

**AGENDA MANAGEMENT SHEET**

**Name of Committee** Health Overview and Scrutiny Committee

**Date of Committee** 28<sup>th</sup> March, 2007

**Report Title** Review of Mental Health Provision in Warwickshire (Phase II) – Final Report of the Mental Health Panel

**Summary** The aim of this review was to assess the link between mental illness and health inequalities paying particular attention to:  
1. Mental health provision for younger and older people in Warwickshire  
2. Transitional arrangements from younger to adult services and adult to older people's services  
3. Equity of access and service provision across the county.

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**Would the recommended decision be contrary to the Budget and Policy Framework?** No.

**Background papers** None

**CONSULTATION ALREADY UNDERTAKEN:-**

Details to be specified

- Other Committees  .....
- Local Member(s)
- Other Elected Members  Cllrs Jerry Roodhouse, Anne Forwood, Marion Haywood
- Cabinet Member  Cllr Bob Stevens .....
- Chief Executive

- Legal  Sarah Duxbury.....
- Finance
- Other Chief Officers  David Carter, Graeme Betts, Marion Davis
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

**FINAL DECISION Yes**

**SUGGESTED NEXT STEPS:**

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation  .....

## **Agenda No**

### **Health Overview and Scrutiny Committee 28<sup>th</sup> March, 2007.**

#### **Review of Mental Health Provision in Warwickshire (Phase II) Final Report of the Mental Health Panel**

#### **Report of the Performance and Development Directorate**

##### **Recommendations**

1. That the committee considers the final report of the 'Mental Health Panel'
2. That the committee considers the recommendations as set out in section 18 of the report

#### **1. Introduction**

- 1.1 The aim of phase II of this review was to assess the link between mental illness and health inequalities by looking specifically at mental health provision for younger and older people, transitional arrangements (younger to adult services and adult to older people services), equity of access, waiting times and the numbers of specialist staff in Warwickshire.
- 1.2 The panel also looked at the consultation proposals to reconfigure mental health provision in Coventry and Warwickshire. There is now a new Coventry and Warwickshire Mental Health Trust, which includes Learning Disabilities and Substance Misuse. The reconfiguration did have an impact on fulfilling some of the aims, objectives and scope set out in the terms of reference. Therefore the panel has recommended that the Children, Young People and Families Directorate and Adult, Health and Community Services Directorate provide a report to Health Overview and Scrutiny Committee later this year.
- 1.3 An area not identified in the original scope was the impact on young carers. This came to light when reviewing transitional arrangements for young people and it was of particular interest to the panel that the report now includes a section on the Young Carers Projects in

Warwickshire. The panel decided to obtain information about carers of older people from Age Concern Warwickshire, to give a balanced perspective, and this is also included in the report.

## **2. Recommendation**

2.1 That the committee:

- Considers the final report of the 'Mental Health Panel'
- Considers the recommendations as set out in section 18 of the report

DAVID CARTER  
Strategic Director of  
Performance and  
Development Directorate

Shire Hall  
Warwick

21 February 2007

# review of mental health provision *in Warwickshire (phase II)*

Report of the **Health**  
overview and scrutiny committee

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March  
2007



# Review of Mental Health Provision in Warwickshire (Phase II)

## Report of the Mental Health Panel - Health OSC

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### Acknowledgements

The Mental Health Panel would like to thank the following people for their support in this review:

Shaun Clee  
Mary McGorry  
Kate Phipps  
Kate Richmond  
Chris Southin  
Simon Veasey  
Deborah Vickers

## **Glossary of Terms**

**A & E** – Accident and Emergency

**Assertive Outreach Teams** – An active form of treatment delivery services are taken to service users rather than expecting them to attend for treatment.

**Assessment** – taking a history of basic information from a patient in order to ascertain their needs for future treatment

**CPN** – Community Psychiatric Nurse

**Crisis Intervention/ Home Treatment Teams** – these teams offer intervention and support 24 hours per day, 7 days a week to offer alternatives to admission to psychiatric hospital

**Co-morbidity** – the simultaneous presence of two or more disorders. The term dual diagnosis or complex needs may also be used. The term often refers to combinations of severe mental illness, substance misuse, learning disabilities and personality disorder

**Connexions** – information and advice service for young people

**Commissioning** – the process where the health needs of the population are defined, priorities determined and appropriate services purchased and evaluated

**CVS** – Councils for Voluntary Services

**Fusion** – information and advice service for young people in North Warwickshire

**GP** – General Practitioner

**JCB** – Joint Commissioning Board where two or more commissioning agencies for example PCT and local authority act together to co-ordinate the commissioning of services and jointly take responsibility for translating strategies into actions

**LAA** – Local Area Agreement

**LDP** – Local Delivery Plan

**NCH** – National children's charity

**NHS** – National Health Service

**OAK** – Older Age Knowledge an information and advice service for older people

**OSC** – Overview and Scrutiny Committee

**PCT** – Primary Care Trust a locally managed freestanding NHS body able to commission most hospital and community services

**Providers** – NHS Trusts, PCTs, GPs, other healthcare professionals Adult Health and Community Services and voluntary agencies that provide services commissioned by NHS and local authorities

## Executive Summary, Key Findings and Recommendations

### Introduction

The aim of second phase of Mental Health Provision in Warwickshire was to look at transitional arrangements for young to adult services and adult to older people services, mental health provision for younger and older people, equity of access, waiting times, specialist staffing levels, relationship with acute trusts and the proposal to combine the Mental Health Trusts in Coventry and Warwickshire, which would include learning disability.

What provision is being made for young and older carers was not originally identified in the scope of this review, but it quickly became apparent how important to carers the Young Carers Project was and the services being offered by Age Concern.

### Key Findings

- Although the Young Carers Project provides much valuable support, the panel recognised that it would benefit if it could raise its profile in schools, had additional funding/resources to develop other supportive measures and ensure there was equity of provision throughout the county.
- The panel found that North Warwickshire Young Carers Project did not receive the equivalent level of funding as the south of the county, even though the number of young people using the service was increasing.
- The 'Exchange' was a service that engaged people with mental health problems in worthwhile activities as treatment for their conditions. Service users could themselves become volunteers. The panel recognised the importance of the 'Exchange' and was concerned that the PCT had not renewed its contract. However, since the start of this review Age Concern has been able to fund and restart its valuable counselling service.
- The panel recognise that there are other valuable agencies that provide support for older people such as Alzheimer's Society, but to ensure the review was completed in a reasonable timeframe the panel has decided to ask for a report on older people's mental health provision from Adult Health and Community Services Directorate.
- The panel reviewed the consultation 'Big Enough to Count Small Enough to Care' for the new mental health trust in Coventry and Warwickshire. If the proposals being made in the consultation go ahead as planned the panel anticipate that this will be beneficial to residents having to use mental health services in Warwickshire. However, the panel found the consultation with changes to mental health provision did have an impact on the review. The changes to staff and areas of responsibility made it difficult to study some parts of the scope in sufficient depth.



- To help overcome the limited information due to the changes above the panel decided that it would be better if the Children, Young People and Families (CYPF) Directorate and Adult Health and Community Services (AHCS) Directorate provided a report to Health OSC at the end of 2007. The new Mental Health Trust would have been in operation for at least a year making it easier to report on equity of access, waiting times, staffing levels and the outcomes of the plans and actions suggested in the mental health consultation document 'Big Enough to Count, Small Enough to Care' (2005).
- In addition to this the panel would like AHCS Directorate to provide the following information:
  - The Commission for Social Care and Health Care external inspection reports on older people services (currently underway)
  - Mental health provision for older people, which will not only include the services provided by Age Concern, but other agencies such as Alzheimer's Society, Guide Post Trust Carers Service.
  - Partnership arrangements between Adult, Health & Community Services, Local Commissioning Services and Coventry and Warwickshire Partnership Trust local commissioning with adult and social care.
  - Implementation of the Joint Commissioning Strategy with NHS Warwickshire.
- Finally the panel found that mental health services are being provided by both the NHS and Local Authority, and that there would be some merit in conducting a joint review of Mental Health Provision for Adults with Health OSC and Adult and Community Services OSC in 2008.

