

CITY OF PLYMOUTH



Health and Well-being Overview and Scrutiny
Working Group

SUPPORT TO CARERS FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

January 2006

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Preface

Councillor Mary Aspinall
Health and Well-being Overview and Scrutiny Working Group



I would like to thank Councillor Kerswell for bringing this subject to the Health and Well-being Overview and Scrutiny Panel's attention. Councillors Kerswell and Miller met frequently with carers groups during Councillor Miller's mayoral year. They were both very concerned with the service and support that some of our citizens were receiving.

Mental health is one of the most pervasive health problems. We will all know people with mental health problems as family members, friends, colleagues or as neighbours. We may have experienced mental health problems ourselves. Despite this, mental distress remains one of the most misunderstood and stigmatised of all health problems. It is one of the most complex and serious challenges facing us at a national and local level. It is also a costly problem, not just in terms of cost of health and social care interventions but also in relation to lives disrupted and opportunities missed by the trauma of mental distress.

For this reason mental health is a key issue for local government and their partners. Elected members play a pivotal role in mainstreaming mental health as community leaders in promoting awareness and reducing stigma, as executive members by raising mental health as an issue for consideration in corporate strategies, as the driving force behind local partnerships, in holding health services to account as scrutiny members, in casework and advocacy on behalf of local people.

During the review Members became frustrated by the lack of clear information on service providers, which resulted in Councillor Salter, supported by Rebecca Barr, producing a map which highlighted service providers in a user friendly format. It is hoped that once finalised it would form part of the new carers pack. The map will be appended to this report.

Two carers kindly gave us their time to share their life stories, which opened our minds to the dilemmas and concerns of service users, giving us a directional steer that was invaluable.

I would finally like to thank Jenny Jones and Rebecca Barr for their support during this review. Their enthusiasm for improving service provision was contagious and left us feeling 100 percent more positive for future service outcomes.

Working Group

Councillor Aspinall (Chair)

Councillor Dr Salter (Vice Chair)

Councillor Coleman

Councillor Mrs Ford

Councillor Kerswell

Councillor Lock

Councillor Miller

Pam Pinder (co-opted representative) recommended by the Director for Public Health, Deborah Laphorne.

Meetings

The working group met and discussed the support to carers for people with mental health problems in evidence sessions held on four occasions during September and November 2005.

1.0 SUMMARY

The Health and Well-being Overview and Scrutiny Working Group has completed its enquiry of the support to carers for people with mental health problems. The working group's aim was to review the level and adequacy of provision of support to service users and carers of people with mental health problems in Plymouth, with a view to considering –

- how far it meets the needs of users of services and their carers;
- whether it is timely and proportionate;
- whether it is correctly targeted.

We have made the following recommendations.

2.0 RECOMMENDATIONS

2.1 We recommend that to address concerns relating to funding of what many regard as a 'cinderella service', Members would like to see mental health budgets ring-fenced, which would enable the investment in mental health services to be more transparent across the City.

For the attention of: Cabinet

2.2 We recommend that research be undertaken into the provision available for local emergency and short-term respite provision for people with mental health problems.

For the attention of: Director for Community Services

2.3 We recommend that young carers across the City be identified to enable support to be provided.

For the attention of: Director of Children's Services

2.4 We recommend that a 24 hour local response service be implemented by April 2006.

For the attention of: Cabinet Member for Healthy Communities/Primary Care Trust

2.5 We recommend that prior to updating the existing Carers Pack, research be carried out on establishing what information carers would like in the pack, including a user friendly map of all service providers and what they provide.

For the attention of: Director for Community Services

- 2.6 We recommend that further consideration be given to the conclusions highlighted on pages 17 and 18 of this report.

For the attention of: Cabinet Member for Healthy Communities and the Director for Community Services

