Rethink Mental Illness

Cambridge Rethink Carers Group

Incorporating the Peterborough Carers Support Group

The Cambridge and the Peterborough voluntary carer support groups help the carers of those with severe and enduring psychotic illnesses including schizophrenia.

Chair/Co-ordinator: David Jordan  01354 655786  email: d.jordan994@btinternet.com

Newsletter 295  Autumn/Winter 2014/2015

Wednesday 25th February 2015 – 7.30pm

Mind in Cambridgeshire offices, 100 Chesterton Road, Cambridge

Discussion Evening

Following the excellent presentation by Dr Emma Tiffen, Cambridgeshire and Peterborough Clinical Commissioning Group Clinical Mental Health Lead at our January meeting, we have much to discuss. We will find time to discuss any other concerns you may have.
Apologies

Sincere apologies for the delay in the issuing of the Newsletter. We had established a regular bi-monthly issue which slipped last Summer to quarterly and, regrettably, this will be further extended. I will endeavour to get ‘back on track’ for a February/March issue.

The term ‘annus horribilis’ defines 2014 for the family, we look forward to a much better 2015

Thanks 1

On a personal basis, sincere thanks from Mary and I for the Christmas cards, emails and notes of appreciation.

Thanks 2

Thank you to the cards, emails and letters from recipients of the Newsletter who have written of appreciation and sent monies to help run the group.

Thanks 3

Thank you to the committee for their support during the year and to other carers who have helped by representing the carers of those with mental ill-health at meetings in Cambridgeshire and Peterborough. Also thanks to those who have replied to consultations – some of which I have forwarded to them – uninvited !. I was going to list you all – but I would be bound to leave someone out – so I am sure you understand.

Group Meetings – October - November – December 2014

Following the excellent presentation from Aidan Thomas, the Chief Executive of the Cambridgeshire and Peterborough NHS Foundation Trust at our September meeting, we extended the discussion over the October and November meetings.

At both meetings we welcomed new carers, I say ‘new’ in fact they had been caring for persons with mental ill-health for some years, some with additional complications including substance misuse and autistic disorder spectrum.

The latter complications are not adequately covered by a dual diagnosis which does not accept that autism or aspergers are a mental illness but are classified as a learning disability.

Christmas Social – 17th December 2014

We had a really brilliant evening, well I did !. Seriously though, I believe that the evening was a success, enjoyable with an opportunity to meet old and new carers.

First meeting of 2015 – Wednesday 28th January

Dr Emma Tiffin, Cambridgeshire and Peterborough Clinical Commissioning Group (CAPCCG), Clinical Lead for Mental Health, the speaker at our first meeting of 2015, gave us an update on the Commissioners intentions for 2015/16. Whilst there had been an increase in the allocation of NHS resources there will continue to be pressure on funding.

The GP priorities – crisis team capacity, voluntary sector provision, and post discharge support.

The Challenge to the Cambridgeshire and Peterborough Health System is that it faces a financial gap of £300m by 2019 if they ‘do nothing’.

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This potential ‘gap’ is the result of an increasing population, the increase in the proportion of older people in that population and an increase in the demand for services.

Dr Tiffen said that, overall, health is good across Cambridgeshire and Peterborough but there is significant inequality.

The system is complex with multiple stakeholders, therefore a co-ordinated approach is needed.

The CAPCCG operate an ongoing contract monitoring system. Dr Tiffin said that independent and voluntary sector providers all have standard contracts with activity baselines, key performance indicators, information governance and other requirements. They are subject to quarterly or six-monthly monitoring meetings.

The agreement with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is also monitored, there is a move from Block to Shadow Pricing Arrangements and the implementation of “Care Pathways and Pricing” (formerly Payment by Results). To successfully achieve these changes it is therefore important that the quality of data is sound.

Access to psychological therapy is a strong government initiative, all CCG’s must deliver an annual rate of 15% from April 2015. The CAPCCG will make an annual investment of £2.3m from April. There are risks around insufficient referrals, shortage of qualified therapists and accurate data reporting.

The CAPCCG had signed Crisis Care Concordat forming a multiagency “Concordat Delivery Group”.

Local priorities include: S135 capacity, street triage, information sharing, links to substance misuse services.

There were many questions to Dr Tiffen, who told me she was pleased to hear the concerns and views of carers which she would discuss with her colleagues in the CAPCCG.

Donations, help to carers and those they care for

Thank you for your donations over the last few months. Your donations, apart from those which are specifically sent to fund the Newsletter and/or general administrative costs, are ‘ring fenced’ for helping carers and those they care for.

We will consider financial assistance to help a carer visit a person sent out of area for instance or to help setting up a flat for a person moving from supported accommodation to an independent living situation.