## **Recommendations**

1. That a copy of this report to be made available to CYPF Directorate and AHCS Directorate for comment on recommendations being made below.
2. That CYPF Directorate and AHCS Directorate provide a report to Health OSC later in 2007 on the progress being made in the areas outlined in section 17.2.
3. That the above report should include progress being made by new Coventry & Warwickshire Mental Health and Learning Disability NHS Trust to the proposals suggested in the consultation document and recommendations suggested by Warwickshire County Council on the 11<sup>th</sup> April 2006 (see section 12.10 – 12.13)
4. That formal arrangements are developed with education providers to allow Young Carers Projects access to schools.

5. That the suggestions in section 17.3 are reviewed by CYPF Directorate to see which could be supported and implemented in some way and report their findings to Health OSC in December 2007.
6. That CYPF Directorate conduct a separate review of funding arrangements for Young Carers Project.
7. To improve equity of access to Young Carers Project the panel would recommend that additional funding is made available for North Warwickshire.
8. That information about carers' entitlement to benefits and allowances should be made available on the Warwickshire Web with a link to Directgov site [www.direct.gov.uk](http://www.direct.gov.uk) for further information to improve take up of allowances.
9. That the PCT acknowledges the support Age Concern Warwickshire provides for older people and works in partnership to ensure that these services continue.
10. That the NHS Trusts provide a report to Health OSC, by the end of 2007 , on progress of psychiatric services in acute care
11. That the relevant portfolio holders for CYPF are given a copy of this report for comment to respond on the recommendations that relate to Young Carers Project (17.4 to 17.9)
12. A copy of the report be made available for Adult and Community Services OSC for comment and respond to the suggestion of a joint review of mental health provision with Health OSC in 2008

## **1. Introduction**

- 1.1 The aim of phase II of this review was to assess the link between mental illness and health inequalities by looking specifically at mental health provision for younger and older people, transitional arrangements (younger to adult services and adult to older people services), equity of access, waiting times and the numbers of specialist staff in Warwickshire.
- 1.2 The panel also looked at the consultation proposals to reconfigure mental health provision in Coventry and Warwickshire. There is now a new Coventry and Warwickshire Mental Health Trust, which includes Learning Disabilities and Substance Misuse. The reconfiguration did have an impact on fulfilling some of the aims, objectives and scope set out in the terms of reference. Therefore, the panel has recommended that the Children Young People and Families Directorate and Adult, Health and Community Services Directorate provide a report to Health Overview and Scrutiny Committee later this year.
- 1.3 An area not identified in the original scope was the impact on young carers. This came to light when reviewing transitional arrangements for young people and it was of particular interest to the panel that the report now includes a section on the Young Carers Projects in Warwickshire. The panel decided to obtain information about carers of older people from Age Concern Warwickshire, to give a balanced perspective, and this is also included in the report.

## **2. Aims and Objectives**

- 2.1 The aim of this review was to assess the link between mental illness and health inequalities. It involved scrutinising the services of the NHS plus Boroughs and Districts Councils, relevant departments within the County Council and outside agencies that have an interest in mental illness and health.
- 2.2 The objective was to understand:
  - How mental health is linked with health inequalities e.g. why someone with mental health concerns has a shorter life expectancy than someone without.
  - The relationship between mental illness and health provision
  - What the health service and the local authority do to meet the needs of those affected.
  - The transitional arrangements from young people's to adult services and adult to older people's services.
  - The implications of being mentally ill in Warwickshire

Also:

- To ensure that the health service provides a flexible, appropriate, clinically effective and accessible service in response to the needs of those affected.

- Increase awareness about mental health issues with a view to take a more positive and a less stigmatised approach to mental illness
- 2.3 The review will take into account equity of access to services in line with the social inclusion agenda.

### **3. Scope**

3.1 In order to achieve the aim set out in paragraph 1, the Mental Health Panel planned to review the following:

- Mental health provision for younger and older people in Warwickshire
- Transitional arrangements from younger to adult services and adult to older people's services
- Whether there is an equity of access and service provision across the county
- The waiting times for mental health provision across the county
- Whether there are sufficient numbers of specialist staff (NHS and Local Authority) to ensure those with mental health needs are seen in time
- Relationship with the acute trusts
- The proposal to combine Coventry and Warwickshire Mental Health Trusts into one trust (provider arm) - April 2006

3.2 An area not identified in the original scope was the impact on young carers when looking after a parent or sibling with mental health needs. This came to light when reviewing transitional arrangements for young people and became an area of particular interest to the panel and the report now includes a section on the Young Carers Projects in Warwickshire.

3.3 The panel then considered it was important to obtain information about carers of older people with mental health needs such as dementia or depression. Kate Richmond from Age Concern was invited to give a presentation and this has been included in this report.

### **4. Background**

4.1 It is estimated that one in six people suffer from a depression or anxiety at any one time, roughly over 7 million people between the ages of 16 and 74. The estimated economic and social costs of mental illness for Britain is more than £77 billion a year and prescription costs are around £540 million a year. Only 24% of adults with mental health problems are in work, fewer than four in ten employers would employ someone with mental health problems<sup>1</sup>.

4.2 A Citizens Advice Bureaux report<sup>2</sup> highlighted that people with mental health problems often experience discrimination and are not adequately supported. This creates difficulties and reinforces the isolation their illness

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<sup>1</sup> Mental Health Key Facts and Figures, Social Exclusion Unit, Office of Deputy Prime Minister.

<sup>2</sup> CAB Report 'Out of the Picture', 2004.

creates. The report considers the widespread discriminatory behaviour and failures to understand the difficulties people with mental health problems face and makes raising awareness about mental illness a central issue.

- 4.3 This report considered that all those that come into contact directly or indirectly with people with mental health problems need to be better equipped to identify and help them, whether they are in the public, private or independent sectors. The Citizens Advice Bureaux report thought that institutions needed to review their procedures to avoid discriminatory outcomes. In addition it highlighted there was a need to break down the barriers of discrimination by raising awareness about mental health issues amongst the general population.

#### Mental Health Facts

1. Mental Health service users have the lowest employment rate of all disabled groups. Therefore, most are dependent on benefit income.
2. They are some of the poorest people in the UK.
3. Poverty is linked to poor health, but people with mental health problems are trapped in poverty for longer periods than most.
4. Persistent low income reduces their ability to participate in activities and services, which might help to reduce their isolation.
5. Benefit system makes no allowance for people with mental health problems. The illness at times reduces the capacity to function normally and this can affect a claimant's ability to complete the forms necessary for benefit.
6. The Royal College of Psychiatrists has reported that 40 per cent of people who present to their GP with mental health problems feel stigmatised and discriminated against by their GPs.
7. 90 per cent of mental health problems are dealt with in primary care. These people may be in particular need of more support. GPs are unlikely to be in a position to refer these people for the effective support, in the early stages of their illness that the government would like them to have.
8. Some people find their Community Psychiatric Nurse and social workers difficult or impossible to reach. When professionals move away to other jobs the client's files are often closed, which means they then have to go back to their GP for a new referral.
9. People who are referred on to the mental health services for specialist help from a psychiatrist and /or a Community Psychiatric Nurse (CPN) and the Community Mental Health Team are in a minority. Such referrals tend to be made when people's conditions deteriorate or become critical.

10. Ethnicity also affects access to services. There are notable differences in the experience of mental health services. Rates for compulsory admission are higher for black and minority ethnic groups. This may be associated with more frequent involvement of the criminal justice system in their referrals. They are more likely to be considered as requiring a greater degree of control and security and therefore more likely to be admitted to secure environments.
11. Mental health remains one the government's three clinical priorities, along with cancer and coronary heart disease.

