



Redbridge User Network – User Pressure Group
Mental Health Service Users in Partnership with Others

Report on Freedom passes 2010-2011



“Pass to freedom or chained to a system that is not working?”

'It's very important that I have my fares... I'd say that is just as important as electric and gas to me, that is my tool. My tool, if I don't have my fares, I can't go to learn, I can't, if I can't learn, I can't do what I'm doing with my, in my work...It's your life, right, it's so important.'

(Female, 56-70 age group, mental health support needs, Travel behaviour, experiences and aspirations of disabled people, Department for Transport, 2008)

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Acknowledgements

We gratefully acknowledge the Service Users who came forward with their stories and was willing to help us in our research. We also fully respect their wish to remain anonymous. Thanks to NELFT staff who provided some statistical information and liaised with us through this process. Thanks also to the Payments & Benefits Team who also liaised with us and to London Borough of Redbridge.

A special thank you to our Project Assistant, Project Representative and Volunteer User Consultants without which this report would not have been possible.

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About Run-UP

We are a local pressure group working for the improvement of mental health services and mental health and wellbeing. The project aims are to give the service user a voice and their voice to be heard regarding the service they receive. It encourages self esteem and confidence.

RUN-UP is a user led service for people experiencing mental health problems and their carers.

Our Aims

- To ensure that users will have proper representation to assert their needs and rights.
- To make our service available to them through knowledge, information on social policies, locally and nationally.
- To exercise a responsible but strong pressure on local issues such as housing, benefits, employment, and mental health services for the promotion of users rights.
- To do this without prejudice of age, race, colour, religion, sexuality and disability.

Voice – Nothing about us without us

A key role of RUN-UP is to influence the design, delivery and management of local mental health services. In particular: to contribute experience and expertise to policy development as a ‘critical friend’ as well as to promote and monitor the effectiveness of user involvement in the planning, commissioning, managing and monitoring of services to ensure service users have a full say in policies and practices which affect their lives. Articulating views and experiences of our members by attending meetings, seminars, workshops and debating issues

Campaigning for full inclusion in society

We all want to live in communities where we can participate fully and equally. Many indicators show us that for people with mental health conditions this hasn't yet happened and there remains considerable work to be done to get to this point. People with mental illness commonly describe the stigma and discrimination they face as being worse than their main condition. Discrimination, stigma and prejudice can pervade every part of their daily life - their personal life, working life, sense of citizenship, their ability to maintain even a basic standard of living

Executive Summary

Across Redbridge people with mental health conditions enjoy the benefits of a Freedom Pass, allowing free travel on buses, the Underground and on National Rail Services in London. Society too benefits from the mobility of people with mental health conditions who contribute in many different ways such as: volunteering; high street spending; and helping out family and friends. Time and time again people with mental health conditions tell us that their ability to travel is extremely important for them in enabling access to services; to visit family and friends; to access educational courses, leisure and sport; and to engage in meaningful, purposeful and fulfilling activities.

In many ways it can be more difficult for people with mental illness to travel than for others. For instance, due to widespread discrimination and stigma rates of unemployment among people with some type of mental illness are extraordinarily high. Consequently, many depend on their family or upon welfare benefits for basic needs and to meet everyday costs. The Freedom Pass, therefore, can be a fundamental benefit that enables a person experiencing mental health problems to lead a flourishing and purposeful life.

Furthermore, a number of studies have demonstrated that “the fewer social relationships a person has, the shorter his or her life expectancy and the worse the impact of various infectious diseases.”¹ And, that there is also a link between the quality and quantity of individuals' social relationships not only to mental health but also to both morbidity and mortality.²

For instance, a recent scientific review of 148 previous studies involving more than 300,000 people found that those with adequate social relationships were 50 per cent more likely to be alive after an average follow-up period of nearly eight years, compared to more socially isolated people.³ Having few good friends or strong family connections, the researchers concluded can be just as harmful to health as being an alcoholic or smoking nearly a pack of cigarettes a day.