3.0 INTRODUCTION

3.1 Health and Well-being Overview and Scrutiny Working Group

- 3.1.1 Following the pre-legislative scrutiny of a draft bill in 2004/05 a new mental health bill is expected to be introduced during 2005/06.
- 3.1.2 The Mental Capacity Act 2005 is due for full implementation in 2007-08. It established a legal framework to support, empower and protect people who are not able to make their own decisions. It also clarifies who can take decisions on an individual's behalf, in which circumstances and how they should go about this.
- 3.1.3 Anyone has the legal right to a social services assessment of need under Section 47 of the National Health Service (NHS) and Community Care Act 1990, as long as they present a reason why they might need help. There is no requirement for any clinical diagnosis to be made before an assessment is provided and local authorities are not entitled to require one.
- 3.1.4 The Carers Act 1995 gives carers the right to a social care assessment and access to support to enable them to continue to act as carer. This legislation has been developed further by the introduction of the Carers and Disabled Children Act 2000 and the Carers (Equal Opportunities) Act 2004.
- 3.1.5 Central Government identified mental health as a key health priority as part of the NHS Plan. The National Service Framework for Mental Health is a ten year plan to improve mental health and sets out seven standards focused on five key areas –
- Mental health promotion and reducing stigma (standard 1)
 - Primary care and access to services (standards 2 and 3)
 - Services for people with severe mental illness (standards 4 and 5)
 - Carers' needs (standard 6)
 - Reducing suicides (standard 7)

3.2 Terms of Reference

- 3.2.1 The purpose of the review was to consider how to –
- tackle an important health and social well-being issue involving working with our partners to improve the health of local residents and reduce inequalities – by critically examining local mental health support services for carers of people with mental health problems;
 - critically examine the level and adequacy of provision of support to service users and carers of people with mental health problems in Plymouth;

- assess how the local health community and services are responding to the problem;
- investigate the current situation (to include carers/patients, social services, voluntary sector and mental health services);
- seek feedback from current users and carers on their experiences and perceptions;
- carry out site visits and assessments;
- assess whether the resources allocated are appropriate, correct and timely to the level of support required for service users and carers of people with mental health problems;
- compare current government guidelines and whether they have been implemented and are being adhered to;

4.0 BACKGROUND INFORMATION

4.1 The National Context

- 4.1.1 Roughly a quarter of the adult population would, at some point in their lives, experience mental distress.
- 4.1.2 Mental health problems are estimated to cost the country over £77 billion a year through the costs of care, economic losses and premature death (Office of the Deputy Prime Minister, 2004). It was estimated that General Practitioners (GP's) spend a third of their time on mental health issues. Over 900,000 adults in England claim sickness and disability benefits for mental health conditions. Many people with mental health problems do not work but want to. A labour force survey (Office of National Statistics, 2003) found that 35 percent of people with long-standing mental health problems would like to work. For many, the lack of access to education, training, housing, transport and social support, coupled with discrimination by employers means that employment remains out of their reach.
- 4.1.3 Mental health problems become more common as people get older and England's population is ageing. The number of people over 65 will increase by 15 percent in the next ten years and the number of people over 90 is expected to double in the next 30 years.
- 4.1.4 It is estimated that –
- 40 percent of older people attending GP surgeries, 50 percent of general hospital patients and 60 percent of care home residents have mental health needs;

- between 12 percent and 15 percent of people over 65 suffer from depression – this is more common in people suffering from long term physical disorders;
- dementia effects one person in 20 over the age of 65 and one person in 5 over the age of 80;
- it costs more to look after people with dementia than those suffering from a stroke, cancer or heart disease added together.

4.2 The Local Context – Experience in Plymouth

4.2.1 From statistical information provided by the Democratic Health Network it was found that in a typical district of 250,000 people, (Plymouth City has 244,200 as at 2004), there were 45,000 (18 percent) who were aged 65 or over. Of these –

- 4,500 to 6,750 would have depression, including 1,500 with severe depression;
- 6,000 will have anxiety related disorders;
- 900 will have psychosis related disorders;
- 2,250 will have dementia;
- 2,000 will be living with the consequences of a stroke, 1,000 of these will experience mood disorders and 700 will need to adjust to living with reduced cognitive skills.

4.2.2 It was clear that the council had experienced some difficulty due to the closure of a major charitable provider of services to carers within the city, which had occurred with little notice. This had taken time to recover from, but members were pleased by the opportunities that had been drawn from this and that the city was now poised to move forward with development of the service to carers.

5.0 EVIDENCE

5.1 Written Evidence

5.1.1 The working group considered various written submissions in conjunction with other supporting documentation, which included written submissions from various witnesses during the course of the review.