## **5. Mental Health Provision in Warwickshire**

- 5.1 Simon Veasey (Service Development Officer – Mental Health) was invited to the first panel meeting to provide the panel with information to take this review forward.
- 5.2 He explained that mental health provision is a much better resourced service than it was three years ago.
- 5.3 Early Intervention teams are really making a difference to people aged 14-35 years where the first episodes of psychosis tend to occur.
- 5.4 Assertive outreach teams are now well established and are using innovative approaches to keep people engaged with support services.
- 5.5 They are working closely with Health, Warwickshire County Council and other providers which helps to keep people out of hospital longer
- 5.6 Service users are encouraged to play an active role in planning, monitoring and evaluation of services.
- 5.7 Principles of recovery are now shaping the way services are designed.
- 5.8 Users and carers trained in selection procedures and are actively involved with interviews for statutory staff and are being paid for their time and expertise
- 5.9 Increasing opportunities for voluntary sector partners to provide contracted services such as telephone helplines, day support services, resource cafes, user and carer involvement services.
- 5.10 Carers services include a network of specialist carers' workers, a carer's empowerment worker, one off direct payments and a network of facilitated support groups.
- 5.11 Crisis/Home treatment teams are helping to keep people out of hospital. Crisis houses planned in Leamington and North Warwickshire will help to

support this service and they will link with acute hospital emergency departments.

- 5.12 Comprehensive Mental Health Directory, which was launched in June 2006. It provides information about:
- What to do if you need help?
  - The Care Programme Approach
  - Services Users Organisations
  - Services for Carers
  - Mental Health Services in Warwickshire
  - What Mental Health Workers Do?
  - and much more.....

A copy can be obtained from Simon Veasey (Service Development Officer, Mental Health) Adult, Health and Community Services Directorate, Warwickshire County Council.

- 5.13 Supporting People contracts have significantly increased the amount of accommodation and floating support
- 5.14 The partnership funding of Black and Minority Ethnic Community Development Workers is cited in DH guidance as an example of good practice. Mental Health, Drug and Alcohol Compact has also been recognised both locally and nationally.
- 5.15 Simon Veasey then went on to explain that social inclusion is still their biggest challenge and it needs a truly wide-ranging and multi-agency approach.

The plans for the future are to have:

- More individually focussed services rather than the traditional group work. This does not affect the support provided by the Resource Cafes.
- More use of direct payments and less block grants to providers.
- Less stigmatising services e.g. MH Employment Services with GP Practices and more creative therapy using organisations like the Community Arts Workshop in Leamington.
- A big shift of emphasis from provider status (passively accepting the services are provided by PCTs, GPs and Local Authority) to enabler. (where they are encouraged to have a more proactive role in deciding what services they require to aid recovery and independence)
- Easier access and discharge from service bringing it in line with other long-term health conditions.
- Better transitional services (child to adult, adult to older people)

- Improve care planning - taking a more holistic approach
- Development of robust structures for user and carer involvement
- More employment opportunities to service users and carers from WCC and PCTs.

## **6. Services for Younger People**

6.1 The services in Warwickshire have performed well against national comparisons and this information is reported in the national Child and Adolescent Mental Health Service (CAMHS) mapping data which can be found on the following website:

<http://www.camhsmapping.org.uk/2005>

6.2 An updated assessment has just begun and the data has to be completed by March/April 2007.

6.3 The reconfiguration of NHS and structural changes to Warwickshire County Council has had an impact on this part of the review and the panel recognises that these changes need time to settle in. The panel therefore will be recommending that Children, Young People and Families Directorate review mental health provision for young people in Warwickshire and report their findings to Health OSC in a year's time.

## **7. Warwickshire's Young Carers Projects**

Young Carer, aged 10

My dad can barely walk and uses a wheelchair. He has M/S and his muscles are weak. When we go for days out I push his chair. I give him his medication. Most of the time I feel annoyed 'cause everyone has to run around after him all of the time.

7.1 There are three young carers' projects within Warwickshire covering the North, South & Rugby. The projects in the North and South were established in 1999 with the project in Rugby being established 2 years earlier in 1997. In 2003, three-year contracts were awarded for support to young carers across the county and these contracts have recently been extended to 2008. These projects are supported by joint funding from Warwickshire County Council, Children, Young People and Families Directorate (formerly Social Services) and Warwickshire PCT.

7.2 In 2003 a County Young Carers' Steering Group was established to further develop the work of the projects and give a countywide focus to this work. All of the projects are active participants in this group, which is chaired by Children, Young People and Families Directorate and has striven to achieve regular membership from schools and more recently Connexions.



- 7.3 All the projects also have their own steering group made up of more local contacts from interested organisations.
- 7.4 All of the projects have a strong history of and commitment to the inclusion of young carers in the running and development of services offered.
- 7.5 In addition to the support and activities outlined below all of the projects participate in regional and national events including the annual National Young Carers Festival.

Young Carer, aged 10<sup>3</sup>/<sub>4</sub>  
 I am a young carer 'cause my mum is disabled 'cause when she was younger she fell down the stairs. I look after her. My mum's back clicks and sometimes she can't move.

**South Warwickshire Young Carers Project**

- 7.6 This project has been run by South Warwickshire Carers Support Service since 1999 and is probably the most established of the young carers projects in the county.
- 7.7 In addition to funding from Children, Young People and Families Directorate and Health the South Warwickshire Young Carers Project has received three years Children in Need funding for a schools worker.
- 7.8 The project offers a wide range of support to young carers aged 8-18 years. This includes 1-1 work, regular group meetings, development workshops, activity days and holidays.
- 7.9 In addition to direct work with young carers the project is involved in awareness raising and training other agencies and professionals on the issues that affect young carers. This is particularly true in relation to work within schools.
- 7.10 Due to the large geographical nature of the area covered by the South Warwickshire Project groups, activities are run from a number of venues.
- 7.11 As an example of the work of the South Warwickshire Project in 2003-04 it offered: 60 hours of group work, 261 places on 19 activity days, 33 places on 3 holidays and 254 hours of 1-1 work.
- 7.12 During the time it has been running the South Warwickshire Project has supported over 170 young carers.

Young Carer, aged 13  
 My dad and two sisters are on prescribed anti-depressants, with everyone being depressed it can drag me down too and I find it hard to stay up, I try by thinking of happy things.

### **Rugby Young Carers Project**

- 7.13 This project has been running since 1997 under the umbrella of Rugby CVS. However several changes of Project Manager during this time have meant that the Rugby Project is perhaps not currently as established as the project in the South.
- 7.14 The Rugby Young Carers Project works with a wider age range of children starting at 6 up to 18 years. They run groups based on the age of the young carer and also offer activity days, holidays and 1-1 work.
- 7.15 In 2003-04 the young carers in Rugby undertook a major project with funding from 'Positive About Young People'. This involved the production of a drama on the issues affecting young carers. The drama was staged at the Benn Hall in Rugby in January 2004 and a video of the production has been used to promote awareness about young carers' issues.
- 7.16 Following on from the inclusion of a Connexions representative on the County Young Carers Steering Group the Rugby Project is planning work with their local Connexions Service on raising awareness of young carers' issues both within Connexions and in local secondary schools.
- 7.17 The number of young carers supported by the Rugby Project is growing steadily. For example in 2002 they were supporting 45 young carers and by July 2006 had risen to 61.

Young Carer, aged 6

I have a worry book that I write all in my fears in because I can't sleep at night.