We apologise for a small ‘hic-cup’ in the processing of a recent request which was mainly due to the change of Hon. Treasurer’s and the stringent rules relating to money laundering requirement operated by the banking system.

We thank the Cambridgeshire Masonic Charity for their generous support for the Cambridge and Peterborough and Fenland Rethink Carers Groups.

We are pleased to receive ‘referrals’ from relatives, family friends, PNs/Care Co-ordinators and from professionals who know a carer of a person with mental ill-health who may need financial assistance. All referrals are treated in confidence. Please contact me on: 01354 655786 or email: d.jordan994@btinternet.com
Cambridge Rethink Carers Group

Flag Day

For many years the Cambridge Rethink Carers Group (or the Cambridge Schizophrenia Fellowship) held an annual Flag Day, on a Saturday in Cambridge city.

Unfortunately ‘tempus fugit (time flies ?) and as the number of collectors declined it was decided that we were unable to find the requisite number needed to occupy the ten ‘pitches’ allotted to for five hours from 10.00am to 3.00pm. Our resident ‘money counter’ advises that the amount of money collected is directly connected to the number of collectors. We normally collected £1000 which helped towards the running of the group.

One important ‘spin off’ of the annual Flag Day is the ‘connection’ to the public to the awareness of mental ill-health and the community. We found that many of those making a donation wanted to talk about a personal experience they, members of their family and/or their friends had with mental illness. There was also a genuine interest to hear of the work of the group.

We would like to re-establish the Annual Flag Day. To do this we need an organiser, three/four assistant organisers and up to forty willing collectors prepared to spend one hour on a Saturday between 10.00am and 3.00pm ‘shaking a tin’ in the city centre.

The organiser and assistants will need to contact potential collectors by telephone or by email to arrange ‘spots’ and times. This can take several calls or emails in a four/five week period.

Please contact me if you can help on: 01354 655786 or email: d.jordan994@btinternet.com

Careline – a 24/7 helpline for the carers of those with psychotic illnesses including schizophrenia can be accessed on: 01354 655786 or 07860 589 758 or by email: d.jordan994@btinternet.com

In the Summer 2014 Newsletter I said that contacts with Careline – telephone and emails – had exceeded any previously recorded.

During the period Christmas 2014 and 31st January 2015 the contacts received indicate that this is now ‘the norm’.

Careline is not an advice line

Careline is available to all carers of those with mental ill-health in Cambridgeshire, Peterborough, Huntingdon and Fenland.

Careline is operated by volunteers who themselves care for someone with mental ill-health. They will listen to call and/or read your email and provide information to help you based upon their own ‘lived’ experience of caring for a person with a mental illness.

This can include signposting you to a service they feel may better be able to advise you on a specific issue. A volunteer will not give advice but may relate a situation which reflects a situation similar to your own.

Cambridgeshire Carer Support Services – Making Space

Cambridgeshire Carer Support Services are provided by Making Space. Pauline Mansfield can be contacted on: 01480 211006 or email: Pauline.mansfield@makingspace.co.uk

Carer support is supplied to carers who pay their council tax to Cambridge City Council, South or East Cambridgeshire or Fenland District Council.
Someone to talk to

A mental health crisis can happen at any time, yet in many cases mental health services only operate between 9.00am and 5.00pm Monday to Friday, so if it happens outside those hours, options for a person can be limited. Often they end up in their local A & E department.

But one London-based service is changing this and giving people in mental health crisis the support they need to avoid going into hospital.

Solidarity in a Crisis (SiaC) provides support to people experiencing acute mental health issues outside of normal office hours. It operates in Lambeth and is run by supporter provider Certitude.

Significantly the entire service is manned by a team of people with lived experience of mental health support needs – either as a service user or as a carer.

The service aims to offer support that is non-judgemental and holistic in its approach. The employment of paid peer mentors who have direct experience of mental health issues is crucial to the nature of the support; they can listen and advise with genuine empathy. All peer supporters receive training in mental health first aid, crisis support and suicide prevention.

**Someone to listen** People call SiaC for many reasons; they may be feeling suicidal or isolated and lonely, for example. Some have lost friends or family through a death or as a result of the stigma surrounding their mental health diagnosis. Others call about financial issues, self-harming, job losses, homelessness and relationship breakdown. What most callers have in common is that they just want to be listened to or to have someone to guide them to a safe place where they can approach their crisis in a different way.

When it was originally set up in 2012, SiaC only operated at weekends, but since the summer, the service has been extended to cover weekday evenings (8pm to midnight). SiaC’s peer involvement co-ordinator, Patrick Nyikavaranda, explains the thinking behind the change.

“Statistically over half of acute mental health crises happen at weekends, which was why we were originally so keen to bridge this gap when more traditional support has shut down,” he says. “The service was well used but it soon became clear that many of the people we spoke to would also value our kind of support during the week. Our evening support has enabled us to reach out to new people; certainly this has included more working people than I was expecting and often their calls cover work-related stress. We are monitoring our calls more closely now and have also realised that a lot of callers have never had contact with mental health services before so in these cases we are more or less on the frontline”.