“I would become so depressed [if I couldn't travel]; oh it would be like being housebound or something. It would be like what would you do? What would you experience? Nothing. How can you get any excitement? How can you feel like you are here living, doing, being so young still? You wouldn't be able to.”

(Female, 18-35 age group, mental health support needs)⁴

¹ Why Zebras Don't Get Ulcers, Rober Sapolsky, 2004

² Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med 7(7): e1000316. doi:10.1371/journal.pmed.1000316

³ *ibid*

⁴ Travel behaviour, experiences and aspirations of disabled people London: Great Britain. Department for Transport, 2008

In other words, cancelling Freedom Passes may have the ‘unintended consequence’ of increasing social isolation which in turn impacts on both physical and mental health as mental health service users are severely limited in their ability to visit friends, volunteers, attend clubs and other activities that many of us take for granted. Indeed, the fact that many service users have low incomes and are not in paid employment means that transport is often a key means by which people are able to access voluntary work, education and social networks.

With cuts coming thick and fast it is important to remember that there are, certain groups in society that are particularly vulnerable and disadvantaged including those who are very young, very old or disabled or have complex mental health conditions and their interests need to be protected in a time of smaller budgets. Society continues to perpetrate injustice against disabled people and particular on people with complex mental health conditions in many fundamental ways, touching on some of the most central element’s of a human being’s quality of life – health, education, political participation, travel, autonomy, equality before the law, employment, self respect and life itself.

Indeed, **the Disability Equality Duty**, means that public bodies must have ‘due regard’ to the need to:

[take steps to take account of disabled persons’ disabilities, even where that involves treating disabled persons more favourably than other persons](#)

The link between disability and poverty is well established. High levels of unemployment and unstable and low paid employment means people with mental health conditions are more likely to live below the poverty threshold and be dependent on benefits as a proportion of their income. Increased unemployment and a range of welfare and public service cuts following the economic downturn has only exacerbated the situation. It is also important to take into account that whilst individual measures may seem negligible, it is important to take in the cuts and charges as a whole and the cumulative impact.

We recognise the budget constraints on the local authority in light of the financial crisis and the pressures on budgets. We also appreciate that the local authority will have to make difficult judgments’ over the coming three years to achieve £25 million of savings.

Key Recommendations

1. For the North East London Foundation Trust and Redbridge Local Authority to demonstrate that where there has been a removal of a Freedom Pass that '*due regard*' under the Disability Equality Duty has been considered. In particular to take account of the fact that public bodies must take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons.
2. To provide a report demonstrating how the mental health trust and the local authority have assessed 'unintended consequences' of the removal of a freedom pass. In particular the impact of social isolation on mental health service users and the subsequent potential mental and physical health problems this can generate.
3. To set up a clear, transparent and accountable system for allocating Discretionary Freedom Passes in partnership with local mental health service users.
 - a. This should be combined with an offer of an individual review including one for any service user whose pass has been withdrawn.
 - b. This should take place within 3 months of the decision with a view to the possibility of reinstatement should the service user have experienced unforeseen negative consequences that might make the assessors consider them eligible.

"I do not understand how for many years Redbridge (who are proud of their inclusion policy) have allowed NON mental health professionals to judge us".

(Redbridge mental health service user)

What is a freedom pass?

A Freedom Pass is provided by local borough councils to give older and disabled Londoners free travel on almost all public transport in London.

There are 3 schemes:

- National scheme older persons pass
- National scheme statutory disabled pass
- London only discretionary disabled pass

National scheme statutory disabled pass Eligibility Criteria

Anyone with the following disabilities can apply for a freedom pass. These are:

- ✓ People who are blind or partially sighted
- ✓ People who are profoundly or severely deaf
- ✓ People without speech
- ✓ People who have a disability, or have suffered an injury, which has left them with a substantial and long-term adverse effect on their ability to walk
- ✓ People who do not have arms or have a long-term loss of the use of both arms
- ✓ People who have a learning disability that is defined as 'a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning
- ✓ People who, if they applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, would have their application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol.

