

An overview of proceedings of the “Improving Mental Health and Well-Being: The Role of Advice and Advocacy, A symposium to identify good practice for people using services, advice workers and advocates.” Held on 20th May 2011

Welcome

Kevan Taylor, the Chief Executive of Sheffield Health and Social Care NHS Foundation Trust, (SHSCT)

Kevan welcomed almost 100 delegates to the symposium. Kevan reflecting that when he started as a nursing assistant at Middlewood Hospital, there was already the little office of the CAB there, and it has been central to mental health services in Sheffield for years. However, he noted that that delegates have to be careful as advice and information services are not always as valued as they could be and may be taken for granted. Kevan suggested that advice agencies should be encouraged look at the research about impact of advice and share good practice amongst themselves and with the Mental Health Trusts with which they work.

Advice and Mental Health – Why does it matter?

Mark Gamsu, Citizens Advice Trustee and Chair of Sheffield Mental Health CAB and Advocacy Service (SMHCAB&AS).

The CAB has been in partnership with SHSCT for over 30 years, and followed SHSCT round from Middlewood Hospital etc to where we are now at the Michael Carlisle Centre inpatient unit.

I believe access to information and advice is a really important issue. Most people here today provide welfare rights advice and want to discuss this in terms of mental health, and wish to strengthen this.

For someone with mental health problems, often vulnerability, facing discrimination, at risk to isolation, and potentially with issues around housing, harassment and bullying, advice and information that address these issues is critically important.

There is a strong evidence base that shows the strong correlation between debt and mental illness, which makes it all the more unacceptable that Government Policy does not create a positive and supportive environment to ensure that as a minimum all people with acute mental health problems have access to specialist welfare rights provision as a matter of course.

The evidence appears in official Department of Health documents such as *“Improving Efficiency and Quality in Mental Health”* which is a supporting document to the Cross Government Strategy *“No Health without Mental Health”* which was launched in 2011.

This publication uses much of the work done by people like Martin Knapp at the London School of Economics. So we see in the document information about who is likely to be in problematic debt:

“8% of the general population are in problematic debt, this figure rises to 24% for those people with moderate mental ill health such as depression and 33% for those with a Psychosis.”

There is also detail about how debt support services can help people recover from mental ill health and of the resulting savings to the NHS and gains to personal well being and productivity which outweigh the costs of providing the debt support service. The detailed calculations behind these costings are in the *“Impact Statement”* (February 2011) produced as part of the Mental Health Strategy.

However, this evidence does not go far enough. The impact statement fails to show the relationship between interventions and how by doing a number together there will be greater efficiency gains.

I think this is one of the reasons why *“No Health without Mental Health”* hardly mentions the importance of welfare rights services and instead focuses on provision of Cognitive Behavioural Therapies - which taken in isolation appear to have a bigger impact than debt support.

I think that this completely misses the point. Universal access to good welfare rights services would be likely to make other clinical interventions such as CBT more effective,

by helping to relieve people of one of the main factors that is causing them anxiety - personal debt.

Of course those of us who work in the welfare rights sector know that Debt Support is just one element of a good welfare rights service. There are a range of other services which are not recognised in the governments mental health strategy. These include Housing Advice, Support and Advocacy to address issues of personal harassment or discrimination and advocacy work with clinicians and others for people who are clients of the mental health service. All have a role to play. Not least because the experience of many people with an acute mental health problem is of heightened vulnerability, prejudice, difficulties with communication and so on.

At the moment it is the exceptional care trust and PCT (I suspect that Sheffield Health and Social Care Trust and PCT are one of the few) who support a coherent in house welfare rights service that works directly with people while they are on the wards and in day centres. Helping them address their financial liabilities, secure their housing and address other concerns - that will mean that when they return to the community they are more likely to have a secure home and a degree of financial security.