**How it works** Peer supporters work in shifts and have a dedicated phone that they use for crisis line calls. They expect to take three or four calls per shift and these can last from a couple of minutes to several hours. In the majority of cases the callers would have ended up in A&E, but with support from SiaC this scenario is usually avoided.

“We have only had one instance of someone we have spoken to going to A&E – in fact we called the ambulance on their behalf,” explains Nyikavaranda.

“It was good to get a message from them a few days later to say that things were beginning to work out. After that we arranged a community visit.” Community visits involve SiaC peer supporters working with people to help them move on from the acute stage of their mental health crisis

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These informal conversations usually take place in a local café on a Saturday and Sunday and are a way of encouraging people to keep talking and to engage with other support and services.

**Supporting the supporters** The work is intense so support for the supporters is an important part of the equation. Nyikavaranda undertakes monthly supervisions with each of the 12 members of staff and everyone gets regular group supervision with a psychologist. In addition the team is encouraged to meet and support one another over coffee.

Olu Soyemi has been a SiaC peer supporter for more than a year and considers the experience to be rewarding, it has boosted his self-esteem and confidence. In the past, Soyemi has been sectioned and spent seven years in and out of hospital and on medication. Now he is able to put his experience to good use helping others.

“The training given to Solidarity in a Crisis has helped me be able to use all of that experience to help other people out there who are feeling low,” he says.

**Positive reaction** The response to SiaC - from individuals being supported as well as mental health professionals and other carers – has been extremely positive. Nyikavaranda frequently receives texts and emails from grateful individuals. He’s convinced that the service’s success come from its informal nature as well as the use of people with lived experience.

“If you visit your GP with a mental health issue you are going to have a 9 to 12 minute appointment” he says. “You are also likely to be bombarded by a series of questions which may not relate to what you went there to discuss. We allow people to take control of the conversation so that they are talking about, what they want to talk about. Our job is to listen. In fact, a comment I hear time and time again from people who have used SiaC is that they feel listened to for the first time.”

**Thomas’ story** Thomas has complex mental health issues which have resulted in him going to A&E more than 100 times in the past. The first time that Thomas called SiaC was late on a Friday night, he was nervous about what to expect. He says that he felt reassured when he realised the person on the end of the phone understood his situation because they had been through something similar themselves.

Now he calls when he needs to and meets up with peer supporters at the weekends. ”You can feel very alone, alone in your mind and frightened at times and I found it hard to get through to people in A&E,” he says. “When I spoke to someone from SiaC I felt they understood me and listened at the right time. They understand about depression and feeling suicidal and being sectioned and put on a ward. Solidarity are amazing people and it’s good to know they are there.”

**Priscilla’s story** On top of everyday pressures of work, Priscilla was also struggling mentally. She felt she could not inform her employers of her mental state foe fear of a negative reaction from her colleagues. Priscilla rang SiaC when she saw a poster for the service in her GP surgery. Ringing the service offered her the chance to talk freely about her struggles at work and home.

Priscilla talked about her concerns at work and her struggle to find a way to take time off, which she felt would protect her mental state. After exploring these issues with a SiaC supporter Priscilla was empowered to discuss reasonable adjustments with her employer. Her employer was supportive and this made Priscilla a little more relaxed for the remainder of her contract. SiaC counsellors continued to support her during the last days with the firm when she became anxious about not working and losing the friends she had made there. Priscilla is now talking to SiaC to explore how to use her time effectively between jobs and has recently attended workshops focusing on recovery and confidence building.
“Effective crisis care can be crucial for helping people with mental ill health on the road to recovery but it remains under threat”, so says Alison Faulkner a freelance researcher and trainer in mental health today. Alison is a patient and uses mental health services.

“Picture the scene. I am on holiday at a beautiful hotel in the heart of Palma in Mallorca. It is hot and we are at breakfast. Breakfast is a buffet meal with tables laid out in the pretty-as-a-picture courtyard surrounded with bougainvillea. I go into the breakfast room and find myself face-to-face with a smartly dressed older woman.

“Do you recognize me” she asks. “I think I do” I reply. “I think I know where I know you from” she says. “Do you remember Alexandra Road ?”

Time stands still as the face in front of me re-forms itself into the face of one of the managers of the crisis home I stayed in a few times, when my mental health was somewhat chaotic.

Alexandra Road Crisis Clinic was a large Victorian House in North London, with up to eight people staying there at any one time. It was a place of relative calm and sanctuary. Run by social services, it had a far less medical approach to a crisis than hospital, and was the only place I have ever been given the opportunity to sit down with a member of staff to work out what I wanted and needed. The staff really did treat us with respect; I felt that I was nothing more nor less than a fellow human being, Above all I felt safe.