5.1.2 A summary of the main issues highlighted by the working group are summarised below.

Areas/concerns	What can be done
<p>Social Services computer systems not compatible with other service providers, such as NHS.</p>	<p>Look into the options of introducing more compatible computer systems within social services.</p>
<p>Separate forms used by different service providers, which require the carer to complete numerous forms.</p>	<p>Create one generic form, which had a carbon copy back for multiple distributions, to enable all appropriate service providers to be sent a copy.</p>
<p>Lack of a 24 hour response service.</p>	<p>Set up a 24 hour response team based on partnership working, utilising Care Direct and the Health Service, who already implement a 24 hour service.</p>
<p>Lack of decision-making power for carers, voluntary sector workers and families of the cared for.</p>	<p>Decentralise decision-making processes.</p>
<p>Although it was clear that there was good short-term respite for older people with mental health issues, by way of a contract with the Befriending Consortium, it was apparent that there was little respite for adults of working age.</p>	<p>Look into voluntary sector provision, such as the Befriending Consortium.</p>
<p>Number of young carers possibly not receiving support.</p>	<p>Identify all young carers across the city to ensure support is available to them.</p>
<p>Completion time for assessment forms too long in some cases.</p>	<p>Implement a completion deadline of 20 working days for each form and look into the feasibility of using other trained service partners, such as CPN.</p>
<p>Confidentiality had proved a huge problem for carers and family members when trying to find out even simple facts on the cared for, such as being discharged from hospital.</p>	<p>Council officers, along with PCT solicitors draw up a official form to be signed by the cared for person or their GP highlighting who may receive confidential information, such as family members and carers.</p>

Lack of clarity on who provides which services.	Social services, in conjunction with other agencies, produce a simple map that identifies all services and who provides them.
Monitoring of existing and future contracts.	Establish better monitoring procedures for existing and future contracts by implementing performance indicators and setting clear desired outcomes.

5.2 Oral Evidence

- 5.2.1 The working group held four evidence sessions to hear from the Cabinet Member for Healthy Communities, council officers, service users and representatives from external organisations during September and November, 2005.

6.0 FINDINGS

6.1 Carers Strategy

- 6.1.1 Members were informed that the Carers Strategy was a core piece of work that would be completed in draft form by the New Year. It would set the direction of social services' work with carers until 2008, when the existing carers grant was due to come to an end. It would identify key areas that required additional work, specific pieces of work that needed to be undertaken, and work that would be ongoing with carers well into the future.
- 6.1.2 The strategy would go out for consultation to colleagues within health services, voluntary organisations and carers groups, with the aim of the revised and completed version being signed up to by all parties by April 2006.
- 6.1.3 As part of this strategy, and in line with government guidelines, there would be a specific information strategy designed to set out how to ensure a large number of carers within Plymouth would be informed, in order to ensure that they became aware of services and could access them if and when they needed to do so. This would also include a major campaign to raise the profile of carers and carers' issues over the next 12 months.
- 6.1.4 Members were pleased that the production and implementation of a strategy, that would hopefully be agreed and accepted by all the major partners within the service delivery across the city, would enable a clear signpost towards the way that carers would be recognised and have their own needs addressed in the future.

6.2 Carers Assessments

- 6.2.1 It was apparent that carers' assessments were an essential part of work with carers and the most important means of identifying their needs, as opposed to the needs of those they care for. However, they could be a daunting experience for carers. Members were pleased to be informed that two new forms, that had been available for consultation by a number of carers and practitioners, had been designed with a particular focus on being user friendly, which had been an issue with the previous form. The Joint Assessment document would be used to gather information about the carers' role, identify whether the carer had any serious issues of their own which would need to be addressed, and signpost them to other low level services. The separate assessment document would be used when it had been identified that a carer was failing to cope with their caring role, or where there were complex issues that needed addressing by concentrating on what difficulties they had and ways of alleviating them. Both documents fulfilled the legislative requirements.
- 6.2.2 Members were informed that carers' assessments had been undertaken by social services for many years. However, although social services remain responsible for them, there was no reason why other professionals who knew a carer well could not also complete part of the joint assessment document. This could make the process less intrusive for the carer and had been instrumental when recognising their role and had also enabled the carer to be steered towards non-statutory services when appropriate. Members were informed that, to date, there had been some resistance to carers' assessments being carried out by health representatives. Members were informed that this was an area currently being considered by senior officers within the council on how to progress this matter.
- 6.2.3 Joint work with designing the new Care Programme Approach paperwork traditionally, despite there being a Mental Health Partnership between the Primary Care Trust and Social Services, had raised a number of issues that had led to a fragmented and sometimes dislocated service being provided to individuals with mental health difficulties and their carers. Many of these related to separate working practices and also as a result of separate paperwork and computer systems.
- 6.2.4 Members were informed of an opportunity recently to join up the paperwork used by both partners following the CPA review. Part of this essential paperwork within the PCT was, for the first time, a carers' assessment form. The Carers Development Manager was able to share her carers' assessment forms, with the intention that carers throughout the city would have only one assessment, whichever service they used. Members were informed that to date this had yet to be actioned.