The same situation applies to community provision - there are shining examples such as the almost 100% coverage of GP surgeries in places like Derbyshire and the Wirral. Experience shows that many of the people who use these services have diagnosed mental health problems. Even here these services are vulnerable - they are often funded from public health budgets. It should be a 'no brainer' this is a primary care service - helping people to live successfully in the community and should be funded by GPs directly. Despite these examples it is the case that most PCT areas do not have such provision.

So what can be done? Some starters for 10 - at a national level we need

- A clear narrative that sets out what good provision for people with mental health problems should look like. A cornerstone to this provision should be good access to welfare rights and advocacy provision in the communities AND on the wards and in the day centres of acute care NHS provision.

- Further development of the evidence base to empower local commissioners to invest in welfare rights provision for people with a mental health problem.
- A programme of development funding to support further innovation and capture and disseminate existing good practice from within the welfare rights sector

I believe everyone facing key mental health problems should be entitled to get advice service and advocacy. I hope today we can finish with some stronger messages about mental health and advice and advocacy that we can take forward.

Why are advice services commissioned for mental health service users?

Kevan Taylor, the Chief Executive of Sheffield Health and Social Care NHS Foundation Trust, (SHSCT)

(Please note the paper presented at the symposium has been revised in light of feedback and now presents results based on responses by Mental Health Trusts, rather than individual's responses as there were several Mental Health Trusts which completed the survey twice).

Kevan agreed with the importance of advice, and highlighted that one of the most dangerous things is when people have a relapse or breakdown, which is also one of the most expensive. Such relapses can be triggered by many various things, and advice can help prevent the onset of these relapses providing a more cost effective way of preventing them occurring.

All SHSCT practitioners look at patients as a whole, including their issues surrounding housing, finances etc, rather than looking just at their health. However, it is important to recognise that given the complexity of the benefit system, there are compelling arguments that health professionals should have access to advice and information services for their patients rather than trying to resolve the issue themselves.

The research was undertaken in conjunction with Citizens Advice, SHSCT, Central and North West London NHS FT and Sheffield Mental Health CAB and Advocacy Service. The aim of the research was to identify which specialist services are provided to people

using mental health service, how these services are accessible and why the services are provided.

The findings are based on responses from 45% of the 58 Mental Health Trusts in England and tended to be completed by individuals with a knowledge of planning information and advice services for the Trust.

Information and advice was more likely to be given to community patients, rather than inpatients with Welfare Benefits and then Employment being the categories where advice was most readily available. There was not a single category in which advice was available to all patients in every Trust.

Trusts tended to deliver many of these services themselves rather than using CAB, Local Mind Associations or community based advice services.

A lot of trusts say they are highlighting the existence of services through word of mouth and posters. However many Trusts identified the need for advice and information during routine assessments and this is an area that can be developed.

Respondents highlighted that they tended to fund services as they improve patients; health and well being and resolve their housing issues. They also noted that the advice and information service can reduce length of admission and reduce risk of readmission, although there was a discord in responses recognising that this led to savings for the Trust.

The data suggests that a lot of trusts say there are services but can't say how they are funded and the services are not embedded maybe as well as they should be.

Initial conclusions were:

- Respondents had greater knowledge of the delivery than the planning of advice services
- Inpatients have less access to advice services compared with patients being treated in the community
- Community patients are more likely to be referred as part of a financial assessment

- Trusts often deliver these services in-house or are reliant on PALS
- Patients require advice on a range of issues including benefits, housing and debt advice
- Most patients are told of the existence of an advice service
- Advice services are valued for the improvements they make to patients' wellbeing, and reducing risk of readmission
- Despite valuing the advice service, respondents had limited knowledge about the resourcing of these services

Recommendations were:

- Inpatients should not continue to be disadvantaged through less access to advice services
- Access to holistic advice services should be available to all of the Trust's patients
- Trusts should ensure advice experts are giving advice, rather than relying on healthcare professionals to give advice or signposting to PALS which then signpost to advice agencies
- Best practice on enabling patients to access existing advice services should be publicised
- Further research should be undertaken to identify if existing advice services have the capacity to meet the demand for their service
- Trusts should financially support advice services which improve outcomes for their patients

The symposium is the first time any of the findings from the research have been presented, but if you do have any points or suggestions, please let us know. We want to develop this work and present it back to the Trusts along with information about the minimum service specifications considerations for them when they are commissioning advice and information services.