We were offered time and space to talk to someone when we needed to, a massage therapist visited once a week, and – if we wanted it – our medication could be kept for us and handed out when we needed it. We were free to come and go and could stay there for three or four weeks. It helped me on a number of occasions and I still remember the members of staff I met there with considerable gratitude.

Alexandra Road Crisis Unit sadly closed a couple of years ago. The local Trust opened three recovery houses with Rethink Mental Illness across its three boroughs, but – happily – my mental health is now stable enough that I have not needed to find out what kind of substitute they represent. I just hope they maintain those core elements of respect, humanity and a non-medicalised approach to mental health crisis.

Crisis care continues to be a matter of concern in mental health. Not only are we faced with massive cuts to valuable community support services, but also use of the Mental Health Act continues to rise, as reported by the Care Quality Commission. Early last year, the Government published the Mental Health Crisis Care Concordat, a national agreement setting out how organisations will work together better to ensure that people get the help they need when having a mental health crisis.

For the concordat to become a reality, it needs to be adopted locally. Mental Health Charity Mind has been tasked with helping local areas get together to develop their local crisis declarations. With local partners they held regional events across England. These events brought together all of the key agencies in each area together with people who have lived experience to give practical support and share examples of good practice. I hope they make a real difference for people.

Care in a crisis is something I have felt passionate about ever since I had my own difficult experiences. I find it so hard to understand why I and so many people I know have been badly treated when what we needed most was care and understanding.

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A mental health crisis can be an opportunity – to acknowledge what is wrong, to change, to re-learn and re-build your life. Often that opportunity is lost and in its place there is shame, humiliation and additional trauma: hardly the conditions to aid recovery.

In 2001, The Mental Health Foundation published a report called ‘Being There in a Crisis’, based on the learning from eight mental health crisis services. I wrote these words in the preface to that report: “The most important outcome of the experience for me ... has been the ongoing knowledge that the crisis unit is there should I need it again ... I am less frightened of experiencing another crisis as a result – because I know there is somewhere safe I can go rather than being somewhere where I will feel further damaged by my own distress and the way it is responded to by others.

So, yes, I remember Alexandra Road Crisis Unit. I remember it very well and with grateful thanks.

I understand that the local Crisis Concordat ‘team’ are considering the provision of crisis/recovery beds

Food for thought

Acknowledgement to Anthony Barraclough from the COPE Forum December 2014 Newsletter

A jobless man applied for a job at Microsoft
The HR manager interviewed him, then gave him a test to do: clean the floor. The man passed the test with flying colours.
“You are hired,” the HR manager informed the applicant, “Give me your email address, and I’ll send you the application for employment, as well as the date you should report for work.”
The man replied “I don’t have a computer, or an email!”
“I’m sorry,” said the HR manager “If you don’t have an email that means you do not exist. And we cannot hire persons who do not exist.”
The man was very disappointed.
He didn’t know what to do. He only had $10 with him. Once that is spent, he won’t have any money to buy food.
He went to the supermarket and bought a crate of tomatoes with his $10.
He went from door to door and sold the tomatoes in less than two hours. He doubled his money.
He repeated the operation three times, and returned home with $60. He realized that he can survive this way. He started to go every day, earlier, and return late.
He doubled or tripled his money every day. Soon, he bought a cart, then a truck. In a very short time, he had his own fleet of delivery vehicles.
Five years later, the man became one of the biggest food retailers in the US. He started to plan his family’s future, and decided to have a life insurance policy.
He called an insurance broker, and chose a protection plan.
At the end of the conversation, the broker asked him for his email address.
The man replied: ‘I don’t have an email.’
The broker was dumbfounded. “You don’t have an email, and yet have succeeded in building an empire. Can you imagine what you could have been if you had an email?” he exclaimed.
The man thought for a while, and replied: “An office boy at Microsoft!”
Cambridge and Peterborough Rethink Carers Groups

Carers

When I attended one of my first meetings as a representative of carers from the Cambridge National Schizophrenia Carers Group, it was held at Fulbourn Hospital chaired by Larry Nicholas and attended by representatives from Friends of Fulbourn, Lifecraft, the Manic Depression Fellowship and others representing mental health organisations/charities in Cambridge.

One of the first things I recall from those meetings was that, in the minutes, Larry recorded that any action referred to ‘service users/carers’, which to me at that time suggested that any action affecting a ‘service user’ was amenable to and/or agreed by the carer.

After much discussion, over many meetings, Larry accepted that there were two parties to any agreement – a service user and their carer.

I was then and I am probably now considered to be, at best ‘pernicety’ or, at worst (as Mary sees it) plain awkward, if the latter, I will defend my right, my belief, that the interests of the service user are not always the same or compatible. (It’s common sense isn’t it ?)