### **North Warwickshire Young Carers Project**

- 7.18 The project in the North has had a more unsettled history than the other projects in the county. Initially this project was managed by NCH, but with no successful provider being identified for the North during the tendering process and awarding of contracts, in 2003 NCH's involvement ended.
- 7.19 For a period of time from April 2002 to July 2003 support to young carers in the North was provided 'in house' by Social Services. This support honoured existing commitments to young carers, but did not actively develop new services.
- 7.20 In July 2004 a contract was signed with North Warwickshire CVS to provide a service in the North. Fusion Young Carers has been steadily developing its service across the North of the county. In 2005 it supported over 25 young carers, but in November 2006 this has increased to nearly 50 and would probably benefit from additional funding
- 7.21 In 2004 Fusion Young Carers went on their first residential trip and this year attended the National Young Carers Festival.

- 7.22 Fusion Young Carers has made positive links with the other projects in the county and this will hopefully support the future development of the project.

Young Carer, aged 10

I help my brother get dressed and keep an eye on him for mum and keep him amused. I care for him because he is disabled and has Cerebral Palsy. He can't walk or talk properly and gets upset easily. I'm lucky I have him because he wasn't alive when he was born

- 7.23 Chris Southin (Operations Manager – CYPF Directorate) was invited to discuss the Young Carers Projects in Warwickshire with members of the Mental Health Panel. Chris Southin provided the panel with the following, in addition to the information above.
- 7.24 The Young Carers Projects offer group work, activity days and holidays and 1 to 1 support. The activity days are age specific and, when required, transport is provided.
- 7.25 The young carers are referred to the project via Children, Young People and Families Directorate, but there is an open referral system. However, the young carer in this instance would be asked to give details of those they are caring for. There are protocols in place for those young carers looking after those with mental health needs.
- 7.26 Carer's information is confidential and their names are not shared with the Primary Care Trusts or other agencies. However, if the initial assessment shows they need more support the young carers are asked if they would be happy for their details to be passed on for the appropriate support.
- 7.27 Young carers are entitled to an assessment of their needs and a range of services in their own right.
- 7.28 There have been difficulties in raising awareness of 'Young Carers Projects' in secondary schools. There is a tendency for schools to focus on educational rather than social needs. 'Connexions' has helped by placing information on their notice boards in schools and funding provided by 'Children in Need' has helped raise awareness in South Warwickshire schools.
- 7.29 It is not unusual for young carers to have mental health needs of their own. Although the Young Carers Project primarily provides support it can also help carers with mental health concerns and works jointly with mental health providers
- 7.30 Although some funding for the project comes directly from the Government as part of funding for social care, the overall costs of the projects are funded jointly by Warwickshire County Council and Warwickshire PCT.

Deborah Vickers (Assistant Head for Children's Services, Rugby District) for ), has given the following costs for each project:

South Warwickshire	£53,000
North Warwickshire including Nuneaton and Bedworth	£36,000
Rugby	£50,000

- 7.31 Warwickshire PCT contributes £56,000 and Deborah Vickers is pleased that the PCT contributes a substantial amount of money. She would like to commend them for supporting the County Council on what is a very good partnership arrangement.
- 7.32 The benefits of the projects for young carers is difficult to quantify, but it provides emotional support, information, opportunities to socialise and to take part in activities that would not be normally open to them. The young carers also provide support for each other.
- 7.33 The following suggestions were given by Chris Southin and Deborah Vickers, which could further support the Young Carers Projects:
1. Finding a mechanism that could raise the profile of the project, especially in schools with teachers and even young people, because they do not always recognise themselves as young carers. One avenue would be to do work about the caring role during lesson time. This would require new posts being created to work in schools (1 each for South Warwickshire and Rugby and a half post for North Warwickshire), but this would require additional funding of around £50,000.
  2. Alternative support for carers when they reach the age of 18 years when they are no longer entitled to remain with the Young Carers Project (some young carers still requiring support, but not comfortable with traditional carer's role, overcome having to leave the service by becoming volunteers for the project). They would probably find it helpful if there was a support, information and advocacy service geared towards 18-24 year old carers. This could be called Adult Young Carers Scheme, which could focus on young adult activities and providing choices on what they may want. This would require additional funding of around £30,000. This to be considered within the Carers Commissioning Strategy.
  3. To raise awareness of the pressures on carers to remain carers either by families, others or even themselves
  4. Support for carers who want to enter further/higher education. For example if they could receive support possibly via a telephone helpline it could reduce the anxiety of leaving home and would enable them to obtain help if they are experiencing problems while away.
  5. Young Carers to become part of a national network - at the moment some Local Authorities contract out while others maintain it in-house.
  6. Finally North Warwickshire will probably require more funding. Traditionally it has received lower funding than the other projects, but numbers of young carers attending the project is increasing (since 2005 it has nearly doubled).

- 7.34 The scrutiny exercise has identified that there are not enough resources going into the Young Carers Project and the panel would also like to see equity of provision throughout Warwickshire. Therefore, the panel would like to recommend that this matter be referred to Children, Young People and Families Directorate with the possibility of using the Schools Forum to raise the profile of Young Carers Project. They also suggest, with the emergence of Local Area Agreements, that this could be embedded as part of the process.

Young Carer, aged 6

“My brother and sister have a disability. My sister brain takes in all the bad things and if she eats milk she bites and pinches and other nasty stuff. My brother brain stops him from holding things and doesn’t work as quickly and fast as other peoples. Living in my house can be hectic.”

## **8. Visit to Young Carers Project, Rugby**

- 8.1 The panel were made very welcome on the 28<sup>th</sup> March 2006 at the Young Carers Project in Rugby.
- 8.2 Members of the panel had the opportunity to discuss with the children, a parent and organisers about:
- How do young carers get referred to the project?
  - What do parents/young carers think of the project?
  - What impact does the project have on their lives?
  - What activities do the young carers get involved in?
  - How are these activities funded?
  - If there were any concerns?
- 8.3 Most of the young carers found out about the project through referrals from Children, Young People and Families Directorate and by word of mouth. There are existing processes in place for young carers with siblings that are disabled, but referrals are not so well established for carers that have parents with a disability. It is even more difficult for carers that look after parents that suffer from alcohol and substance misuse to be referred. There are likely to be several reasons such as the stigma and the fear that if they contact the Young Carer’s Project or other support agencies, they may be taken into care.
- 8.4 A parent accompanying their son and daughter to the Young Carers Project discussed with the panel how marvellous the project has been for their children, in particular their son. He had been involved with videoing the activities of the group and this had increased his confidence. The parent also found the project very beneficial, because it helped relieve the anxiety and guilt they had about their children not being able to experience the activities and freedom that other children had.
- 8.5 Rugby Young Carers Project sometimes obtains additional funding, which supports their activities. They were extremely grateful when the local

netball team raised £1400, which helped towards the cost of the DVD the young carers were producing which costed £3000.

- 8.6 Young Carers provided the panel with snapshots on what it was like to be a young carer **'In their own words'**. These snapshots of young carers feelings and daily activities and have been included in text boxes throughout this section of the report.

Young Carer, aged 13

"My mum has Cerebral Palsy and my step dad has M/S. I get up at 6.30am to let the dogs out and take my mum's chair to her ('cause it has been on charge). The carers come in at 7am sometimes they are late. I make sure my mum is OK 'til they get here. When I get home I feed the dogs, wash up, help mum go to the toilet, put rubbish out, make sure she has been given medication (if she hasn't I give it to her), make cups of tea, clean up after dinner, do some general tidying up and make sure they get to bed OK. Caring for two people is hard work. I don't get to go out except for young carers. I feel jealous of people that have normal lives."

## 9. Young Carers Entitlement to Benefits or Allowances

- 9.1 The panel were interested in what benefits and allowances a young carer was entitled to receive and the following information was obtained.

