Improving mental health services in Redbridge

Closer working between the statutory and voluntary sectors

Introduction

This report was commissioned by Jane Mehta, director of modernisation at Redbridge primary care trust and chair of the mental health local implementation team.

In commissioning the work, Jane wrote: 'Redbridge Mental Health LIT has agreed it wishes to see the commissioning base of Redbridge Primary Care Trust extended more fully into the voluntary and independent sector. To facilitate this, the LIT wishes to commission a piece of work to examine how better relationships between the voluntary and statutory sectors will enable this goal to be achieved.'

The commission called for a 'scoping' of the problem, some examples of best practice and a series of recommendations/proposals.

Although I was commissioned as a trustee of Anxiety Care to produce this report, I have since stood down from the position. In any case it was always my intention to undertake this report as independent writer and commentator on the health and social services. Therefore – unless stated otherwise – all views expressed in this paper are mine alone. I enclose a brief biographical note at the end of the report.

Alastair McLellan, March 2005

Contents

1) Scoping the issue

In reviewing the existing situation I used a number of sources. These included the outcomes from the themed LIT meeting on working with the voluntary sector and discussions with various LIT members at that meeting and at other times.

I also carried out an anonymous survey of LIT members during the end of 2004/start of 2005.

The survey questions included:

- How would you rate the scale of the contribution of the voluntary sector to the planning and provision of mental health services in Redbridge?
- What effect has this contribution had on the quality of care delivered to service users?
- What do you believe is the biggest contribution the voluntary sector has made to the planning and provision of mental health services in Redbridge?
- What do you believe is the biggest problem caused by any lack of the involvement of the voluntary sector?
- What do you believe are the major barriers to developing stronger voluntary mental health services in Redbridge?
- What do you believe would be the most effective ways to overcome these barriers?
- What effective ways are there to strengthen the contribution of voluntary mental health services?
- What is the most important service you think the voluntary sector in Redbridge could and should provide that it does not do so at present?
- What one thing would do most to make the provision of this service possible?

I received completed questionnaires from almost all the statutory bodies involved in providing mental health care in Redbridge and a representative sample of voluntary organisations.

a) Is the voluntary sector making a contribution to mental health services in Redbridge?

It was clear from the questionnaires that there is a divergence of views in this area.

There was an approximate 50/50 spilt between those respondents who thought the voluntary sector was making a ‘significant’ contribution – and therefore having a positive effect on the quality of services - and those who described the contribution as ‘patchy’ or ‘marginal’, producing a ‘significantly negative’ impact on the quality of services.

However, there is one clear conclusion to draw from this polarised analysis: there is general agreement that the contribution of the voluntary sector is vital

to the delivery of good quality services. Nobody suggested that a poor contribution from the voluntary sector did not undermine the quality of services.

When asked what they believed was the biggest contribution the voluntary sector had made to the planning and provision of mental health services in Redbridge, there was general agreement.

All respondents believed that the contribution of the voluntary sector produced services which are more responsive to the needs of users.

There was also strong support for the suggestion that voluntary sector services enhanced cost-effectiveness and enabled the provision of services which 'lay outside the priorities of the state providers.'

Around half the respondents believed the voluntary sector enhanced choice for users and delivered better outcomes.

One respondent pointed out that voluntary sector providers were, 'not as time restricted as statutory services and could offer longer term, more realistic support focussed on the individual as opposed to short term generalised services.'

There was a similar level of agreement over the problems created by a lack of voluntary sector provision.

All respondents to the survey agreed that it resulted in less choice for users. The majority said not using the voluntary sector would undermine the cost-effectiveness of services.

Half the respondents complained of services which were less responsive to needs of users and restricted to the priorities of the state providers.

Others suggested poor outcomes, 'a lack of creative solutions to the needs of service users' and 'a severe lack of partnership working on joint initiatives in service development and delivery.'

b) What are the barriers to developing stronger voluntary mental health services in Redbridge?

The responses to the questionnaire show there is little doubt that the voluntary sector is considered to be an important and effective part of modern mental health service services. Why then do so many respondents believe it is being neglected?