(Please note the paper presented at the symposium has been revised in light of feedback and now presents results based on responses by Mental Health Trusts, rather than individual's responses as there were several Mental Health Trusts which completed the survey twice).

No Health Without Mental Health: the new mental health strategy

Dr Ian McPherson, Chief Executive of Mental Health Providers Forum

The new strategy is not just people experiencing mental health problems, it is about all of us, 1 in 4 can have a mental health problem, the priorities are about improving the mental health and well being of the whole population as well as improving the quality of mental health services and ensuring they are accessible to all. There simply shouldn't be different levels of access ie in Sheffield, Rotherham, Manchester etc.

Mental health strategies historically, focus on working age, and haven't focussed sufficiently on children or older people. However, half of lifetime mental health problems occur between age 14 and nearly $\frac{3}{4}$ occur by mid-20s. What do we need to put in place to break some of these cycles for people, how connected can advice services and mental health services be with services for young people?

The new strategy is not just for everyone, its for society! Think about the impact on society or poor mental health, the cost of healthcare, prisons or on an individual case the money spent on investigating each suicide. The new strategy aims to take a life course approach and focus on both early interventions and recovery.

However, the context of this strategy is one in which Local Authorities are taking huge cuts, health authorities also, and so it becomes easy to say "its someone else's business to sort". However, this isn't just about business, it is about all of us coming together, working together and keeping services we value like advice and information. Its about people on the ground doing things, but the Government wants to hear about these things. We need to get those messages up, we need to get people involved and promote our work.

Everyone wanted to do their bit when it comes to advice and information, especially when it is seen to be fashionable. But now we need to recognise and ensure that

people get that and that professionals need to know more, but not enough that they think they are experts, but enable them to signpost appropriately etc.

We need to counter the myth, provide the evidence and help others understand the evidence. For example, you can not provide only psychological therapies, if a person they need help with housing. It simply is not a choice of either / or – you need to treat both. CBT will not work if a person still has unresolved underlying issues that need addressing.

Personal budgets, people can not deal with these, there isn't enough advice, and they simply can not be introduced, without having the advice and support. The Government needs strong advice services that can offer this support. You can't give freedom without giving support.

90% of people in prison have mental health / substance abuse – but what is the advice provision to such people? When people come out of prison, they have the highest rates of suicide as these people have no support once released. Similarly, a large percentage of people coming out of the Forces suffer from mental health issues, i.e. depression etc. and need advice and information.

Advice providers need to work with the NHS Confederation, ADAS and Joint Practitioners, to look at how to give advice about commissioning advice and information services. If you can provide evidence, and make appropriate reference to advice services and how they are funded.

Various mental health agencies have signed up to the call to action. Why aren't advice services signed up? this could send a strong signal and message to mental health service users.

There are still people who avoid disclosing or getting help re mental health who need help. They do this in part because of the stigma, and discrimination they could face. We need to address employment rights and tackle the stigma.

Mental health is a huge cost to this country, not from treatment, but social costs, benefits, employment, education etc.

- At least 1 in 4 people will experience a mental health problem at some point in their lives
- Almost half of all adults will experience at least one episode of depression during their lifetime
- People with severe mental illnesses die on average 20 years earlier than the general population
- A third of all GP consultations are mental health-related
- Some 90 per cent of prisoners are estimated to have a diagnosable mental health problem
- Mental ill-health represents up to 23% of the total burden of ill-health in the UK – the largest single cause of disability
- Recent estimates put the cost of mental health problems in England at a huge £105 billion
- Around 43% of the 2.6 million people on long-term health related benefits have a mental health or behavioural problem

This simply can not go unaddressed, morally or economically and the outcomes approach in the new strategy will hope to tackle some of these issues. A new ministerial group is also being established and it will need to be based on reality. Advice and information providers could have a role, feeding in their clients’ experiences.