Unfortunately, little has changed since those meetings over fifteen years ago. I would, I think, say that things have actually got worse.

In November (2014) Rethink Carers across Cambridgeshire and Peterborough were ‘mobilised’ to attend several ‘Speed dating’ events organised by the Cambridgeshire and Peterborough Clinical Commissioning Groups and held in the Cambridge, Wisbech and Peterborough libraries and at Wood Green Animal Shelter.

The events were held to consult on their future strategy for mental health services. If it had not been for a chance exchange of emails between myself and a friend who was ‘sure that I was aware but – just in case’, carers would probably not been aware of this important consultation.

In November/December I received several ‘Strategy’ documents, from various sources, within which referrals were made on the application of the strategy to service users or patients (the term I prefer to use) but little or no mention of carers.

I attend many meetings locally, regionally and – very occasionally – nationally of statutory bodies where, amongst the papers for the meeting, there are ‘Terms of Reference’, inevitably there is no reference made to include carers in the list of those invited to attend.

There is an exception to every rule and, whilst not wishing to put pressure on anybody, I highlight the Early Intervention Service – CAMEO – embodied by Kim Masson. Any carer who has been in the CAMEO system will always tell you, ‘it’s all been made to work by Kim’ !.

Lifecraft

Lifecraft will continue to offer a variety of activities in 2015 at The Bath House, Gwydir Street, off Mill Road Cambridge CB1 2LW.

Services available to those will a mental health problem include free, long term, one-to-one counselling. To access this service and for more information email: counselling@lifecraft.org.uk

New groups: from Wednesday 4th February – 2pm to 4pm Handreflexology, from Thursday 5th February – 12pm to 1.30pm Dramatherapy. For more information concerning these and other groups telephone: 01223 566957 or email: info@lifecraft.org.uk.
Cambridge and Peterborough Rethink Carers Groups

The System (including the ESA) continued from the Summer 2014 Newsletter

Strictly I cannot, directly, attribute the experience I relate to the effect of the Employment Support Allowance (ESA) on my son, Pages 10/11 in the Summer Newsletter.

Chasing a review of the decision that Mark is fit for work, a hopeless task, was forgotten in late November, circumstances pushed this to the back of my mind.

On a Wednesday afternoon in late November Mark contacted the CPN who, although Mark has now in Primary Care, had kept in touch (unofficially) and who we had contacted when Mark was last ill in 2008. This episode was brought on by the withdrawal of lithium without substitution of other medication.

We were not aware that Mark had contacted the CPN until I spoke to Mark on the telephone at midday on the Thursday. He said that he had not wanted to worry us but he was concerned that he was going to experience another episode, like he did in 2008 which resulted in a five week stay in Ward 5 in the Edith Cavell Hospital. On discharge, under a new medication, his general mental health and consequent life improved considerably.

He felt that if he spent a few nights in hospital he could avoid a crisis. This was not possible, the earliest he could be assessed was the following Monday. Until then the CPN considered that he would be alright and he would arrange for the GP to give Mark a prescription for Lorazepan.

As Mark was anxious we arranged for him to stay with us for a day or so. Over the weekend he became less anxious helped by the limited use of Lorazepan

On the Monday afternoon I accompanied him to see a new psychiatrist at Wisbech. Between us, Mark, his mother and I, felt that with limited use of Lorazepan, Mark would recover at home.

At the assessment, at which the CPN was present, Mark told the psychiatrist of the reason that he had felt he needed help but that he now considered that with the temporary use of Lorazepan to help him when he felt anxious, he could recover at home. He was happy with his current base medication.

The psychiatrist said that she was not prepared to prescribe Lorazepan as it was addictive but she was prepared to change his current medication. She explained that the change could take a week or more to settle down.

During the assessment I felt that my presence was not needed, my support of Mark’s request was not taken on. As a carer, once again, I was ignored – I made my excuses and left.

Mark is back home but he is still unsettled by the uncertainty around his ‘obligation’ to the ESA system.

Whilst Mark was staying with us, Mary decided that she would collect and clothes, bedding etc. that may need washing. Mark has a washer but she knew that he was reluctant to use it, he was worried that it may flood. She often washed his jumpers and jeans.

What she found was over twenty large Sainsbury’s bags full of unwashed clothes, other clothes and bed-linen in two upstairs bedrooms. Other bags with old magazines and newspapers and, amongst bags full of empty medication boxes, some in-date and out-of-date medication.

Mary spent several hours for over six days washing and ironing – I just paid for the electric!

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The system – Continued from Page 10

As Mark’s carers we questioned ourselves as to how we allowed this situation to develop – how did we not see the ‘signs’.