Understandably there were a wide range of responses to this query, however – equally predictably – there was total agreement on one cause.

Money – or rather the lack of it – was identified by all respondents as a problem. Specifically respondents commented on the soaking up of available cash by 'priority' issues or through the budget restraints created by historical financial problems. One respondent specifically also cited the apparent lack of alternative funding sources.

Just as significant for the voluntary sector was that any money that did get through seemed to be restricted to project funding and could not be used to support running costs.

But aside from money being the root of all evil, a wide range of suggestions were put forward as to why the voluntary sector was not a stronger player in Redbridge's mental health services.

There was reasonably widespread support for the idea that commissioning arrangements were overly complicated and that there was a general failure to involve the voluntary sector in the early planning stages of projects.

The remaining reasons put forward can be grouped into two categories: criticism of the state sector and criticism of the voluntary sector.

Short comings of the state sector

- An ignorance of what the voluntary sector has to offer.
- Lack of funding for voluntary services.
- Lack of non-financial support (training/accommodation etc) for voluntary services from local statutory services.
- The dominance of national policies on the priorities of local state providers.
- Lack of willingness to develop voluntary services
- Lack of capacity to develop voluntary services.
- Lack of expertise on behalf of the statutory sector to develop voluntary services.

Short comings of the voluntary sector

- Lack of capacity.
- Lack of expertise in organisational development (including fund raising).
- The lack of involvement of many of the major mental health voluntary organisations (e.g: Turning Point etc) in the area.
- Lack of ambition in the voluntary sector.
- An over-reliance (for funding and leadership) by the voluntary sector on the state services.

c) What are the most effective ways to overcome these barriers to developing stronger voluntary mental health services in Redbridge?

Of the nine suggested solutions – three received a significant (though not unanimous) level of support.

- Increased funding for the voluntary sector from the local state providers.
- A dedicated central resource within the state sector to help develop voluntary sector providers.
- An invitation to the major mental health charities to become more active in Redbridge.

There was a minority support for the following ideas.

- A specific commitment at senior (i.e. board) level from Redbridge PCT and the London Borough of Redbridge to develop voluntary sector provision in mental health.
- A target to increase voluntary service provision to a certain level by a certain date.

Asked for their own, more specific ideas to strengthen the contribution of voluntary mental health services, many respondents talked about their desire for better – and significantly closer – joint working.

Typical representative comments were:

- 'We have an either/or history in Redbridge with very little joint provision in mental health. A commitment for joint provision of services over the next 10-15 years [is needed] with the infrastructure to support this.'
- 'Place state sector funded staff into voluntary organisations so that true partnerships and increased communication between agencies may take place.'
- [We need] voluntary services working with front line staff to better serve the needs of service users.'

There were also a number of comments which highlighted the frustrations of both the state sector…

- 'Voluntary sector providers could develop greater entrepreneurial skills / business planning, etc.'
- Training [is needed] to develop voluntary organisations so that they have the skills required by commissioners and needed to submit bids.

…and voluntary groups.

- 'Voluntary services can often feel alienated by statutory 'jargon' speak. If the statutory sector REALLY wants voluntary sector involvement, they should look at their ways of communicating at 'grass roots' level to ensure inclusion as opposed to exclusion.'

d) What services could the voluntary sector provide that it does not do so at present?

If the above findings make, perhaps understandably, depressing reading, some cheer can be gleaned from the fact that there was no shortage of specific ideas of how the voluntary services could make a greater contribution.

The most detailed ideas included:

- **A crisis line/house resolution service:** This should incorporate the home treatment team and would be jointly run by the Family Housing Association and Redbridge Concern for Mental Health.

- **A specific 'signposting' of all voluntary mental health agencies:** This would involve detailing the services that can be accessed and how to access them. The information would be more detailed than contained in the MIND/Concern booklets and would need to be kept updated on a regular basis, as well as being formatted in hard copies, CD, Internet, etc. The service would allow the general public to make their own informed choices and give a wider awareness of the huge variety of services in the voluntary sector. It could be provided by RCVS and included on websites of LBR, PCT, Libraries, etc. Individual voluntary services could register on-line (perhaps through the RCVS website) and complete a profile form. Each service could be given a password to update this information when needs dictate.