They can claim Carer's allowance if:

- They are aged 16 or over AND
- They spend 35 hours or more a week caring for a child or adult AND
- The child or adult gets Attendance Allowance or the middle or higher rate of Disability Living allowance AND
- They earn no more than £84 a week (2006/07) net from any paid work that they do. Some care costs and work expenses can be deducted in working out this net figure

- 9.2 The Carer's Allowance is a weekly benefit available to people who care for a disabled adult or child, but unfortunately most young carers do not meet the criteria for this allowance, because they are in full time education and they are under 16 years old. However, even when they are old enough to claim some carers are not aware of their entitlement.

- 9.3 While researching for this information Rochdale Council's Website provided an easily accessible resource. The panel recommend that carers may find it helpful if information about benefits or allowances is added to the existing carer information on the Warwickshire County Council website..

Young Carer, aged 11

"I came to young carer 'cause I have a sister with Downs Syndrome. I'm the only one that understands her this means I do a lot to help her. I get upset when people take the mick out of her."

## **10. Older Peoples Services**

10.1 Concerns were raised in the first mental health review that people over 65 did not have access to the same range of services that people under 65 do. However the new age discrimination legislation will be very important in addressing these concerns. There are already new developments in North Warwickshire and Rugby, which are beginning to alter the way services are delivered. The primary care mental health service, which delivers rapid access to psychological assessment and treatment is available to all adults with no upper age limit and includes people with a learning disability. In addition the Crisis and Home Treatment Teams that previously responded to people aged 16-65 will be funded from 2006 to help people over 65 who because of depression, psychosis or other "functional" mental health problems experience a crisis in their mental health.

## **11. Age Concern, Mental Health Services for Older People – Including Older Carers**

11.1 The Panel received a presentation from Kate Richmond on older people's mental health, including transitional arrangements, resources available and impact on their carers.

11.2 18% of the UK general population was of pensionable age and this would rise to 20% by 2025. Of these 25% of 85+ year olds suffered from dementia and 10-15% of 65+ year olds have depression, while between 4% and 23% of older adults have an alcohol problem.

11.3 Women, having a greater life expectancy than men, can find themselves living alone and are more susceptible to becoming depressed.

11.4 Carers tend to ask for very little support and in some cases do not recognise themselves as carers. For example, a 92 year old man who considered that caring for his sick wife was simply part of his duty as a husband and he referred to the marriage vows "in sickness and health". It was estimated that a third of carers suffered from some form of mental health problems.

11.5 Also there were differences between people's interpretation of loss; as expected for many it is the loss of a partner or loved one, but for others it can be the loss of greenhouses during a storm.

11.6 Age Concern recognised that caring for an older person with mental health problems is stressful, time consuming and emotionally and physically challenging. Also if the person cared for has dementia they found carers suffered from higher stress levels with a third of carers suffering from depression. Many referrals were made to their 'then' counselling service which was open to those aged 60+ and carers of older people.

### **Age Concern's Counselling Service**

- 11.7 The 'Exchange' was a service that engaged people with mental health problems in worthwhile activities as treatment for their conditions. Service users could themselves become volunteers. The value of the 'Exchange' was recognised in that some service users had been diverted there rather than being sent to St. Michaels Hospital, Warwick.
- 11.8 The counselling service had operated for eight years and had dealt with 2,400 clients of whom 1,600 were carers of older people. There was a nine-month waiting list for counselling. The youngest client was twenty-seven; many children saw caring for elderly parents as repaying a debt to them.
- 11.9 Those carers who had been given access to counselling services attended GP surgeries on fewer occasions and the level of medication fell significantly.
- 11.10 Carers found that they could access other relevant services such as benefit information via Age Concern's link with the Pensions Services, which meant more carers taking up their entitlement. Age Concern also has a specific rural project called OAK (Older Age Knowledge), which provides information and advice.
- 11.11 It was considered important to break the cycle of formal hospital treatment, because people with mental health problems do not have to be patients for life.
- 11.12 Kate informed the panel that unfortunately South Warwickshire PCT did not renew a contract for Age Concern's counselling service, despite it being considered such a valuable service for older people. The report attached (See Appendix A) 'The Common Room' was a precursor to the 'Exchange'. It describes the service it offered in 2004 with comments from service users.

### **Update**

- 11.13 Since the presentation given by Kate Richmond the 'Exchange' resumed operations in October 2006 and is totally funded by Age Concern. It is offering the same services as before and is already receiving referrals. Age Concern has provided an updated list of services it offers (See Appendix B)

With the changes in provision and the increasing older population the panel suggest that Health OSC and Adult and Community Services OSC should conduct a joint review of Warwickshire's Older Peoples Services in 2008.



## **12. Consultation Proposals for a Combined Specialist Mental Health and Learning Disability NHS Trust for Coventry & Warwickshire**

- 12.1 Shaun Clee (South Warwickshire PCT), Mary McGorry (Service Manager, Mental Health) and Kate Phipps (North Warwickshire PCT) gave a presentation to the panel on the 8<sup>th</sup> December 2005 about the proposal for a combined Coventry and Warwickshire Mental Health and Learning Disability NHS Trust.

### **Introduction**

- 12.2 In many parts of the Country mental health services are provided through special trusts; of the 300 PCTs in the UK only 19 provided those services.
- 12.3 The consultation was considered necessary because specialist health services such as mental health, learning disability and substance misuse would no longer be provided by the PCT and the changes being proposed for the PCTs to be more closely aligned to local authority boundaries.
- 12.4 The Warwickshire Joint Commissioning board (JCB) reviewed commissioning in April 2005 and this lead to a report proposing joint commissioning arrangements and an Adult Steering Group to replace the JCB. **This has now been implemented and there is a new Joint Commissioning Board with the new Warwickshire PCT.**
- 12.5 Discussions were carried out in both Warwickshire and Coventry on how they could ensure the sustained provision of mental health, learning disability and substance misuse services. A joint agency board was set up to think through the options and the preferred option that emerged was to set up a one specialist trust with a clear locality focus that would serve people in Warwickshire and Coventry.

### **What it means for Warwickshire?**

- 12.6 The presentation highlighted that commissioning was the key driver and it was important that Warwickshire County Council protects and develops the current arrangements and Warwickshire's money can only be spent on services that benefit Warwickshire people
- 12.7 They also emphasised that commissioning and contracting would determine what the new trust provides now and in the future. This will include the potential for the council and PCT commissioners to change services and to change providers through competitive tendering.
- 12.8 As part as of the pre-consultation process essential design principles were developed and included:
- Social inclusion,
  - User and carer involvement,
  - Locality focus and

- Clinical excellence.

12.9 It was considered that Warwickshire could protect the provision of local services by endorsing these design principles and embedding them in the establishment order for the new trust.

12.10 During discussions the panel were given the following additional information:-

- (1) The new arrangements should be “big enough to count and small enough to care”, so ensuring that the local emphasis is not lost.
- (2) The new arrangements would involve separate services for Coventry and Warwickshire, but with corporate governance.
- (3) Local Area Agreements would provide a real opportunity to join up commissioning.
- (4) The new arrangements would provide certainty for 3,000 staff and avoid the problems of good quality staff seeking security of employment elsewhere.
- (5) There would be staff representatives on the project board.
- (6) The proposal was for two joint commissioners, one for mental health with the responsibility principally sitting with the PCT and one for learning disability and this sitting within the County Council.  
**Discussions are still ongoing with the new PCT about joint commissioning posts.**
- (7) There would be a tiered approach to commissioning mental health services. The lowest level would be through GPs, the middle level would be through joint commissioning and the highest level likely to be provided on a West Midlands basis.
- (8) As the changes were to services for very vulnerable people, robust arrangements were in hand to ensure continuity of service.
- (9) The new arrangements would give some scope to provide services locally. Currently there were 80 people with learning disabilities and a smaller number with mental health needs who were being treated outside the County. These were often quite some distance away, in private establishments and at a high price.
- (10) Provision for children with eating disorders is usually provided within the acute sector or out of county. Guidance recommends that provision should be provided at a general hospital site because of complications that might arise in such cases. This can cause problems with finding suitable places for the younger age range, but there was capital money in the system for next year to enable community provision of an adult unit for drugs and alcohol misuse, with separate provision for children and young persons with eating disorder.
- (11) Talks were continuing with libraries with a view to the provision of good quality reading material, containing information on care and treatment for persons considering self-harm.