When either of us visited Mark we had no concerns that there was a problem, he was always well dressed and clean. He kept the downstairs rooms, including the kitchen and bathroom in good condition.

We knew that he was visited regularly by somebody from the Richmond Fellowship who, having seen a recent audit (August 2014) carried out by the Service Users Network (SUN) which detailed the services they provided, which included ‘housework and cleaning support and guidance’.

We were confident that Mark took his medication, after his last ‘relapse’ in 2008 Mark was more determined than ever that he was going to avoid another.

From experience of conversations with the carers of those with severe and enduring psychotic illnesses across the country. I am convinced that, in order to maintain their care in the community, discharge into primary care without on-going monitoring and support, is unsustainable.

When Mark was first ill, in 1979, there was a CPN based at our local surgery, and also a consistent, visiting psychiatrist. Norah, the CPN, was always there for us 24/7 when he was ill, visiting us in the early hours if necessary. ‘Ros’ Mitchell was the psychiatrist and you always knew that he listened to carers concerns.

From the concerns expressed by many carers from Cambridgeshire, Peterborough, Suffolk, Norfolk, Essex, Rutland and Lincolnshire, all counties in which there are carers in touch with Cambridge, Peterborough and Fenland Rethink Carers Groups, I am convinced that future commissioning of mental health services must ensure that those with severe and enduring psychotic illnesses receive a level and quality of care which recognises their fragility.

CLAHRC ‘BITE’ North Thames Review

Family Involvement in the treatment of patients with psychosis. Important findings for patients with psychosis, their families and carers and the health professionals managing their care.

Key identified barriers to carers involvement:
* Organized cultures and paradigms.
* Reservations about family involvement regarding power relations and the need for an exclusive patient-professional relationship.

Key recommendations for implementing carers involvement:
* Facilitating the training and ongoing supervision of staff.
* Ensuring a whole team coordinated effort at every level of the organisation, supported by strong leadership.
* Addressing reservations about carers involvement through mutually trusting relationships.

Research shows us that involving family members and friends (“carers”) in mental health care can help patients’ recovery in a number of ways. It may result in fewer hospital admissions, shorter hospital stays and better patient-reported quality of life. However, in everyday clinical practice, the involvement of carers is often not implemented. Research was carried out in a systematic review studying the barriers and facilitating factors of carers’ involvement in the psychosis, 1500 studies were screened for relevant information.
There will be no health without mental health?

As I write this I believe there are around 100 days before a general election so why should I be surprised at the plethora of promises of announcements, from all contenders, of more funding for mental health services. The article below, from The Kings Fund, dated 22nd January 2015.

This week has seen announcements on mental health from both the government and from the opposition. With the Liberal Democrats pledging to put mental health on the front page of their election manifesto, and Andy Burnham, Shadow Secretary of State of Health, making mental health a core part of his concept of ‘whole person care’, are we starting to see mental health becoming a higher profile political issue?

On Monday Nick Clegg announced a national initiative to reduce deaths from suicide, building on quality improvements already underway in Liverpool and elsewhere (including Cambridgeshire and Peterborough). On the same day, the Labour party published the report of an independent mental health taskforce commissioned by Ed Miliband. Responding to the taskforce’s recommendations, the party has indicated that improving the mental health of the population – and of children in particular – will be a priority if they form the next government, with greater emphasis on mental health in professional education for all health professionals and all school teachers.

The new legal requirement is for the NHS to achieve ‘parity of esteem’ between mental and physical health care has generated significant activity at the policy level and has led to a number of specific measures being introduced. In recent months NHS England has committed to introducing the first ever waiting time targets for (some) mental health services, and in its annual planning guidance directed clinical commissioning groups to increase spending on mental health in 2015/16, at least in line with each group’s overall budget increase – ensuring that mental health receives a proportionate share of additional funding.

The attention being paid to mental health by politicians and policy-makers is to some extent part of a wider shift in public attitudes towards mental health. Speaking at our recent breakfast seminar on mental health, Paul Farmer, CEO of the mental health charity Mind, stressed that data from the Time to Change anti-stigma campaign shows that attitudes are changing for the better (although stigmatising beliefs remain stubbornly widespread in some parts of the population, notably including the NHS workforce). As the public begins to place more importance on psychological wellbeing and timely access to mental health care, this can only encourage further political attention.

The critical question, of course, is whether the rhetoric can be matched by reality. There have been some significant recent achievements, such as the large reduction in the number of people being detained in police cells during mental health crises. However there is no shortage of fuel for those who question how much of a difference policy commitments will make in practice.

The financial squeeze affecting many public services is creating intense pressure in some parts of the mental health system, and services such as inpatient care for mentally ill children have fallen foul of the fragmentation of commissioning across NHS England, clinical commissioning groups and local authorities. The reduction in the tariff prices paid to mental health providers in 2014/15 (which exceeded reductions for acute trusts providing physical health care) led many to conclude that institutional bias against mental health remains as strong as ever.

