

Redbridge Concern For Mental Health and Run-Up

NELFT MHS RECOVERY AND SOCIAL INCLUSION
STRATEGY , 2011 -2013

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Executive Summary

Redbridge Concern for Mental Health and RUN-UP welcome the opportunity to comment on the NELFT MHS Recovery and Social Inclusion Strategy, 2011 -2013. We fully support NELFT's guiding principles and commitment to Recovery and Social Inclusion especially in light of the fact that the Mental Health Trust has an instrumental role in supporting people with mental health problems. In particular, to support people to do the things they want to do, live the lives they want to live and to access opportunities to live meaningful, flourishing and purposeful lives that many of us take for granted.

A Recovery and Social Inclusion Strategy is also of fundamental importance in light of the fact that society continues to perpetrate injustice against disabled people and particular on people with mental health conditions in many ways, touching on some of the most central elements of a human being's quality of life – health, education, political participation, travel, autonomy, equality before the law, employment, self respect and life itself.

In the current economic climate as public services are cut – we strongly believe - that fairness matters more than ever and that the most disadvantaged and vulnerable members of our community are not unduly impacted by the reductions and cuts in services. We are particularly disappointed, therefore, to find out that thinkarts has been decommissioned especially as it has been a flagship in challenging social exclusion, stigma and discrimination and providing meaningful and purposeful activities to the local community.

“Recognising talent and expertise, alongside the barriers often experienced by individuals when accessing the worlds of art and business, THINKARTS endeavours to decrease exclusion by developing healthy and mutually beneficial partnerships with organisations in the wider community.”¹

We are also disconcerted as there has been a lack of consultation and engagement both with mental health service users as well as local community organisations and stakeholders. This undermines principals about service user and community involvement the Coalition's White Paper: *Equity and excellence: liberating the NHS* and NELFT's strategy and undermines NELFT's commitment to embed the philosophy of personal recovery and social inclusion across the Trust.

“The service user is the expert in mental health as it is happening to us, but I feel that we are often left to one side.”²

¹ www.thinkarts.org

² RUN-UP service user involvement workshop June 2010

Summary of Recommendations

thinkarts

- ✓ To reverse the decision to decommission thinkarts' and hold meaningful consultation with mental health service users, community organisations and key stakeholders.

Future 'service redesign

- ✓ To engage with service users, local community organisations and key stakeholders prior to making decisions on decommissioning services.
- ✓ Full transparency relating to business case and cost benefit analysis (including impact on quality of life) before decisions are made about decommissioning services
- ✓ Publication of Equality Impact Assessment

Employment within the Trust

- ✓ NELFT to benchmark employment within the Trust against South West London and St George's Mental Health Trust which has a 'Charter for the Employment of People who have had Personal Experience of Mental Health Problems' (Since 1999 at least 15% of recruits to **all levels of the Trust** have personal experience of mental health problems in addition to their other skills and attributes)
- ✓ NELFT to set up a number of time-limited work experience in the form of time-limited internships
- ✓ All Staff, including contracted staff and mental health service users to be paid the minimum of the London Living Wage: £8.30 per hour

Spirituality

- ✓ A board endorsed strategy for the promotion and delivery of spiritual and religious care.
- ✓ Two further whole time chaplain posts, to bring provision into line with NHS guidelines.
- ✓ NELFT to have an official policy for ward and community staff so that all service users receive the same information about spiritual, religious and cultural opportunities available.

Wider Social Determinants of health and well being

- ✓ The Social Inclusion strategy to be developed and updated to embed personalisation, employment, education, volunteering, housing and community engagement

Carers³

- ✓ Adopt carers and confidentiality guidelines from Royal College of Psychiatry
- ✓ All staff to have basic carer awareness training (including RCP confidentiality guidance)
- ✓ All carers providing regular support to be offered carer assessment

Leadership⁴

It cannot, be assumed that person centred Recovery is understood across the Trust, nor that a Recovery based approach yet underpins all work at individual, team or organisational levels

- ✓ Provide expert leadership to take forward Recovery and inclusion agenda and to maintain awareness of national/international developments
- ✓ Establish a Recovery and social inclusion steering group for (a) local services, (b) forensic services with membership of other providers, service users and carers
- ✓ Ensure that Trust metrics and performance indicators measure progress in implementing Recovery and that service users are involved
- ✓ All services to rate themselves against Recovery and Social Inclusion benchmarks which cover key Recovery and Social Inclusion criteria, and to use results to develop a team implementation plan
- ✓ All teams to identify a Recovery lead to champion Recovery

Service User Involvement⁵

- ✓ All service users to have access to Recovery Courses/Groups
- ✓ All service users to have access to training about Recovery users
- ✓ Peer Support Worker Training to be developed and run annually for service users

³ Nottinghamshire Healthcare, NHS Trust NHS positive about mental health and learning disability, 2009

⁴ Nottinghamshire Healthcare, NHS Trust NHS positive about mental health and learning disability, 2009

⁵ Nottinghamshire Healthcare, NHS Trust NHS positive about mental health and learning disability, 2009

About Redbridge Concern for Mental Health

Redbridge Concern for Mental Health - established over 15 years ago – is a service user led organisation based in the London Borough of Redbridge dedicated to promoting, improving and protecting the mental health and emotional well being of the wider community.