12.11 A further Mental Health Review Consultation meeting was held on the 9<sup>th</sup> March 2006 and the following key considerations were raised. It was considered important that:

- Links were being made with Adult Services/ Children's Services
- There was a coordinated response to the consultation from both the County and Health OSC
- Councillors fully understand the proposals being made
- The implications for the County/Users/Carers on the changes being proposed should be considered

12.12 Also if part or all of the proposals goes ahead there needs to be a discussion around:

- Arrangements for partnership workings now/in the future
- The development of shared priorities
- Plans for transitional arrangements
- Whether there would there be a headquarters and where would this be based
- How many of the services would remain locally managed?
- The implications for service users - benefits/risks
- What additional resources, such as ITC would be required for the transition to the new Trust arrangements?
- Finally what would be the financial implications for the County if these changes go ahead?

12.13 There were further discussions with Health OSC on the 22<sup>nd</sup> March 2006 and the County Council on 11<sup>th</sup> April 2006 where it was resolved:

- i) That this Council supports in principle the formation of a combined mental health trust, but has concerns over governance and operational arrangements.

This would be subject to a formal agreement that there will be:

- Further talks with Coventry City Council and the Primary Care Trusts
- The setting up of a Members' and Officers' Joint Panel
- Mutual agreement of process and organisation
- Protection of each partner's interests
- Commitment from all partners including the Primary Care Trusts to make the new mental health trust work for Coventry and Warwickshire residents
- Agreement over financial implications
- Joint scrutiny arrangements
- Working towards commissioning arrangements

- ii) That this Council seeks to establish a joint Member/Officer and Primary Care Trust Shadow Commissioning Board to oversee

detailed setting up of the trust, taking into account the points above.  
This Board will report back to relevant bodies

- 12.14 The panel do anticipate that the proposals being made in the consultation document 'Big Enough to Count Small Enough to Care' are likely to be beneficial to the residents of Warwickshire.

**The single specialist mental health and learning disability trust for Coventry and Warwickshire became operational in October 2006.**

**13. Equity of Access**

- 13.1 The recent reconfiguration of NHS services to create one PCT for Warwickshire and the Coventry & Warwickshire Partnership Trust will give a real opportunity to build on the strong partnerships that emerged through the first phase of the review. The panel would recommend that the Mental Health and Learning Disability Trust for Coventry and Warwickshire take equity of access into account when reviewing its services and Health OSC will revisit this later in 2007/08. In the meantime the new trust to provide a report to Health OSC on their vision for the future including their Local Delivery Plan, a financial report and any actions they intend to take.

**14. Waiting Times**

- 14.1 The NHS waiting time targets measure the time from GP referral to appointment with a Consultant. The current target is 13 weeks maximum and will reduce to 11 weeks. All the adult and older adult mental health services in Warwickshire see people within the 13 week national targets and most referrals are seen well within this standardised waiting time target.

**15. Staffing**

- 15.1 The three PCTs in Warwickshire have invested in mental health services and this has brought new services, like primary mental health care teams as well as developing existing services, like crisis and home treatment teams (helping to prevent hospital admission and give people the choice of treatment at home at times of crisis). Both North Warwickshire and South Warwickshire have continued to be able to attract specialist staff. North Warwickshire, in particular, now has a full complement of permanent Adult Consultant Psychiatrists and is no longer having to use temporary or locum medical staff, giving stability and continuity for service users and for those who refer to the services.

**16. A & E Services**

- 16.1 Improving psychiatric services in acute care was one of the points highlighted in the recent Acute Services Review. A national report "Who Dares Wins" also highlighted how many older people when admitted to acute care are found to have "co-morbid" or co-existing mental health problems as well as physical illness.

16.2 Due to the reconfiguring of NHS services in Warwickshire the panel have not been able to review A & E services in sufficient detail to draw any meaningful conclusions at this time about mental health acute care nor the concerns outlined in the report above for older people. The panel would like to suggest that the NHS Trusts provide a report to Health OSC, early in 2006, on progress of psychiatric services in acute care.

## 17. Conclusion

17.1 The first phase of the Mental Health Review identified that there were concerns around the transitional arrangements from child to adult and adult to older people's services and the difficulties it can create for users and carers. The aim of second phase was to look in depth at the transitional arrangements plus mental health provision for younger and older people, equity of access, waiting times, specialist staffing levels, relationship with acute trusts and the proposal to combine Coventry and Warwickshire Mental Health Trusts, which would include learning disability.

17.2 The panel was provided with information on all areas of the scope above, but with significant changes being made to the NHS such as the reconfiguration of SHA, PCT and Ambulance Trust as well as the proposal to combine Coventry and Warwickshire Mental Health Trusts all had an impact on this review. Although the proposals made were likely to be ultimately beneficial the subsequent changes in staff and areas of responsibility made it difficult to study the some parts of the scope, in sufficient depth to draw any meaningful conclusions at this time. The parts of the scope affected were:

- transitional arrangements
- mental health provision for younger and older people,
- equity of access,
- waiting times,
- specialist staffing levels,
- relationship with acute trusts (A & E services)

17.3 The panel, therefore, would suggest a copy of the report be made available to CYPF Directorate and AHCS Directorate to comment on the recommendations and report on progress being made on service provision to Health OSC towards the end of 2007, when the new mental health trust has been operational for one year (**see recommendations 18.1, 18.2, 18.3**). This report should include progress on plans and actions suggested in the consultation document 'Big Enough to Count, Small Enough to Care' for the new trust and an update on the recommendations suggested by Warwickshire County Council (see sections 12.10 - 12.13). It would also be helpful if the Heads of Service for Local Commissioning and Strategic Commissioning (AHCS Directorate) provided an update on the following:

- Partnership arrangements between Adult, Health & Community Services, Local Commissioning Services and Coventry and

Warwickshire Partnership Trust local commissioning with adult and social care.

- Implementation of the Joint Commissioning Strategy with NHS Warwickshire.

- 17.4 The review of what provision is being made for young and older carers was not identified in the scope, but the panel soon recognised how important to carers the Young Carers Project was and the services being offered by Age Concern.
- 17.5 The scrutiny exercise has identified that there were not enough resources going into the Young Carers Project nor was there equity of provision throughout the county. North Warwickshire traditionally it has received lower funding than the other projects, but because the number of young carers attending the project has increased it now requires urgent review. **(see recommendation 18.7).**
- 17.6 The panel suggest that the CYPF Directorate should consider using the Schools Forum to raise the profile of Young Carers Project and with the emergence of Local Area Agreements that this is embedded in as part of the process **(see recommendation 18.4).**
- 17.6 The panel notes and supports the various suggestions made in section 7.33, which the panel agree to in principal. They recognise that an advocacy service or further work in schools would require additional funding or resources, which may not be readily available and others such as Young Carers becoming part of national network may require a change in policy. Therefore the panel would like to recommend that the CYPF Directorate considers these proposals and report to Health OSC if there are possible steps that could be taken to implement the suggestions made in 7.33 **(see recommendations 18.5, 18.6, 18.8).**
- 17.7 Age concern provided valuable information and support for carers via 'The Exchange' a counselling service, which engaged people with mental health problems in worthwhile activities. It was reliant on funding from the PCT, which stopped and prevented it from being operational for some time. However the panel were pleased to be informed the service has been able to open it doors again and is now is fully funded by Age Concern. The Report (Appendix A) clearly showed how important the service was to users and commend Age Concern for their resolve and perseverance in restarting such an essential service for the residents of Warwickshire. The panel would like to see the PCT working together with Age Concern to ensure such important services for older people are acknowledged and supported **(see recommendation 18.9).**
- 17.8 However, the panel found the reconfiguring NHS services in Warwickshire did impact on the review. For example, the panel did not establish whether the care provided in A & E was adequate for older people with co-morbid conditions. The panel recommends that the NHS Trusts provide a report to

Health OSC, early in 2006, on progress of psychiatric services in acute care **(see recommendation 18.10)**.