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There will be no health without mental health? Continued from Page 11

The Kings Fund has supported the call for mental health services to be placed on an equal footing with physical health, and have included this as one of their 12 priorities for the incoming government. This will only be achieved if the priority placed on mental health at the national level is transmitted to clinical commissioning groups and other local bodies. Commissioners say that there is considerable importance being placed on the new waiting time targets for mental health. However, they indicated that some of their peers feel ill-equipped and under-supported when it comes to ensuring that those targets are met – particularly as they are being asked to do so within existing budgets.

If political parties are to make good on their commitments to give greater priority to mental health, thought will need to be given to how to support those working at the local level to turn political ambition into reality.

Rethink Mental Illness

‘Got your number’. The Rethink national advice line, a valued service, now has a dedicated line. For advice and information dial: 0300 5000 927. Having a dedicated line means that your calls are answered more quickly. The service is open 10am to 2pm Monday to Friday.

In the year 2013/14, the national advice line received over 5000 enquiries, an increase of over 20% on 2012/13.

If you need to make a general enquiry, for example to apply for or to renew your membership, you will need to call: 0121 522 7007 to speak to the Supporter Care Team who are available from 9am to 5pm Monday to Friday.

The annual subscription for membership is only £24 or £2 per month. For this you will receive a quarterly magazine, Your Voice. You also receive up-to-date information on all matters relating to mental health services and world-wide research.

You do not have to be a member of the national organisation to attend meetings (or receive this Newsletter) of the Cambridge or the Peterborough Groups – which are also free.

Rethink Mental Illness (National Schizophrenia Fellowship) remains a ‘membership’ charity with in excess of 3500 members, patients and carers, professionals and supporters.

With around 120 carer support groups, 1000 employees, they manage 230 projects (services) in England including: for carers, community, helplines, registered care, supported housing, criminal justice – in fact anything related to mental health.

In Ealing a project known as ‘An alternative to inappropriate admissions’ provides ‘recovery beds’ for person with a mental health crisis. In Enfield, Harringey and Barnet Rethink manage three ‘Recovery Houses’.

Rethink continue to work with the government, helping to design services, produce reports and supporting consultations – i.e: the Schizophrenia Commission.
Cambridge and Peterborough Rethink Carers Groups

Data Protection Act

Limited information is recorded on computer in respect of those who receive this Newsletter and/or contact the Cambridge or Peterborough Rethink Carers Groups.

The record is basic information only held for the following purposes: list of names, postal and/or email addresses used for the preparation of address labels or electronic delivery or for reference purposes by officers of the groups. This information will not be communicated to third parties without your written permission. Unless the Co-ordinator of the group is advised to the contrary, we will assume that you have no objection to your name being included.

Do you now receive your Newsletter electronically? If you do not but you are ‘ready, willing and able’ to do so, please make contact by emailing: d.jordan994@btinternet.com. Apart from the obvious – saving forests etc. – we will then be able to forward interesting information, reports and consultations concerning local, regional and national mental health services.

If you are receiving the Newsletter either electronically or by post and wish to ‘unsubscribe’ please contact me. Also if you are aware of a carer who has not received the Newsletter or has somehow ‘dropped off’ the mailing list please contact me: by email: d.jordan994@btinternet.com. By post: Rethink, PO Box 50, March, Cambs. PE15 8XE or Telephone: 01354 655786

Education – Emotional and Wellbeing of children

It was recently reported that the number of pupils labelled special needs had fallen by 200,000 after schools were told to stop using the label to cover up for poor teaching.

Four years ago, more than one in five children were classed as having a learning disability but figures published by the Department of Education show the rate has steadily declined, to 17.9% this year.

It follows an Ofsted report in 2010 which revealed schools may have labelled as many as 450,000 children as having special educational needs (SEN). Inspectors criticised a ‘culture of excuses’ and warned that many of the pupils had simply been poorly taught.

Latest figures show 1,492,950 children were labelled as SEN down from 1,704,980 in 2010. Boys were almost twice as likely to be identified, with a rate of 23.2 per cent compared with 13 per cent of girls.

Despite an overall drop in rates, nearly 20,000 children aged two to four were classed as SEN, mainly over speech and language, up from nearly 19,000 in 2013.

The Department of Education said the overall decline could be the result of ‘better identification’ of those who have SEN and those who do not.

It said that the figures may also be a consequence of the 2010 Ofsted report ‘which found that a quarter of all children identified with SEN did not have SEN’!!

Locally, in Cambridgeshire and Peterborough there are disturbing reports of high volumes of cases of troublesome behaviour which impacts on learning and family functioning. A high volume of mild to moderate mental health issues were reported.