- **Liaison workers:** Voluntary sector staff who work in partnership with their statutory counterpart and therefore act as liaison and communication workers. These workers must be based directly in the voluntary sector, but paid for by the state sector in order for the communication and partnership to be effective. Redbridge Forum and Age Concern follow this model with carers and older people respectively. However, this service is not run for all voluntary services and is patchy. It is delegated according to spare funds and by relevant committees. Redbridge Carers Support Services could employ a carers support worker who would be financed by Redbridge mental health services. Based at RCSS, the worker would liaise with all carers of mental health sufferers, carry out carers assessments and ensure that their needs were met by co-ordinating any resulting action, as well as helping provide information about other relevant services. The project could begin as a one year project, monitored by RCSS and Redbridge mental health services.

Other ideas included:

- Out of hours support.
- A drop in centre near an established NHS walk-in centre.
- A befriending service for service users
- Social engagement inside and outside the hospital environment
- Rehabilitation services

e) Findings from the themed LIT meeting – February 2005

It is instructive to compare the findings of the January 2005 survey to the conclusions of the February 2004 Themed LIT meeting.

The meeting was attended by representatives of Redbridge PCT, Rethink, NELMHT, Anxiety Care, REMHUG, RUNUP, the London Borough of Redbridge and the Family Housing Association.

A quick scan of the minutes is to see many of the same frustrations expressed – albeit without some of the directness afforded by an anonymous survey.

Specific issues raised included:

- The limitations of project based funding for the voluntary sector.
- The lack of involvement of the voluntary sector in planning service provision.
- The complexity of commissioning arrangements.
- The problems created by jargon.
- Conflicting priorities between the state and voluntary sectors.

However, once again there was a widely shared view that a stronger voluntary sector contribution would benefit mental health services in Redbridge – particularly in the areas of access or responsiveness.

2) Conclusions and recommendations

'Does the healthcare organisation consult with, and/or work with, other local organisations (e.g. voluntary sector organisations) in designing, planning, delivering and improving its services?'

One of the standards which will be used to measure the performance of NHS organisations by Healthcare Commission from this April.

'In the context of Local Compacts and Local Strategic Partnerships, the aspiration should be to move voluntary service providers into the mainstream of service provision and capitalise on the strength that lies in diversity of providers to reflect the diversity of need.'

From 'Making partnership work for patients, carers, and service users: a strategic agreement between the Department of Health, the NHS and the voluntary and community sector.' September 2004: www.dh.gov.uk/assetRoot/04/08/95/16/04089516.pdf

Working with the voluntary sector is no longer a 'nice to have' for statutory health and social care services. Now and increasingly in the future it will be a 'must have'. Government policy will encourage it, the regulatory regime will expect it and coping with rising demand – especially without the huge increases in funding delivered since the 2002 – will demand it.

It is clear from the research carried out that voluntary sector's contribution in Redbridge is under-developed – and that there are significant barriers to increasing that contribution.

This is not unusual. The financial problems being experienced in Redbridge's mental health statutory services are not uncommon in parts of the NHS straining to meet demanding targets, while dealing with historical deficits. And despite government assurances, mental health still struggles for funding in the face of other higher profile priorities, such as the reductions of waiting lists for elective care.

Likewise, and partly as result of the above, even the big voluntary organisations sometimes struggle.

A recent survey of the Association of Chief Executives of Voluntary Organisations showed that 92 per cent had at least one contract lasting one year, while they believed three to five years was the minimum time needed to have an impact.

86 per cent said problems with the current funding arrangements were adversely affecting the service they offered, while 81 per cent said it hindered their organisation's ability to plan for the future.

Commenting on the report, head of policy at the National Council for Voluntary Organisations Anne Blackmore said: 'There is poor understanding in the statutory sector about overhead costs. The state sector says it won't pay for the training of staff, human resources or IT. They'll pay the salaries for three nurses, but then refuse to pay for their desks.'