- 17.9 It was agreed by the panel early on that a copy of the report should be given to Children Young People and Families (CYPF) Overview and Scrutiny Committee to comment on the recommendations relating to Young Carers **(see recommendation 18.11)**.
- 17.10 With changes to provision and reconfiguring of services the panel would also like to include Adult and Community Services (ACS) Overview and Scrutiny Committee with a view to possibly conducting a joint review of mental health provision in 2008 **(see recommendation 18.12)**.

## **18. Recommendations**

- 18.1 That a copy of this report to be made available to CYPF Directorate and AHCS Directorate for comment on recommendations being made below.
- 18.2 That CYPF Directorate and AHCS Directorate provide a report to Health OSC later in 2007 on the progress being made in the areas outlined in 17.2.
- 18.3 That the above report should include progress being made by new Coventry & Warwickshire Mental Health and Learning Disability NHS Trust to the proposals suggested in the consultation document and recommendations suggested by Warwickshire County Council on the 11<sup>th</sup> April 2006 (see section 12.10 – 12.13)
- 18.4 That formal arrangements are developed with education providers to allow Young Carers Projects access to schools.
- 18.5 That the suggestions in 17.3 are reviewed by CYPF Directorate to see which could be supported and implemented in some way and report their findings to Health OSC in December 2007.
- 18.6 That CYPF Directorate conduct a separate review of funding arrangements for Young Carers Project.
- 18.7 To improve equity of access to Young Carers Project the panel would recommend that additional funding is made available for North Warwickshire.
- 18.8 That information about carers' entitlement to benefits and allowances should be made available on the Warwickshire Web with link to Directgov site [www.direct.gov.uk](http://www.direct.gov.uk) for further information to improve take up of allowances.
- 18.9 That the PCT acknowledges the support Age Concern Warwickshire provides for older people and works in partnership to ensure that these services continue.

- 18.10 That the NHS Trusts provide a report to Health OSC, by the end of 2007, on progress of psychiatric services in acute care
- 18.11 That the relevant portfolio holders for CYPF are given a copy of this report for comment to respond on the recommendations that relate to Young Carers Project (18.4 to 18.8)
- 18.12 A copy of the report be made available for ACS OSC for comment and respond to the suggestion of a joint review of mental health provision with Health OSC in 2008



Appendix A



**The Common Room  
Report**

May 2004 – October 2004

## **Counselling & Psychological Support Service**

### **“The Common Room”**

“We are all the Primary Care experts on our own mental health and about works for us.... we can and should value the coping strategies we have developed for ourselves.”

This quote is from the “Knowing our own Minds”, a report of a user-led research programme published by the Mental Health Foundation in 1977.

### **Background**

A lack of aftercare for Older People with functional mental health problems made discharging from active day treatment difficult – currently day units (hospitals) have had to provide social support as well as treatment.

Within our existing Counselling & Psychological Support Service, we have developed a particular interest in looking at models of project development with this particular group of older people with mental health problems as their specific needs are not being met by mainstream day-care provision with these two elements (lack of aftercare – innovative project development). ‘The Common Room’ Project has been developed.

### **The Common Room**

In the setting up of The Common Room, our aims are:

- to promote an holistic approach towards mental health, taking into account peoples mental, physical, spiritual and emotional needs
- to raise user, carer, professional and public awareness about innovative and alternative ways of living and coping with mental distress
- to encourage and promote user-led research in mental health

The challenge for the project now is sustainability. Users and volunteers are already involved in the organisation of the project; however, this can only be sustained by appropriate levels of staff support. Permanent funding is required to ensure this level of support: the preventative aspect of this project should be regarded as an investment rather than a cost.

## Access

Referrals to the project come from a variety of sources – CMHT's, GP's, Consultants, Social Services Dept's. We then carry out an 'informal' assessment ensuring that we are not covering old ground and that their first contact with the project is warm, welcoming & stress free, in the knowledge that they feel from the outset that their participation is valued.

## Objectives

- To develop a project which involves everyone – Service Users and Volunteers – in all aspects of the development of the project.
- To provide opportunities which will break down isolation by enabling and encouraging Service Users themselves to develop self-confidence, motivation and social skills.
- To develop Service Users as volunteers – the ethos of The Common Room will enable people to have more control over their lives rather than being subjects of Service Provision.
- To gather together evidence of the needs of people with mental health problems and reduce the 'stigma' attached to mental health issues.

In looking in depth at this report, we aim to address the concern frequently voiced by Service Users of being the passive objects and recipients of Service Provision. With the setting up of The Common Room we have been able to engage directly with the 40 people who attend on a regular basis. The overarching themes of what exactly is wanted from The Common Room are:

- someone to talk to
- relaxation
- meaningful occupation for the mind
- social support
- expression of feelings
- symptom relief
- structure to the day
- holistic approach
- sense of responsibility
- to feel valued
- understanding of feelings and behaviour
- someone to hear what is said
- time and attention

The 'someone to talk to' or support from someone is an expression of a need or want; for others it is about being able to rely on a particular person in their lives, whether a Counsellor, Therapist, G.P., CPN, other professional, friend, family or peer group. In times of crisis or acute distress (especially) it is felt that mental health services in general are not able to respond quickly enough and that staff are then too busy and perhaps do not see the distress as a priority. When looking at 'Talking' treatments (Counselling, Psychotherapy), the feedback was extremely positive and it is rated one of the most helpful. However, there is also general acknowledgement that there is insufficient counselling and psychotherapy available for the numbers who need/want it.

We also look at people's own personal coping strategies or use of self-help strategies.

These include:

- finding ways of self-motivation
- structure to the day
- setting achievable goals
- maintaining a positive attitude
- getting support from other people
- one day at a time ethos
- managing own symptoms
- looking after myself

Almost everyone involved with The Common Room has some experience of mental distress and/or using the mental health service. We believe that this is a vital component in the success of The Common Room, reaffirming our own expertise and challenging the stigma that mental distress invokes.

We have found that the Common Room people have felt more able to open up to others who have had similar experiences. There can be a sense of empathy, understanding and of being believed or validated.

Statistics – Warwick and Stratford Districts – Jan 2004 – May 2004

40 people over 3 days attend The Common Room. 32 female – ages from 55-87

8 male – ages from 59-84

<b>Mental Health Problem</b>	<b>40 People at The Common Room</b>
Mixed Anxiety / Depression	12
Generalised Anxiety	2
Depressive Episode	2
Obsessive / Compulsive	7
Phobic	2
Panic Disorder	3
Alcohol & Drug Dependency	8
Depersonalisation	2
Functional Psychosis	2

### Compliment to existing Mental Health Service

This is a model of care-delivery for OPFMH needs which we know is cost-effective, easy to access and flexible to meet individual needs.

Day 'Centres' are not liked unless designed around meaningful social engagement rather than 'warehousing'. Social isolation and loneliness combined with the fear of being alone, and lack of access to contact with others is one of the biggest challenges we face in responding to needs. We know the demographics re older people – living longer- more likely to develop mental health problems in 'later life'. Effective use of day care/service (The Common Room) can and does provide assessment, emotional support, and observation, and improves and maintains social skills – there is tremendous potential. Combined with a Mental Health Resource Centre, day services are good candidates for true joint commissioning and the pooled resources would provide an extended range of options (to intermediate care teams also).

'Joined-up' thinking in the LIT's responsible for delivering NSF and intermediate care requirements is needed, linking mental health to generic services for older people more effectively – Easy to Say – hard to do. We experience total frustration in trying to establish exactly who is making decisions on what, finding support for moving forward and developing innovative ideas.