Disturbing numbers of children in complex needs, particularly children on Autistic spectrum.

It is a fact that the number of young offenders in prison with a history of learning difficulties is now over 75% of all prisoners.

CAMHS is the Cinderella of mental health services which, itself is the Cinderella of the NHS?
Cambridge and Peterborough Rethink Carers Groups

Consultation on a future model for NHS 111 and GP Out of Hours services for Cambridgeshire and Peterborough. 19th December 2014 to 6th March 2015

The consultation seeks to gather information on how the Cambridgeshire and Peterborough Clinical Commissioning Group (CAPCCG) can provide good quality NHS 111 and GP Out of Hours services to the people of Cambridgeshire and Peterborough. The CAPCCG want residents to get to the right place for help or advice, first time.

What are the issues that need to be addressed?

Some calls answered by the NHS 111 service might be better discussed with a more experienced clinician, such as a GP. Although patients are advised to call their GP practice within 24 or 48 hours, or to attend a walk in centre or dental access centre, some do not take this advice and present themselves at the nearest A&E.

NHS 111 services are staffed by trained call handlers and clinical advisers. A number of NHS 111 services across the country are proposing that the NHS 111 and the GP Out of Hours services are purchased as an integrated service, which will make the service more able to deal with more complex illnesses and advise appropriately.

Currently around 45,000 patients per month use either NHS 111, call 999 or go to an open access service such as Walk in Centres, Minor Injury Units, Minor Injury or Minor Illness and Injury centres, or A&E.

Estimates across the country vary, but around 30% of patients that self-present could be better advised if they called NHS 111 first. This is because 111 will direct patients to the most appropriate service for their needs in the first place and will avoid inconvenience to patients who otherwise may not be attending the best place for their condition, first time.

This consultation is about helping people get the right service or get the right advice, first time. This would help support our busy 999 services and A&E departments, whose skills, facilities and experience are better utilised dealing with life threatening illnesses or injuries.

Editor’s note

Currently I am the carer representative on the NHS 111 Clinical Governance Board. Meeting monthly the board are presented with reports on the performance of the service including the number of calls to the service in the previous month, for instance in December 2014, the service handled 24,500 calls. In February 2014 the service handled around 17,500. NHS England monitor performance – daily.

Members of the board include representatives from the Clinical Commissioning Group, the East of England Ambulance Services, the manager of Addenbrooke’s A&E Department, a pharmacist, GP’s from the Cambridge and the Peterborough Out of Hours services, Healthwatch.

I know that there are some callers with mental ill-health who have received positive results and some whose experience has not been so positive. The irregular service has, in the main, been due to the lack of a comprehensive mental health service locally. Out of Hours GP’s being unable to contact a crisis team to assess a patient for instance.

Integration of the services will, in my opinion, provide the opportunity to make improvements across the 111 and GP Out of Hours service.

For more information email: CAPCCG.engagement@nhs.net or telephone: 01223 725304

Newsletter Autumn/Winter 2014/2015
Cambridge and Peterborough Rethink Carers Groups

Diary 2015

Cambridge

Wednesday 25th February                Discussion Evening
7.30pm

Dr Emma Tiffin has given us much to discuss following her presentation at our first meeting of 2015. I look forward to seeing new and old ‘members’ to hear your views on this and other matters.

Wednesday 25th March                A speaker, to be confirmed
7.30pm

Venue: Mind in Cambridgeshire offices, 100 Chesterton Road, Cambridge

Peterborough

Wednesday February 11th and Wednesday 25th February

Peterborough Rethink Carers Group Meetings
1.00pm to 3.00pm

Venue: Westgate Church Hall, Westgate, Peterborough

For more details of this and future meetings please contact: Pauline Aldington thepixmaker@sky.com or telephone: 07868926334

Other dates for your diary

Monday 23rd February                Healthwatch Cambridgeshire
1.30pm to 4.00pm                Working Together Event

Guest Speakers: Tracy Dowling, CAPCCG and Jane Mordue, Healthwatch England

Venue: The Maltings, Ship Lane, Ely

To book a place and for more information: Telephone: 01480 420828 or visit:
www.healthwatchcambridgeshire.co.uk

Monday 9th March                Making Space
10.00am to 1.00pm                Cambridgeshire Carers Support Service

Cambridgeshire Carers Support Service will be hosting a carers event for relatives and friends of people who help to look after someone with mental ill-health. If you care for someone with a mental illness and would like to meet other carers over a relaxing tea or coffee you are very welcome to attend.

There will be a presentation by a clinical psychologist about depression and anxiety where you will be able to ask any questions you may have.

For more information and/or to book a space please contact Pauline, Christine or Keith on: 01480 211006 or email: Christine.davies@makingspace.co.uk Venue: Tesco Community Café, Bar Hill, Cambridge