6.3 Training for carers

- 6.3.1 In discussion with many carers it was clear that they felt they lacked information about the diagnosis of the person they cared for, and had little

information about the treatment they were offered. In order to prevent this happening at all would take a major change of culture towards carers. Members were informed that officers were in the process of implementing basic training sessions for carers on a variety of diagnoses, which would help to inform carers on this matter.

- 6.3.2 It was also noted that from February, 2006, the Carers Development Manager hoped to be able to offer carers training sessions on various mental health and learning disability diagnoses, moving and handling courses, and possibly first aid. Members were also pleased to hear that it was the intention of the Carers Development Manager to put together a short programme of readily available courses to carers, which would be based on direct consultation with carers to identify what further training they would find useful for the rest of the year.

6.4 Internal computer systems

- 6.4.1 Unfortunately the current computer systems within social services had not been able to produce simple statistics on outcomes. Officers were frustrated that the system had been unable to demonstrate the good work that had been implemented with carers. Although this did not have a detrimental effect to the service carers receive themselves, it had left officers unable to separate out and therefore quantify the work achieved with carers to date. Members were pleased to be informed that work was underway to resolve this matter, which would enable officers to enter data and therefore produce vital evidence on all work undertaken. This would also enable officers to better monitor service provision, which would be of benefit to carers. It was hoped that implementation would be completed by April 2006.
- 6.4.2 However, Members shared concern with officers on the difficulty some carers had experienced in the past when trying to access the council's services for carers. Members were pleased to hear that advertisements would be placed at the start of February for posts of Carer Workers, which would assist in this matter.

6.5 Carers' workers

- 6.5.1 Not unnaturally, many carers found it hard to pick up the telephone, especially when their query at first sight may appear a trivial matter, and discuss issues with a total stranger. Some of the most positive and helpful comments officers had received direct from carers with regard to positive feedback on service provision, were those that had dealt with one named contact within social services. Continuity had enabled a relationship of trust to be built quickly between the individuals concerned, which had led to a good experience of service provision, and often led to requests and queries being resolved promptly with desired outcomes being met. It was clear that being able to contact a named worker and a familiar face had made a huge difference to carers on how they rated their experience.

6.5.2 Members were pleased to hear that in the New Year a recruitment campaign for part time posts of carers workers would be actioned. The carers workers would work alongside each social work team across the city, as well as undertaking carers assessments in complex cases, or cases where there was conflict between the carer and the cared-for.

6.6 Guild of Voluntary Services contract

6.6.1 Members were informed that work would continue with the Guild of Voluntary Services, who had a contract with the council to provide Plymouth Carers Support Service. The guild had already undertaken considerable amounts of work to provide low levels of information, advice and advocacy to identified carers. Members noted that further work was required in this area as there was no clear map of who provided what service.

6.6.2 It was envisaged that, in the near future, the partnership between the council and the guild would progress an action plan, which would include the implementation of monthly sessions of carers' awareness training from February and set up a practitioners forum in the New Year. Both these initiatives had been designed to help raise the profile of carers and carers' issues within the city and would include the involvement of a variety of professionals who work with carers. Members were informed that it had been recognised that in some settings practitioners concentrated almost entirely on the ill/disabled/frail individual and the carer could be lost within the process of diagnosis and treatment.

6.6.3 The carers' awareness training and the Practitioners Forum would play an important part in making professionals aware, and by including the carer and family in the way an individual was treated would benefit all concerned.

6.6.4 The training sessions were now designed and plans were underway to ensure the advertisement campaign also targeted professionals who may come across carers throughout the city. As yet it was impossible to know if managers would regard it as appropriate that their staff attend these sessions. Members were encouraged that the Carers Development Manager's aim was to attract large levels of staff from many different services to attend. It was envisaged that through this activity a real culture change may begin, so that carers became not a side issue for staff treating a patient but be seen as partners in achieving the desired outcome.