But despite this difficult background there is reason to hope for a better things ahead and for Redbridge's voluntary sector to believe it should make a greater contribution.

Elsewhere in the country, there are numerous examples of best practice which offer valuable lessons for both state and voluntary sectors in Redbridge (see appendix one). Many are from locations with the sane kind of financial and logistical problems as Redbridge.

Many of the best practice examples are also in the mental health field – which has in fact led the way in involving the voluntary sector in service provision to the degree that it is often held up as an example of how the UK's health and social services must develop.

Within the last year, for example, three year contracts have become much more common and both Rethink and Turning Point have recently signed 10 year contracts with PCTs and local authorities for the provision of long term care. One of the specific benefits of this being that it allows the organisations to secure a better deal on leasing property.

Recommendations

In Redbridge much of the voluntary sector believes it is not taken seriously enough by the statutory services. The statutory sector in turn questions the ability of existing voluntary sector (outside a limited number of existing suppliers) to perform – and even then wonders how those established providers might cope with a bigger role. Yet all agree that the voluntary sector should and can do more. I believe that the most fruitful solutions to resolving this dilemma lie in three areas: priorities, funding and expertise.

My main recommendations are:

- **The chair of the LIT should come from outside the statutory sector.**

- **The LIT should agree a detailed document setting out how voluntary service provision will be increased.**

- **Redbridge PCT (and LBR if appropriate) should seek to move all of its funding of voluntary mental health services onto three year rolling contracts within three years.**

- **Redesign should result in the provision of one service moving to the voluntary sector (perhaps on a partnership basis) every six months.**

- **The LIT should fund the training of a small number of fund raisers (two or three) who would work across all voluntary groups as directed by the LIT.**

- **The LIT should appoint a 'liaison' officer to work between the voluntary agencies and the statutory sector.**

- **The LIT should undertake a project to identify which of the larger mental health (and related) organisations not working in the area would benefit Redbridge services. It should then discuss with these organisations how they might become involved.**

- **The PCT should start *now* to develop commissioning arrangements for the next financial year which do not place an unreasonable burden on voluntary sector providers (for example, in terms of performance feedback) and are easy to understand and to respond to.**

- **The LIT should commit to identifying best practice in all of the areas included in the Redbridge Mental Health Voluntary Services agreement.**

Priorities

It is clear that despite the desirability of increasing the voluntary sector's contribution it is proving hard to make this a priority in Redbridge.

Specifically, national priorities create a gulf of misunderstanding between the two sectors in which only those voluntary sector organisations closest to the delivery of those goals feel valued and involved. They, understandably, do not wish to rock the boat, which means the status quo prevails.

I believe the following may help to create a more sustainable way forward.

- **Chairing the LIT.** The LIT must become more of a partnership between the statutory and voluntary sectors. It must become a better forum for information sharing and improving communication. This would be easier to achieve if the chair of the LIT came from outside the statutory sector. This would be both a powerful signal of the LIT's intentions and a way of ensuring that the voluntary sector's contribution was placed on an equal footing with that of the statutory sector. It would also be a useful way to police the use of jargon in meetings and papers [the chair having the authority to order changes in papers which were not adequately clear].

The chair could come from one of the voluntary groups sitting on the LIT. The appointment should be organised by Redbridge Concern – and then endorsed by the LIT.

A vice chair from the statutory sector would work with the chair to ensure all necessary work was covered in each meeting. Appropriate expenses should be paid to the chair.

- **A Redbridge Mental Health Voluntary Services agreement.** The LIT should agree a detailed document setting out how voluntary service provision will be increased – including relevant targets and milestones. This should then be presented to the boards of the PCT and Mental Health trust and the relevant LBR committee for endorsement. The PCT and Mental Health trust chief executives and the most relevant senior councillor from LBR should then be asked to sign the document, committing their organisations to its implementation.

Funding

Much as both the statutory and voluntary sectors would like it to be otherwise, the total sum for expenditure on mental health services in Redbridge is unlikely to rise significantly in real terms. However, this is not an excuse to do nothing – if only because there is widespread agreement that voluntary services offer greater value for money.