We offer high quality services to local residents seeking mental health support. We also provide information and signposting as well as challenging the stigma and discrimination that people experience in their everyday lives.

Our Aims

- To develop high quality, culturally appropriate, accessible services for people recovering from and experiencing mental health problems.
- Work in partnership to influence mental health policy and to promote best practice in all aspects of service planning and delivery.
- Develop new ways of promoting service user involvement and helping service users to improve their lives.
- To improve people's health, care and well-being by promoting positive mental health.
- To challenge the stigma and discrimination that people experiencing and recovering from mental health problems encounter in their everyday life.

What does Run-Up Do?

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

Response to Consultation

thinkarts

We are disappointed, and saddened to learn that thinkarts has been 'decommissioned'. We are still unclear as to the reasons behind the decision. Nonetheless, from talks with service users and thinkarts' members we are not aware of their having been any meaningful and robust consultation prior to the decision to decommission the service.

This is surprising in light of NELFT's commitment to user involvement, choice and community engagement. It is also in stark contradiction to the recent Coalition Government's white paper: *Equity and excellence: liberating the NHS* which sets out the Government's long-term vision for the future of the NHS. A key principle is partnership working between health professionals and service users encapsulated by the phrase: '*No Decision About Me Without Me*'.

Moreover, the process to decommission thinkarts runs counter to the philosophy of personal recovery and symbolises the old way of running services: *mental health professionals doing things to service users*. Also, the failure to talk to, listen to and engage with service users and local community partners undermines NELFT's commitment to "*working with community partners and organisations*."

The lack of meaningful consultation and community engagement has been a reoccurring theme:

*"Where has the meaningful consultation been in all of this, has the service user been empowered to be involved, and spell out what service users can influence and what they cannot influence?"*⁶

Spirituality, Religion and Recovery

A key component of the Recovery Model is hope. Without hope Recovery is probably impossible; it is essential to sustaining motivation and supporting expectations of an individually fulfilled life.⁷ The NHS already recognised that "many patients hold religious beliefs and practices to cope with illness. Because of this, religious beliefs often influence medical decisions, especially those made when illness is serious or terminal. Many patients would like physicians to address their spiritual needs and to support them in this area."⁸

A wealth of national policy and international legislation support the integral role of spirituality in mental health and the importance of supporting the

⁶ RUN-UP service user involvement workshop June 2010

⁷ Nottinghamshire Healthcare, NHS Trust NHS positive about mental health and learning disability, 2009

⁸ <http://www.healthscotland.com/uploads/documents/6311-Religion%20and%20Belief%20Matter.pdf>

spiritual and religious needs of patients suffering from mental illness. From the Department of Health to the United Nations, the importance of spirituality for health and wellbeing is undisputed. This contrasts the inadequate provision for faith needs in mental health services, for the most vulnerable and spiritually isolated.

Indeed, No Health without Mental Health (DH, 2011) the new Coalition Government's strategy on mental health clearly states:

“If positive outcomes are to be achieved, services will need to incorporate religion and belief into the assessment of individuals. Local services will achieve better outcomes if they make resources and facilities available for people to express their religion or belief.”

Recommendations

- ✓ A board endorsed strategy for the promotion and delivery of spiritual and religious care.
- ✓ Two further whole time chaplain posts, to bring provision into line with NHS guidelines.
- ✓ NELFT to have an official policy for ward and community staff so that all service users receive the same information about spiritual, religious and cultural opportunities available.

Employment

The right to work is enshrined in Article 23 of the Universal Declaration of Human Rights, which states:

“everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.”

There is widespread evidence that many people with mental illness suffer unjustified restrictions in getting and keeping work. *Realising Ambitions Better employment support for people with a mental health condition:* "People with mental health conditions remain among the most excluded within our society. And nowhere is this exclusion more evident than in the workplace. Over one million people with mental health conditions are on welfare benefits and the total number who are out of work is probably double this figure."⁹

It is incumbent on the public sector to lead by example. We therefore recommend that NELFT commit to the following:

- ✓ NELFT to benchmark employment within the Trust against South West London and St George's Mental Health Trust which has a 'Charter for the Employment of People who have had Personal Experience of Mental Health Problems' (Since 1999 at least 15% of recruits to **all**

⁹ <http://www.dwp.gov.uk/policy/welfare-reform/legislation-and-key-documents/realising-ambitions/>

- levels of the Trust** have personal experience of mental health problems in addition to their other skills and attributes)
- ✓ Support people who use mental health services to access a range of socially inclusive employment and vocational opportunities i.e. employment, training, education or voluntary work.
 - ✓ Actively promote and seek partnership working opportunities in the wider community Working with the community, developments would include
 - ✓ Develop local links liaising and working closely with existing employers and providers both in the voluntary, private and statutory sectors.
 - ✓ NELFT to set up a number of time-limited work experience in the form of time-limited internships which have proven to be a helpful too.
 - ✓ All Staff, including contracted staff and mental health service users to be paid the minimum of the London Living Wage: £8.30 per hour