Advice and information is important in preventing the onset of mental health problems and has a role to play in helping to meet the aims of the new strategy. Significantly, if advice and information services are lost then there will be a greater burden on mental health services and organisations supporting people with mental health problems.

Questions & Answer Session

Chaired by Kevan Taylor, Chief Executive of SHSCT

GPs not having knowledge of MH – is anything in pipeline for training for GPs and about accessing mental health services?

There is a recognition and acknowledge that GPs need training, average GP list of 6000, but they will often see 6 people with serve mental health problems during their training. There is not a lot of training, and they need a degree of knowledge ad information needs to get out to them. The Government has launched Inclusion health – a cross sector board so that the most excluded can get access to appropriate care.

In the Wirral, CAB are already working with GPs re mental health – there are examples that we should be highlighting.

GPs don't always see mental health as a priority and conditions can get neglected. If someone have a physical health issue, they treat this, but they GP may nor always see mental health equally, things that can lead to this could be social / economic reasons.

Often the terms advice/advocacy are misused and commissioners do not know the distinction. Can we clarify the terms?

Panel agreed that there was confusion in the use of the terms, often banded together by commissioners, and hoped workshop might address how this can be taken forward.

Bridging physical / mental health. How should this be tackled?

There are lots of initiatives to support both physical and mental health as part of individual care plans for people with depression but more work is needed on this, particularly where people present with physical health problems.

Is the term 'recovery' over used? – some people don't recover, but 'manage' their mental health – what is your view of this?

Recovery is achieving the best use of your life as you possible. You could say this is managing, people get back to where they can. There is some work ongoing about recovery, trying to get all of us to think bigger than symptoms, people need help with housing, money, different challenges for rural areas that inner city areas. Recovery isn't used loosely – there may be a better term, and terms come and go.

Would like to comment on confusion about the term of 'advocacy', get lots of referrals from individuals and organisations, and issues are related to each other and it is difficult to separate and not slip into the 'advice' role.

Panel agreed that there was clear limits needed between advocacy and advice and hoped workshop might address how this can be taken forward.

If NHS bill goes through, isn't this going to be a real danger that mental health becomes the poor relation when commissioning goes to GPs?

The panel hoped this would change, with GP and mental health practitioners taking it forward on a shared basis rather than it being left solely to the remit of GPs.

Is there a relationship between mental health and big society agenda in relation to volunteers?

Volunteering gives us a sense of worth, which has a positive impact on mental health so big society and volunteering could be good for mental health. Big society could lead to more people having bigger expectations of the Government to change policy re services with more active citizens bringing pressure onto MPs. However, Big society is not a substitute for services but is about community development, , but the danger is that some of this would get lost if it looks like it is merely a way of doing things on the cheap.

People from BME communities are over represented within the mental health system – How do we engage with this group to minimise mental health problems?

There are issues re discrimination, there is also a distrust of mental health services in some communities, and we need to challenge services so that they meet different needs. There needs to be a relationship between mental health service providers in the local communities and we need mechanisms to bridge the gap between people from different cultures. There are not good quality services nationally for BME communities. The key will be to form relationships with other organisations that serve those communities and joint working. There are attempts to address this issue but it remains a stumbling block.

Feedback from Workshops

Am workshop 1: Delivering advice to in-patients.

- Training about mental health is key, understanding of mental issues by advice services managers (many of whom already understand client needs) is important. Flexibility is needed to meet patients needs. Different patients will take up different amounts of time. Every client should be treated as an individual with flexibility to meet their individual needs.
- Need to raise awareness of service for in-patients.
- Training funders about the impact of Advice.
- Building good relationships, Ward staff are crucial as a way for clients to the service.
- Advice should be visible to individuals on wards and with casework available not just until discharge, instead casework must be available after discharge.

Am workshop 2: Delivering advocacy to in-patients and if people being treated in the community.