London only discretionary disabled pass

A number of boroughs including Redbridge continue to issue Discretionary Freedom Passes to disabled people outside of the statutory categories of eligibility. They do this in exceptional circumstances and many of these passes are on issue to people previously eligible for the old scheme before new criteria were introduced.⁵

⁵ http://www.redbridge.gov.uk/cms/contact_pages/d/disabled_persons_freedom_pass.aspx

The Redbridge Local Enhancement Scheme⁶

Run-Up has spent over a year investigating mental health service users' concerns with regards to the Redbridge Council's Freedom Pass Local Enhancement Scheme. We are particularly concerned about the lack of information, transparency, and timing as well as the exact criteria for applying for a discretionary Disabled Person's Freedom Pass.

Full details of the eligibility criteria can be found on Redbridge i⁷.

To qualify on a discretionary basis an applicant must have a severe mental health condition and an associated disability that leads to serious impairment of social functioning, or places the sufferer at risk of social isolation or social exclusion.

A combination of the following would be considered:

- Receipt of a Care Package
- Regular contact with a mental health worker e.g. Psychiatrist, key worker in mental health (Community Psychiatric Nurse CPN)
- Frequent (minimum once a week travel needs to access recreational/educational facilities determined by mental health worker)
- Receipt of lower rate mobility AND middle rate care component of Disability Living Allowance DLA.

Mental Health Service user groups and service users were told that the renewal process would be:

- ✓ Much simpler than 2 years ago.
- ✓ Would save service users the stress, anxiety and inconvenience of having to go to their GP'S and pay for a letter about their mental health condition
- ✓ Avoid having to answer awkward & embarrassing questions from GPs, Consultant Psychiatrists and the staff at the post office.

The applicant had to complete a new application procedure and supply:

- full details of the disability and how it affect their day-to-day living and;
- full supporting medical evidence as requested on the application form;
- a 'Letter of Authority' (LoA) from Redbridge Council after assessment by staff at NELFT;

⁶ http://www.redbridge.gov.uk/cms/contact_pages/d/disabled_persons_freedom_pass.aspx

⁷

http://www.redbridge.gov.uk/cms/benefits_care_and_health/welfare_and_benefits/concessionary_travel/disabled_persons_freedom_pass.aspx

- to take the documentation to a post office with a passport photo and relevant identification and proofs;
- wait up to 6 weeks for a reply.

The quantity of work overwhelmed NELFT and the Council and many service users complained about the anxiety and stress of the situation caused by long delays in getting a reply from the Council. Then when letters were received many were annoyed and upset to find they had been rejected having had a Freedom Pass for years.

I am of course very worried. I am not just worried about myself but also for the other clients as we are being treated so badly yet again.

(Redbridge mental health service user)

Rejection letters were often impersonal and insensitive. Not only had they been rejected but there was also (what we thought) a very clumsy paragraph in the letter which stated

“Severe mental disorders include psychotic disorders (e.g. schizophrenia) and bipolar affective disorder (manic depression). It dose not include “common mental health problems’ such as anxiety , depression, phobias, obsessive compulsive and panic disorders, where it is likely that a driving licence can be held”.⁸

We were very surprised and concerned to read such a comment especially in light of the fact that the World Health Organisation ranks Obsessive Compulsive Disorder as the tenth most disabling illness of any kind, in terms of lost earnings and diminished quality of life.⁹

We also discovered in a number of cases that applications had been rejected. Many concerns were passed to Run-Up where applications have been turned down, even though some met the requisite criteria. Moreover, applications were supported by letters from mental health professionals. We raised a number of concerns about the suitability of Payments & Benefits to assess complex mental health conditions and whether the team had the required skills, training, expertise and qualifications to do so.

⁸ This paragraph was subsequently removed from the refusal letters due to pressure applied by RUN-UP

⁹ <http://www.ocduk.org/1/ocd.htm>