A review of existing skills and services which can respond, to ensure much more effective targeting of existing expertise and the development of new approaches.

A new strategy just to address these issues is NOT what is needed. Serious ownership of mental health issues within existing strategic activity IS. Every aspect of joint investment, planning and commissioning should be examined to ensure that appropriate services are available for older people with mental health problems where transitional support could reduce future dependency. We all need to ensure that processes and protocols that can address mental health needs should be a high priority in all locality approaches to developing care.

## Appendix

### Comments From Service Users

Mrs A Aged 80	Suicide of son resulted in her own admission to St. Michaels. Found hospitalisation both traumatic and stigmatising. Attending Common Room for 6 months, and with the underpinning of Counselling on a weekly basis she had made good and realistic progress. <i>"I'm in the company of good people, I'm glad I've persisted in coming to The Common Room"</i>
Mrs B Aged 57	Many years of in-patient treatment following severe post-natal depression. Now diagnosed as having "psychotic depression due to depersonalised state". She makes an incredible effort each week to come to The Common Room. <i>"It gives my week some structure and it gives me something to get out of bed for"</i>
Mr C Aged 61	Chronic depression after redundancy. Alcohol and over-the-counter medication had become major problems – 1 bottle of whisky and 6 paracetamol each day. <b><i>"My week is more stable and you don't judge me"</i></b>
Mr D Aged 75	Cambridge degree, writer and academic. Wife died in tragic circumstances and his grief has been overwhelming. <i>"I never thought that there would be a service which I feel understands the essential me. Intellectual stimulation and general social support have helped me so much."</i>

**The Common Room Project  
May 04 - Sept 04**

The project has continued to provide a variety of therapeutic interventions i.e. Stress Management, Tai Chi, Counselling, Group Work (Self help), social interaction up to the closure date.

The closure was discussed with each person in order to reassure them that they will be contacted wherever possible by their original referrer i.e. CPN, GP, Psychologist etc. Where they are accessing the counselling service, it will continue, currently 4 clients receive this service.

The impact of the closure has been devastating and for many the fear of the 'retrograde' step backwards i.e. to being a patient once more has in fact led to a deterioration in their mental health. One client has been sectioned and is now in St Michaels. It was reported to staff who were told, *"I took my tablets because I had all of you on a Thursday to look forward to. I stopped taking them because there is no point to my week"*.

Over the last four weeks, we have had a continual stream of telephone calls from the ex-clients, either saying that they have heard from no-one (14 clients), or been referred to the psychology services, with a four month waiting list (3 clients) and some are refusing to attend day care at Woodloes House (2 clients), some just needing someone to talk to (over 80 phone calls). There is a huge emotional void which has to be addressed and pressure is now on our Counselling Services.

**The Common Room – Final Statistics  
May 2004 – Sept 2004**

Current clients attending the Common Room	36
Including	
Number of new referrals taken since 1 <sup>st</sup> May 2004	5
Number of referred clients who joined since 1 <sup>st</sup> May 2004	4
Number of clients who chose not to join since 1 <sup>st</sup> May 2004	2
Number of clients unsuitable to attend since 1 <sup>st</sup> May 2004	1
Volunteers (ex-clients) who do not want to be re-referred to Mental Health Services	2

**Kate Richmond**  
**Manager – Psychological Support Services**



## Psychological Support Services

### *Befriending (County-Wide)*

A service for older people who do not meet Social Services criteria for support. Our aim is to help alleviate the loneliness and isolation felt by so many. Trained volunteers will support the client with shopping, help with correspondence and form filling, collecting prescriptions, walking/driving or whatever the client requests, all usually **with** the client rather than for.

In the South of the county, referrals for this service are only taken from Social Services – however, in the North of the county, referrals may be made by the client/carer, in fact any significant person who has a concern can refer.

### *Counselling (County-Wide)*

***A counselling service specifically for older people 55+ and their carers provided by volunteer counsellors who are studying for a diploma in Person-Centred counselling and run by Age Concern. We take self referrals and referrals from GP's, CMHTs, Psychologists and Psychiatrists provided that the client is in agreement.***

### *Mental Health & Well-Being Network – The Exchange (South Warwickshire)*

The primary purpose of this project is to provide support to individuals over 55 who are recovering from a serious mental illness, and to ensure that service users are supported towards greater independence through interventions delivered by the service and through links with other parts of the mental health system.

The Exchange day service is based on 'group activities' and individual support to participate as far as possible in those activities. The service is based in a designated centre in Warwick - but utilises community resources whenever possible. The service seeks to outreach through support staff bringing difficult to engage service users to the centre. The service user will have access to a range of therapeutic activities appropriate to their need.

The day service provides therapeutic and rehabilitative social care and support for people aged 55 and over who have been diagnosed as having a severe functional mental illness and as a consequence are experiencing a level of disability which may



prevent them from achieving life goals, including people who will be recovering from mental ill health and where attendance will prevent relapse.

### *Psychological Support (County-Wide)*

This is available to people who may have spent time in a psychiatric unit and are now at home, or have experienced a period of unhappiness or depression and require specialist support in their own homes.

### *Support, Time & Recovery (South Warwickshire)*

Funded by Social Services, we provide Support, Time & Recovery to Older People (age 55+) who live within South Warwickshire.

The service is provided to clients who are isolated or with little or no support from other agencies, and who have recently experienced an episode of mental illness, either as an in-patient or in the community and who are still seen as vulnerable.

The service provided is recovery-orientated support; it is an on-going process, with the individual establishing an improved quality of life and taking into consideration what they feel is recovery, gradually moving from dependency towards independence.

### **Opportunities For Volunteering**

This is an initiative of the Department of Health and the service will enable and support older people aged 55+ living with or recovering from a mental illness to identify skills and knowledge to become volunteers.

The two year county wide funded project started in June 2006 and will provide relevant, personalised training to help people get the most out of volunteering, and support their recovery from mental health user to volunteer.

### Common Themes which link the Psychological Support Service:

<b>Befriending</b> <b>Refs: Social Services</b>	<b>Psychological Support</b> <b>Refs: CMHTs, CPNs,</b> <b>GPs, Social Services</b>	<b>Counselling</b> <b>Refs: Self, CMHTs, CPNs,</b> <b>GPs, Social Services</b>	<b>The Exchange</b> <b>Refs: Social Services,</b> <b>CMHTs, CPNs, GPs</b>
<ul style="list-style-type: none"> <li>• Isolation</li> <li>• Loneliness</li> <li>• Vulnerability</li> <li>• Anxious</li> <li>• Stressed</li> <li>• Grief and Loss</li> <li>• Sadness</li> <li>• Transitional State</li> </ul>	<p>A diagnosed FMH issues plus:</p> <ul style="list-style-type: none"> <li>• Ex In-patient MHS</li> <li>• Depression</li> <li>• Suicidal</li> <li>• Anxious</li> <li>• Stressed</li> <li>• Guilt</li> <li>• Worthlessness</li> <li>• Loss of Energy</li> <li>• Fatigued</li> <li>• Grief and Loss</li> <li>• Un-diagnosed</li> <li>• Depression</li> <li>• Agitation</li> </ul>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Alcohol Abuse</li> <li>• Sexual Abuse</li> <li>• Suicide</li> <li>• Unwanted Sexual Demands</li> <li>• Psychosis</li> <li>• Relationship Difficulties</li> <li>• Divorce</li> <li>• Low Self Esteem</li> <li>• Apathy</li> <li>• Withdrawal</li> <li>• Sadness</li> <li>• Loss</li> </ul>	<p>All FMH Issues plus:</p> <ul style="list-style-type: none"> <li>• Stigma of illness</li> <li>• Psychosis</li> <li>• Depersonalisation</li> <li>• Disassociation</li> </ul>