6.7 Direct Services to Carers

6.7.1 Members were informed that in the past few months the Carers Development Manager had implemented a new budget line in order to fund and provide services direct to carers as opposed to the person they cared for. It was apparent that most carers were supported best by good services to the person they cared for, but there had been instances where direct provision to the carer had been successful, such as driving lessons, mobile phones, relaxation sessions and training courses. The Carers Development

Manager hoped to continue and develop those services provided over the coming year.

- 6.7.2 It was clear that whilst carers of frail and elderly individuals frequently find that traditional services of day centres and residential homes could meet their needs for respite, there were few provisions of this type within the mental health services. It was also clear that the wide variety of individuals and diagnoses made the provision of any respite, that would be appropriate for significant numbers of people, almost impossible to implement. Providing the means for carers of those with mental health issues to have a break was recognised by the department as a vital service but had proved challenging to officers.
- 6.7.3 Health services were traditionally delivered to the patient alone, while social services looked holistically at an individual and how they functioned within their environment. There were therefore, two conflicting models of treatment and service within mental health services. Within Adult Mental Health a partnership existed between the PCT and social services, but the PCT was the senior partner, provided the bulk of the services and fragmented line management structures created confusion for council officers. The Carers Development Manager role included improving the recognition of carers, but understandably they could only directly influence change within social services procedures and working practices and not external partners. In order for carers to receive a better service across the board within Adult Mental Health there needs to be greater engagement between the PCT and Social Services. It was envisaged that recent management changes may well have influenced this, including the establishment of a 'carers lead' within one manager's role, which included being responsible for the social care aspects of mental health for older people and working age adults.

6.8 Confidentiality

- 6.8.1 The issue of patient confidentiality was one that had been raised many times by carers, and remained and would remain a difficult one. There was no doubt that there were occasions when information regarding a patient should not, for various reasons, be shared with a carer. However, there were also times when it seemed likely that the principle of confidentiality was used to forestall what may have been a difficult situation with a carer, where further work may have been expected of a busy professional and they simply did not know how to handle this.
- 6.8.2 A change in culture, so that carers were automatically included in information giving sessions, becoming partners in the care of the individual, unless there were real and serious concerns to the contrary, would go a long way towards resolving this issue. Funding had now been identified to set up a multi-agency training day inclusive of users and carers which would address the difficult area of contention along with others directly relating to issues of mental health and vulnerable adults.

6.9 Partnership Training

- 6.9.1 The working group felt it would be beneficial if joint training with the Mental Health Trust and Devon and Cornwall Constabulary was implemented, to increase awareness, skills and facilities when dealing with people with mental health problems in the future.

6.10 Glenbourne House

- 6.10.1 Nick Pennel, (Acting Director of Mental Health and Learning Disability with Plymouth Teaching PCT), arranged a site visit to Glenbourne House, which provided Members with a view of inpatient facilities.

7.0 CONCLUSIONS

7.1 Overall Conclusions

- 7.1.1 It is particularly important that local government and health services work together to ensure that people with mental health problems are supported within their communities as fully participating citizens.
- 7.1.2 Members recognised that good mental well-being is an issue for all public sector agencies. Access to mainstream services and opportunities, such as housing, transport, education and skills development, employment and opportunities to take part in community and leisure activity were vital to prevent social exclusion.
- 7.1.3 The working group was very pleased, that due to this scrutiny review, issues relating to people with mental health problems had been brought to the attention of the recently appointed Director for Community Services and the Cabinet Member for Healthy Communities who welcomed the scrutiny review and consequently made the area of mental health one of their priorities.
- 7.1.4 The working group realised that although progress had been made over recent years, further work would be required in the following areas –
- identifying and supporting young carers, utilising children's centres to localise support and integration into neighbourhood life;
 - identifying and supporting staff carers within the council;
 - breaking down the barriers and subsequent problems that confidentially had brought carers and family members;
 - the development of a 24 hour service
 - reducing the bureaucratic paperwork and duplication of form filling;

- consideration to identifying and implementing a corporate computer system, which would be compatible with other key service providers;
- continuing to identify ways of reducing the stigma of mental health.

8.0 MONITORING

- 8.1.1 The Health and Well-being Overview and Scrutiny Panel will monitor progress by requesting six monthly update reports against recommendations made, the first to be submitted to the business meeting in July 2006.