- Independence is crucial to make a good advocacy service. It was felt that IMHA is a good advocacy service and that the same principles that ensure the quality of this service should apply to all advocacy services, including that the advocate is independent from any service provider.
- Good support and supervision is necessary. There is a significant need for support and supervision because of the stress people are being placed under but too often support and supervision is sacrificed to allow resource to focus on other pressing concerns.
- Accessibility is crucial, especially for voluntary patients. While there is good access to IMHA because it is statutory service, there may be issues over access to other advocacy services.

Am workshop 3: Delivering advice to people being treated in the Community.

- Resources are a significant issue particularly as home visits which may be appropriate, are costly.
- There needs to be better communication between agencies to enable open dialogue and enable plants be referred for advice as quickly as possible.
- Contractual targets do not take into account individual clients' needs and create an environment where agencies will be more economically viable if they concentrate on giving advice on basic issues rather than helping more vulnerable clients (that may be at higher risk of being readmitted) with more significant needs.

Am workshop 4: Recruiting, retaining and supporting volunteers with mental health problem.

- Support is crucial, people must be properly supported, possibly using peer support where appropriate and creating support plans setting out the support available and actions to be taken when an individual's condition deteriorates. Good relationships are necessary to encourage an open dialogue and plan for eventualities.
- It is important to recognise the limits of the organisation and of volunteers. Organisations should concentrate on supporting smaller numbers of volunteers with mental health problems and do this well, rather than risk spreading resources too thinly that support for volunteers is ineffective.
- Organisations must confidence in their volunteers and trust their volunteers, accepting that difficult circumstances may arise, but planning for these with the volunteer.

PM workshop 1: Identifying mental health campaigning issues.

- Campaigning is really important especially for people with mental health problems.

- Successful campaigning needs promoting focusing on solutions.
- The problems and solutions tree was presented, for details see rethinks website.

PM workshop 2: Resourcing advice services in the new health service structure.

- Recognition that changes may occur depending on the NHS Listening Exercise and reforms to the Health and Social Care Bill.
- There are broad sources of funding and a variety of funders who need to be engaged.
- If advice services are not as accessible, mental health organisations and service provider will be left to cope with additional demands on their services.

PM workshop 3: Money active and Advice: Bespoke financial capability sessions for people with mental health difficulties and healthcare professionals.

- It is important to get to frontline workers on site, especially individuals who are liked and respected.
- Clients should be seen for financial capability work before they are seen by debt advisers.
- Appropriate professionals are well placed to identify clients who would benefit from financial capability training.

Pm workshop 4: Training: identifying and meeting the training needs of advisers working people with mental health problems.

- Recognise there needs to be more time for training and more support for clients in order better meet their needs.
- Experience is key. This can be developed by shadowing or liaising with existing staff or visiting other advice agencies and organisations such as Mind and health

professionals such as CMHT, It is important to challenge assumptions and attitudes.

- Service users should be involved in running services and may have roles including as volunteers, paid staff, and trustees. It is also important to work with other stakeholders.

Pm workshop 5: Advocacy: Deprivation of Liberty Safeguards representation (DoLS) and independent mental health advocate (IMHA): supporting patients.

- There was concern that non-statutory advocacy work will be pushed out and lost, possibly just leaving IMHA.
- There are a number of similar advocacy roles that may be delivered by a variety of organisations. This can result in one client using four different advocates in the short period of time.
- Flexibility, is needed and advocates should not be too tied up to specific functions and instead need some wriggle room. It is important advocates are able to work with other organisations especially on handing over a client, to make the clients experience as good as possible.

Final comments

There was concern that CAB taking on Consumer Focus and Consumer Direct functions may result in a change in the users of services to individuals will less vulnerable people. If changes are not handled well, access to consumer advice could make it more difficult for individuals with mental health problems, and other vulnerable clients, to access the advice on the issues they need assistance with.

It was agreed that the feedback from the workshops would be incorporated into a report on what a good service should look like. This should be done together by advice

agencies and other mental health partners and should allow for local variability and experiences.

June 2011