There are two fruitful avenues to explore: changing the nature and the balance of funding.

- **The nature of funding.** Redbridge PCT (and LBR if appropriate) should seek to move all of its funding of voluntary mental health services onto three year rolling contracts within three years (see South Derbyshire PCTs example below). Clear milestones should be set: for example. 20% of contracts by April 2006, 50% by April 2007 etc.

- **The balance of funding.** Spending more with the voluntary sector can only be achieved by service redesign. Just as the NHS is attempting to shift care from secondary to primary care settings, so increased levels of care should be provided by the voluntary sector.

  There are a number of possible approaches to this. One is identifying a proportion of the mental health budget and setting a target to transfer it to the voluntary sector. However, a more legitimate approach would be to identify a service which the LIT believes would be better provided either entirely by the voluntary sector or in partnership – and to set a target for developing this. There are plenty of examples from both the survey and the projects listed below.

  I would recommend that one service should be identified in this way every six months to provide a balance between the time needed to

undertake the work and the momentum required to demonstrate commitment.

Expertise

It is clear that there are question marks over the expertise of both the statutory and voluntary mental health services in Redbridge when it comes to increasing the contribution of the latter.

Specifically, one of the most significant barriers to increasing the contribution of the voluntary sector in Redbridge is lack of capacity. There are two ways to solve this: a) increasing the capacity of existing providers and; b) attracting new providers.

- **Increasing the size of the voluntary sector in Redbridge – existing providers:** The voluntary service providers in Redbridge must acknowledge the need to improve the robustness of their organisations in areas ranging from fund raising to sustaining the quality of service delivery that justifies public funding. The statutory sector must acknowledge that this is *their* problem too and that a failure to develop a more vibrant voluntary sector is no longer an acceptable option.

i) **Fund raising.** It is fact that most people get involved in the voluntary organisations because they want to provide services rather than raise funds. Clearly, the statutory sector cannot fund raise for voluntary organisations, but that does not mean it can stand back from the problem. There needs to be a pooling of expertise in this area. It may be, for example, that one organisation has a successful fund raiser who could fulfil a similar function for another organisation. Alternatively, funds for larger grants (National Lottery etc) may be more easily secured if joint bids are submitted. The LIT should fund the training of a small number of fund raisers (two or three) who would work across all voluntary groups as directed by the LIT. The LIT should also aim to provide the fund raisers with any appropriate assistance (access to computers and relevant statutory sector expertise etc).

ii) **Sustainability:** Many of Redbridge's voluntary groups find too much of their time is taken up securing and holding on to suitable accommodation or dealing with day to day paperwork (HR, legal etc). The LIT can perform a useful function by identifying capacity within the statutory sector that may help. This could include unoccupied buildings or a couple of hours office work to undertake a mail out of client literature. At present this work is undertaken on an ad hoc basis by relevant LIT members from the statutory services. While this approach will always be necessary to a degree, things would move much faster if the LIT appointed a 'liaison' officer to work between the voluntary agencies and the statutory sector. This would be an unpaid post (apart from relevant expenses), appointed by Redbridge Concern and endorsed and given the

relevant authority by the LIT. The Liaison officer would also improve communication between voluntary groups, helping them share expertise, capacity and facilitating joint working. It may be appropriate that the liaison officer's role could be combined with that of one of the joint fund raisers. This would then help groups to best identify opportunities for match funding etc.

- **Increasing the size of the voluntary sector in Redbridge – new providers:** The LIT should undertake a project to identify which of the larger mental health (and related) organisations not working in the area would benefit Redbridge services. It should then discuss with these organisations how they might become involved. This 'exploration' work should be done by both statutory and voluntary bodies in partnership.

Other steps to improve expertise include:

- **Commissioning:** Commissioning is not undertaken with the voluntary sector in mind. This needs to change. The new National Strategic Partnership Forum is undertaking work at a national level to standardise contracts, but Redbridge need not wait for that to be completed. A piece of work should start *now* to develop commissioning arrangements for the next financial year which do not place an unreasonable burden on voluntary sector providers (for example, in terms of performance feedback) and are easy to understand and to respond to. Representative and relevant members of the voluntary sector should be included in this work.

