and wellbeing (98%). Qualitative comments highlighted the feedback from health practitioners and patients in demonstrating this: "*Promotes recovery and allows for more personalised care", "The feedback is very positive and both users and staff want more resources", "Services are offered primarily to reduce the anxiety and stress that patients suffer when they feel unable to deal with issues which therefore affect their mental wellbeing and recovery", "Feedback from clients: Improvement in health and well being, Reduced admission for individual clients*". "*Feedback from individual service users, CPA reviews*". Other reasons for providing an advice service included resolving patients' housing issues (76%) and reducing the risk of patients being readmitted (68%).



Funding of information and advice services
45% of the 19 Mental Health Trusts that answered the question stated that the Trust funds the information and advice services, for inpatients and 42% of the responding Trusts stated they funded the information and advice services for patients being treated within the community. However qualitative responses suggest this funding was for the salaries of vocational specialists "*Vocational Staff - 2 fully funded posts Band 5*" , CMHT staff "Y*es for the CMHT staff and the CAB worker is funded by the Local Authority*" and PALS staff "*PALS budget*". When asked about the amount of funding and the type of funding agreement respondents were often unable to provide this information, with only 3 Trusts being able to answer these questions.

The Trusts reported that other funders, particularly Primary Care Trusts and Local Authorities, fund the information and advice services for inpatients (37%) and patients being treated in the community (58%). However no details were given about the nature of this funding.

Discussion

Many respondents were involved in both planning advisory services and in their delivery. Therefore it was not possible to identify if there were variations between these two roles.

Delivery of advice and information services was through a range of providers including the Mental Health Trust itself. Pleasance *et al* found that the general competence of health professionals to provide more than a signposting or referral service in relation to technical matters outside of their professional sphere must be doubted, having found that some health professionals had even advised that formal legal proceedings be commenced, or that mediation should be attempted.[1] Dowrick *et al* found some health practitioners are reluctant to give advice and do not see it as their role,[2] whilst many researchers have questioned the economics of devoting expensive time to basic social and rights advice, finding that advice services reduce workload.[3,4] Moreover advice staff themselves are specialists with advisers being "experts in changes in welfare and benefit policy"[5] and enabling general practitioners to ensure that relevant advice is provided without the need for welfare knowledge themselves.[6] Frost-Gaskin *et al* found that for a large and possibly increasing proportion of people using community mental health services, the current benefits system necessitates frequent advice and help by expert advisers to avoid poverty due to under-claiming.[7]

Given that health practitioners are not advice specialists, the complexities of advice work, and the recognition that advice and information providers can free up health practitioners time to focus on their own areas of expertise, it is questionable whether the delivery of information and advice in-house is a good use of Trusts' resources, or if external specialist providers should play a greater role in delivering these services.

The anecdotal responses in this research suggest that some advice is often provided by PALS staff. This highlights a need for greater clarity about the role of PALS in the provision of information and advice. Whilst PALS give information about the NHS and help with health-related enquiries, PALS will signpost patients to more specialist advice and information services for assistance with welfare benefits, housing, employment and debt and discrimination issues.

The Mental Health Trusts highlighted the need for advice and information across a range of topics. This is probably because patients have a range of advice needs that are interrelated, for example debt and financial problems may lead to housing issues. This builds on previous research which found clients come for help with multiple and complex problems.[8,9] Advice and information services should therefore be able to address this broad spectrum of needs, rather than focussing on just one area such as debt.

For inpatients, there was no single subject area in which information and advice was available across all Trusts, and even within the same Trust, there were differences in access to services for inpatients. This variation in access to services according to where an individual is being treated should be addressed by Trusts.

Where advice was available the existence of this service was often advertised via patients being advised of the availability of an advisory service and how to make an appointment by Trust staff. Whilst a referral may lead directly to an appointment with an information or advice provider, signposting or advertising the existence of the service is less likely to lead to such an appointment. It was very unusual for all inpatients to be given an interview with an advice agency worker but in just under half

of Trusts, patients were referred for advice if financial issues were identified as part of the patient's assessment. The use of referral systems following routine assessments should be reviewed with a view to adopting this across all Trusts. This review should take into account work on other areas of health that have looked at using assessment questionnaires as a screening tools for the need for advice.[10]

The same inequality in accessing information and advice services applied to patients being treated in the community. Nevertheless such patients had slightly higher levels of access; with a mean score of 64% across all legal advice subject areas compared with 62% for inpatients. Whilst more advice and information services appear to be available for patients being treated within the community, Trusts appear less likely to advise individuals of the existence of these services. However, they are more likely to refer individuals to these services as part of a non routine financial assessment.

98% of Trusts highlighted that advice and information improved the health and well-being of their clients. Many Mental Health Trusts went onto highlight positive feedback they had received from both patients and health professionals recognising the value of the service. This is unsurprising given the existing research that demonstrates the link between advice interventions and improvements to health and well-being.[11,12,13,14,15.]

While services were often provided to reduce the risk of readmissions (68%), and reduce the length of stay (53%); there was less recognition that this would generate savings for the Trust (25%). More recognition should be given to the fact that savings will be generated for Trusts through shorter stays and reduced readmissions.

78% of Mental Health Trusts noted that advice was provided to resolve housing issues, yet only 69% of Mental Health Trusts noted housing information and advice services were provided to inpatients, whilst the figures for patients being treated in the community was 75%. Pleasence & Balmer found significant associations between housing rights problems and mental illness and argued that effective co-ordination of mental health and housing rights advice services is likely to improve both health and justice outcomes.[16] Given the recognition of the role of housing advice in the study by Pleasence & Balmer,[16] and the findings of from Trusts within this research, housing advice should be available as part of the information and advice service offered to clients.

Despite valuing the advice and information service, there was little knowledge of how the service was funded. Further research should be undertaken to identify whether existing advice services have the capacity to meet the demands on their service and quantify the impact of the advice intervention. Trusts should financially support advice services which improve outcomes for their patients.

Limitations of study

The study was limited to England only and could not automatically be applied to other parts of the UK.

It is possible that responses were more likely to be completed by those Mental Health Trusts that had advice and information services available for their patients. This in turn may lead to a slight bias in the results suggesting a greater level of access to advice and information services than exist in practice.

Conclusions
Respondents had a greater knowledge of the delivery than an involvement in the planning of advice services.

Patients require advice on a range of issues including welfare benefits, housing and debt advice, and their advice needs are wide-ranging and interrelated. Advice service providers and their commissioners should not limit advice services to single categories of law.

Inpatients have slightly less access to advice services (mean of 62%) compared with patients being treated in the community (mean of 64%). However access to these services varies within and across Trusts. Trusts often deliver these services in-house or are reliant on PALS while most patients are merely told of the existence of an advice service.

Advice services are valued for the improvements they make to patients' well-being, and reductions in readmission rates. Despite valuing the advice service, there is limited knowledge about the resourcing of these services.

Recommendations

For future practice:

Inpatients should not continue to be disadvantaged through poorer access to Advice services. Access to holistic Advice services should be available to all a Trust's patients.

Trusts should ensure advice experts are giving advice, rather than relying on healthcare professionals to refer to PALS which may then signpost to an advice agency.

Trusts should financially support advice services which improve outcomes for their patients.

For audit:

Further research should be undertaken to identify if existing advice services have the capacity to meet the demands on their service and quantify the impact of the advice intervention.

Research should be undertaken to identify best practice amongst Mental Health Trusts in enabling patients to access information and advice services. The findings of this research should be publicised with a view to all Mental Health Trusts adopting best practice referral procedures.

Competing interests

The author is a paid member of staff of Citizens Advice.

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