Appendix 1 – Reference Materials

1. Mainstreaming Mental Health – Democratic Health Network
2. Submissions from witnesses
3. Government policy and guidelines

Appendix 2 – Contributors

The working group would like to express their sincere thanks to all those who provided information and advice:

Rebecca Barr – Care Services Manager (Community Service Department)

Di Barrall – Customer Services Team Leader (Community Services Department)

Councillor Camp – Cabinet Member for Healthy Communities

Pat Green – Carers UK

Margaret Johns – Efford Community Centre

Jenny Jones – Waterfront Service Manager (Community Services Department)

Pam Marsden – Assistant Director of Community Care (Community Services Department)

June McCloud – service user

Nick Pennell – Acting Director of Mental Health and Learning Disability with the Plymouth Teaching Primary Care Trust

George Plenderleith – Chief Executive of the Plymouth Guild for Voluntary Services

Clive Turner – Director for Community Services

Appendix 3 Useful contacts

<p>Alzheimer's Society – national charity which provides support.</p> <p>helpline 0845 300 0336 website www.alzheimers.org.uk</p>
<p>Age Concern – national charity with local branches which provides services and campaigns on older people's issues</p> <p>helpline 0800 009 966 email ace@ace.org.uk website www.ace.org.uk</p>
<p>Association for Postnatal Illness – national charity that promotes awareness of postnatal illness and provides support for women who are affected by this condition.</p> <p>helpline 020 7386 0868 email info@apni.org website www.apni.org.uk</p>
<p>Carers UK – a national charity promoting the interests and providing support for carers.</p> <p>tel 020 74908818 email info@carers.org website www.carersonline.org.uk</p>
<p>Counsel and Care – a national charity giving advice and information to older people, their families and carers.</p> <p>helpline 0845 300 7585 email advice@counselandcare.org.uk website www.counselandcare.org.uk</p>
<p>Diverse Minds – a national charity providing information and advice on mental health issues affecting black and minority ethnic people.</p> <p>helpline 0845 766 0163 email diverseminds@mind.org.uk website www.diverseminds.org.uk</p>
<p>Mental Health Foundation – a national organisation which undertakes research and supports the development of services to help people to survive, recover from and prevent mental health problems.</p> <p>tel 020 7803 1100 email mhf@mhf.org.uk website www.mentalhealth.org.uk</p>

Mind – a national charity, with local branches, which provides information and advice, and campaigns on mental health issues.

helpline 0845 766 0163 email contact@mind.org.uk website www.mind.org.uk

National Institute for Mental Health in England (NIMHE) – a national non-governmental organisation, with regional development centres, which is responsible for supporting the implementation of positive change in mental health and mental health services.

tel 0113 254 5127 email ask@nimhe.org.uk website www.nimhe.org.uk

National Social Inclusion Programme – based in the London development centre of NIMHE, they co-ordinate the government's programme of social inclusion for people with mental health problems.

tel 020 7307 2448

Public Guardianship Office – the administrative arm of the Court of Protection, responsible for providing services, which promote the financial and social well-being of people with mental incapacity.

helpline 020 7664 7300 email custserv@guardianship.gov.uk
website www.guardianship.gov.uk

Rethink – a national charity, which aims to improve the lives of people affected by severe mental health problems through service provision, advice and information campaigns.

helpline 020 8974 6814 email advice@rethink.org website www.rethink.org

Sainsbury Centre for Mental Health – a national charity that seeks to influence mental health policy and practice through research, development and training work in health and social care.

tel 020 7827 8300 website www.scmh.org.uk

The Samaritans – a national charity providing 24-hour confidential and emotional support for people experiencing distress or despair, or who may be contemplating suicide.

helpline 08457 909090 email jo@samaritans.org website www.samaritans.org.uk

Sane – a national charity undertaking research and raising awareness of mental health issues and providing support and assistance for people with mental health problems.

helpline 0845 767 8000 email London@sane.org.uk website www.sane.org.uk

UK Advocacy Network – a national membership organisation offering information, training and support to promote self-empowerment through the use of advocacy for people with mental health problems.

tel 0114 272 8171 email office@u-kan.co.uk website www.ukan.org.uk

Young Minds – a national charity that promotes child and adolescent mental health services through training, consultancy and provision of information and support.

helpline 0800 018 2138 email enquiries@youngminds.org.uk
website www.youngminds.org.uk