  [Note: Although it exists outside the remit of this report, it is reasonable to assume that a wide range voluntary sector providers working with Redbridge statutory services might also benefit and, therefore, it might be sensible to undertake this work on a broader front].

- **A commitment to best practice:** Knowing how well you are performing is difficult if you do not benchmark yourself against similar organisations. The LIT should commit to identifying best practice in all of the areas included in the Redbridge Mental Health Voluntary Services agreement and then attempting to match it. Medium to long term goals should include aiming to be included among the best practice examples prepared by bodies such as the National Institute for Mental Health in England and the Sainsbury Centre for Mental Health, being published in the relevant journals and winning some awards.

The above ideas are those I think would be most useful and have the greatest long term impact. However, other ideas worth considering as part of the approach set out above include:

- Away days to develop ideas quickly.
- A commitment to the early involvement of the voluntary sector (monitored by the LIT chair).
- Training courses offered to statutory services to be made available to the voluntary sector.

Appendix One: Best practice examples of voluntary sector organisations contributing to mental health services

These examples have been selected to show the range of best practice which exists in the contribution of the voluntary sector to mental health services. Some have direct relevance to Redbridge, I hope that all will provide some kind of inspiration.

Where possible I have tried to select projects which have run for a number of years, as I believe that sustainability is one of the biggest issues facing the voluntary sector in Redbridge.

Involving the voluntary sector in planning and delivery of services - South Derbyshire PCTs

This group of PCTs has three year rolling contracts with all its voluntary sector providers in mental health. The contracts have a yearly review and cover full costs. However, the PCT also encourages the voluntary sector providers to get extra funding from other sources if they can.

The PCTs have set up a forum for the voluntary sector to liaise fully with the PCT commissioners at every level. As well as helping the providers, this gives the PCTs a view of which charities are getting short term funding from elsewhere and how service provision might look three years down the line.

South Derbyshire PCTs head of mental health commissioning Ruth Sergeant
Telephone: (01283) 731300

Involving the voluntary sector in planning and delivery of services - South West Yorkshire Mental Health Trust

South West Yorkshire Mental Health Trust was praised by the Healthcare Commission for involving voluntary sector partners in strategy planning.

Under the heading, ‘what did we find that was impressive’, the clinical governance report said: ‘The trust involved service users, carers and partners from the statutory and voluntary sector in listening events to find out their views of the trust. This included setting the trust’s direction through the development of its strategy document, Vision, values and goals.’

It added: ‘The trust has [also] consulted with service users, carers and voluntary organisations on the next phase of development. The trust works in partnership with many organisations and is committed to the concept of joint working. The trust is viewed positively by partners and joint working appears to be one of the key strengths of the organisation.’

The report continues: ‘The trust has an organisation wide network group to share good practice. The group’s role and membership is currently being reviewed to increase representation of user and carer groups and voluntary organisations.’

The report can be accessed at:
www.healthcarecommission.org.uk/assetRoot/04/01/34/42/04013442.pdf

Support for ethnic communities – Awaaz

There had been a very low take up of psychiatric services by Asian people living in North Manchester despite the sizeable Asian population.

Awaaz started as a users' group in the Cheetham Hill district of North Manchester in 1994.

The original intention to provide support for those with mental health problems was adapted when it became clear there was significant stigma associated with mental illness in the local community. The group looked for a Asian users model around the UK, but could not find one so devised its own.

A range of services - including advice and support on health care, education, training and employment - is provided to those with mental illness living in the community, but contact is also established or maintained with people whose condition requires them to hospitalised.

The centre works closely with local colleges and education authorities to provide over 400 courses tailored to the specific needs of the Asian community. Workers can communicate with clients in a variety of Asian languages.

Finally the group works with family and friends to address and reduce the stigma associated with mental illness.

Telephone: 0161 721 4441
www.awaaz.co.uk

Support for ethnic communities – Black Orchid

Black Orchid was set up in light of the over-representation of black and minority ethnic people receiving mental health care in the area. It aims to provide culturally sensitive and appropriate mental health advocacy for people of African/Caribbean and Asian descent and other minority ethnic groups.

Based in Bristol it advocates for clients in their dealings not only with mental health services, but also agencies such as housing and utility companies. People can self refer or be referred by family or friends, voluntary and

community groups, housing agencies, health service or the police, probation and prison service.

Particular attention is paid to the physical environment of the project so people feel cared for in a well looked after setting. A recent project, Soul Creation, encourages project users to become involved in art and music therapy. Local people who want to work on the projects have been invited to become involved.

Telephone: 0117 907 9982
Email: black@orchid189c.fsnet.co.uk

Rehabilitation – Midpoint service

The Stevenage based Midpoint service run by Turning Point provides intensive residential rehabilitation for up to 12 clients with serious mental health problems.

The service is intended for individuals aged 18 - 65 who have a mental health diagnosis and are on enhanced CPA. Intended as a short stay service, care is commissioned for a maximum eighteen month period.

Clients with dual diagnosis or complex needs will be considered, providing that their mental health diagnosis is the primary concern.

Telephone: 01438 367 545
Fax: 01438 367 579
Email: midpoint@turning-point.co.uk

Helplines – Kent Mental Health Helpline

The Rethink run Kent Mental Health Helpline is open between 6pm until 11pm every day. It is staffed by 40 volunteers who take over 100 calls a week. Many callers receive the support they need simply by having someone to talk to when they are in difficulty. This can avert a crisis before it happens, although some callers do ring once they are in crisis, for example having taken an overdose. When possible helpline staff enable people to access further support.

The helpline has a dual helpline for Asian users, with Punjabi, Urdu, Hindi and Gujarati speakers available.

Telephone: 0808 808 3333
Asian line: 0808 800 2073
Fax: 01622 683278
Email: kenthelpline@rethink.org.uk

Crisis services –Harrow Assessment Team

The Harrow Assessment Unit provides two crisis beds for clients referred by the local mental health team, who can access the service 24 hours a day. Clients may stay up to four weeks while staff work with them to assess and seek resolutions to their difficulties. The service is run by Rethink.

Telephone: 020 8861 3717
Fax: 020 8861 1939
E-mail: info@harrowassessment.demon.co.uk

Crisis services –Hastings Sanctuary Service

The Hastings Sanctuary Service is a community based mental health crisis unit for people aged 18-65 living in the Hastings, St Leonards, Bexhill or Rother areas. Referrals are usually taken from mental health professionals although some service users do self refer. Clients stay for a maximum of two weeks. The aim of the service is to provide a non-medical alternative to acute hospital admission for people experiencing a mental health crisis. It avoids using diagnoses or medical terminology to describe peoples' lives, as the organisers believe that everyone can experience mental health problems. Instead the Sanctuary team looks at the crisis that the person is in and judges the risks involved. There is also an out of hours telephone helpline based at The Sanctuary which gives advice on how to access mental health services. The service is run by Rethink.

Telephone: 01424 200 353 / 01424 204 050
Fax: 01424 200 352
Email: sanctuary@leglington.fsnet.co.uk

Assertive outreach - Gwydir and Huntingdon project

Based on an assertive outreach model, the Gwydir and Huntingdon project provides a community outreach service across South and West Cambridgeshire. Primarily a primary care service, users have a number of needs including eating disorders, drug and alcohol use, self harm and potential harm to self and others, as well as a forensic history. Many are ambivalent about services that have been offered in the past. By offering one to one practical, social and recreational support the project aims to improve quality of life for its clients, and increase their independence. Clients are helped to interact with community services to improve the cohesion of support for users. The project works with up to 60 clients at a time. Only professional referrals are accepted. Based in Cambridge, it is run by Turning Point.

Telephone: 01223 516 511/512
Fax: 01223 516 513
Email: cambs.admin@turning-point.co.uk

Respite care – Forresters

Situated on the edge of the New Forest in Hythe, Hampshire, Forresters aims to provide a unique response to the need for respite care for people with severe mental health problems and their carers. The Rethink run service offers respite stay and organised therapeutic activities. The service is open to people living on their own who want a break from routine or to groups of clients and carers who might want to take their respite care together. Families can also choose to stay at Forresters.

Telephone: 023 8084 3042
Email: forresters@rethink.org

Befriending services - Birmingham Befriending Service

Befriending involves forming a one to one long-term relationship where the two individuals meet around once a week or fortnight. It can play an important part in the provision of a wide range of community care services for those with mental health problems, many of whom are isolated while experiencing severe and enduring mental illness. It is a non-professional friendship. Outings are whatever the befriendee and volunteer decide to do and can include going to the park, shops or cinema, or for a meal. The aim of the service is to encourage the building of confidence and self esteem of the service user and to help them develop independence and feel empowered.

Referrals to the Birmingham Befriending Service are mainly received from community mental health teams, housing associations and carers, though users can self-refer. The referral process can be used flexibly if members of certain groups are underrepresented as befriendees on the service and places are held open specifically for those from these groups.

Telephone: 0121 685 8877
Fax: 0121 685 8822
Email: colin.hill@rethink.org

Befriending services - South Essex Good Companions

South Essex Good Companions is one of the largest befriending services in the country. It serves a mixed urban and rural population of over half a million. Based in Southend it has set up around 200 befriending partnerships for people in the area, of which about 100 are currently being supported. A wide range of training and social opportunities are also available to those who volunteer for or use its service. It is run by Rethink.

www.goodcompanions.org.uk
Telephone: 01702 343 222
Email: goodcompanions1@rethink.org

Young person mental health – Changes YP

Based on a ten year old programme of 12 steps to mental health, Changes YP is a community based service for people aged 16-25 (although the age range is not rigid) who are experiencing mental distress. The recovery-based model is user led through help meetings and aims to be immediately available in a crisis. A branch of local charity Changes, it is based in North Staffordshire and intends to expand throughout the area. A music studio, games room and café were added to the charity's facilities to make them more attractive to young people.

Telephone: 01782 206422
Fax: 01782 206422
Email: changes@hanley25.freeserve.co.uk

Caring for older people with mental illness - Age Concern Oxfordshire

The Age Concern Oxfordshire flexible carers service aims to bridge the gap between the help offered by statutory and voluntary agencies. It improves the quality of life of older people with mental health needs by offering home-based active support in direct response to the individual's needs and wishes.

Trained care staff provide individual support to older people with significant mental health needs who are reluctant to accept help.

They also assist in rehabilitation, improve levels of functioning and prevent further deterioration, enhancing quality of life and enabling the individual to remain in their own home.

Over 90 per cent of referrals come from mental health teams and the service works very closely with the statutory sector.

While mental health services only make a small number of visits a week and cannot provide long-term home care, the flexible working scheme ensures the gains they make with patients do not come undone.

Steve Corea, head of mental health
Telephone: 01235 849400
Email: servicestevecorea@ageconcernoxon.com

The national picture

The National Institute for Mental Health in England is just starting on the development of a strategy for better integrated working with voluntary sector providers. For further information about the this work, contact Carolyn Steele carolyn.steele@doh.gsi.gov.uk

Alastair McLellan: biographical information: I am currently the editor of the Health Service Journal, the only weekly magazine dedicated to the management and policy development of the UK's health services and, particularly, the NHS. During my time on HSJ I have chaired and spoken at dozens of health services events, including – for example – the Sainsbury Centre for Mental Health's annual conference. I have also served or contributed to a number of national working groups, for example, working alongside NHS chief executive Sir Nigel Crisp and British Medical Association chair James Johnson on a project to improve the relationship between managers and medics.

I became involved with Redbridge PCT through my work as a trustee of Anxiety Care. As well as attending LIT meetings during 2003/04, I was asked to serve on the working group charged with dealing with the PCT's financial deficit on mental health services.