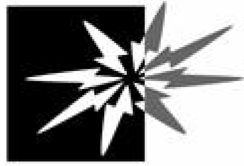

Adults and Health Scrutiny Panel – MENTAL HEALTH AND ACCOMMODATION EVIDENCE SESSION

FRIDAY, 15TH NOVEMBER, 2013 at 10:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Adamou (Chair), Bull, Erskine, Stennett and Winskill

COOPTEES: Pam Moffat (HFOP)

AGENDA

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. URGENT ITEMS

The Chair will consider the admission of any late items of urgent business. Late items will be dealt with under the agenda item where they appear. New items will be dealt with at the end of the agenda.

3. DEPUTATIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's Constitution.

4. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) Must disclose the interest at the start of the meeting or when the interest becomes apparent, and
(ii) May not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Members' Register of Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

5. ACCOMMODATION PATHWAYS (PAGES 1 - 12)

An exercise to work through some scenarios in order to:

- Gain an understanding of the accommodation pathway.
- Gain an understanding of the role of different agencies along the pathway.
- Gain an understanding of the communication between agencies.
- Identify blockages.
- Identify solutions.

6. FUNDING ARRANGEMENTS (PAGES 13 - 20)

To consider the funding arrangements for accommodation for those with mental health needs.

- Barnet, Enfield & Haringey Mental Health Trust
- Haringey Clinical Commissioning Group
- Housing Related Support
- Adults Services

7. MINUTES (PAGES 21 - 56)

To note the minutes of the last evidence session and receive responses to actions.

8. NEW ITEMS OF URGENT BUSINESS

David McNulty
Head of Local Democracy
and Member Services
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Monday, 11 November 2013

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FACT SHEET 5

DEVELOPING ACCOMMODATION PATHWAYS FOR MENTAL HEALTH IN-PATIENTS WHO ARE HOMELESS

.

This Fact Sheet is number 5 of 6, all of which link to and provide background information for the guidance on producing a protocol for the Admission and Discharge of People from Hospital.[1] The other Fact Sheets in the series are:

- Fact Sheet 1 Web based resources on homeless services or developing a hospital intranet
- Fact Sheet 2 The Housing Act and examples of letters to local authorities for medically vulnerable patients
- Fact Sheet 3 Housing Status
- Fact Sheet 4 Developing integrated care pathways for homeless people
- Fact Sheet 6 Patients with no recourse to public funds

TARGET AUDIENCE

This factsheet is intended to support professionals who work with inpatients on psychiatric wards who are at risk of homelessness

STRATEGIC CONTEXT

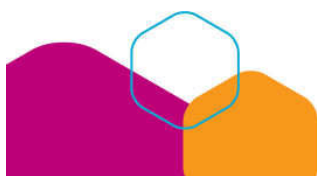
The previous Government and the London Mayor of London committed to ending rough sleeping by 2012 and much progress has been made. Effective hospital discharge pathways are an essential element to achieving this aim.

PREVENTING ROUGH SLEEPING OR OTHER HARM

Ward staff should be aware of homeless service users being perceived as ‘difficult to engage’ by services or non-concordant with treatment. They may need to remain in hospital longer than average due to a multiplicity of needs. Discharge must be ‘safe and timely’ and to appropriate accommodation. Discharges from hospital to the streets or to no fixed abode should be considered a Serious Untoward Incident (SUI).[2]

[1] http://www.communities.gov.uk/publications/housing/hospitaladmission

[2] Incident reporting in the NHS focuses on any occurrence which has the potential to cause serious harm, where there has been a service failure, and where the likelihood exists that public or media interest will result in damage to the NHS.



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PARTNERSHIP AND PROTOCOLS

Protocols and staff roles will need to have been agreed at a local level to enable ward staff to act appropriately and consistently. These should include:

- A health and housing services discharge protocol with agreement regarding information exchange, and joint working. Two examples are the Newcastle and Bristol Hospital discharge and homeless prevention protocols[3]

- Access to the internet to use Homeless UK or local directory of housing schemes and services (see Fact Sheet 1)

- A local supported housing referral pathway, and eligibility and referral procedures (including review and appeal systems) agreed locally between health services, the local authority and housing providers

- Supported housing procedures which are clear, consistent and accessible (including standard forms, policies regarding timescales for supported housing referrals, and clear roles of accountability e.g. Camden housing provider resources[4]

- A Delayed Transfer of Care Protocol ('delayed' service users entered on a 'register' and protocol outlines key processes and responsibilities)

- Specialist Roles: Delayed Transfer of Care Coordinator role (to lead on specific aspects and improve practice). Housing Liaison/link Worker (to work between housing and health services)

- A Safeguarding Adults policy (focus on service user vulnerability at home, potential abuse and exploitation). e.g. development of a police liaison policy [5]

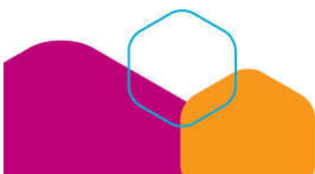
GOOD PRACTICE CHECKLIST

a) Admission

- Ensure Home Treatment Teams have undertaken the initial assessment and care plan as per their responsibilities (which will include housing status, purpose of admission, blockages to discharge, and any potential to become 'delayed' on the ward)

- Record housing status (tenure) on admission i.e. 'street homeless' or threatened with homelessness, or in temporary or unsettled accommodation (Factsheet 3 provides more information about recording housing status).

[3] www.newcastle.gov.uk/wwwfileroot/nhf/HospitalDischargeProtocolfinalHousingResourcePackupdatedFeb09.pdf www.homelessdirect.org.uk/policyandinfo/issues/rsportal/bristolhospital
[4] - www.camden.gov.uk/ccm/content/housing/general-housing-information/supporting-people/hostels-pathway---provider-resources.en
[5] http://www.rdash.nhs.uk/wp-content/uploads/2009/11/9.-Police-Liaison-Policy.pdf



NHS

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- If street homeless or at risk of homelessness on discharge, contact the relevant local authority's Housing Options team to alert them to the situation. This provides the time and opportunity for them to assist and prevent homelessness prior to discharge. Press for statutory assessment under the homelessness legislation (Part 7 of the Housing Act 1996). See Fact Sheet 2 for details of local authority duty to house homeless people.

- Make contact with housing support workers, either in temporary accommodation (such as in a hostel), floating support. If the individual has been sleeping rough, check if they are known to local street outreach team.[6]

- Ensure arrangements for sharing information with housing support workers are in place, including inviting them to care planning meetings.

- Complete basic housing assessment on the ward, either by housing options or by ward staff.

- Ensure eviction prevention work commences if appropriate (risks to tenancy) by care coordinator, named nurse or housing link worker (if in place).

- Housing Benefits (Benefits Agency) informed of admission and discharge, and effect of hospital admission on welfare benefits clarified to service user.[7]

- If service user has been evicted, check if there has been an 'end of tenancy' report from previous (supported) housing provider i.e. reasons for eviction.

- Ensure service user is allocated a care coordinator within 7 days of admission, and a Named Nurse (and Associate Nurse) on day of admission.[8]

- Ward Information on housing options, support and advice available and accessible to service users: Homeless UK and Homeless London [9] (See Factsheet 1 for further web based resources).

(b) Inpatient care

- Social Needs checklist completed (including basic welfare rights check). Ensure access to specialist welfare rights advice and assessment, including debt advice (e.g. The Mortgage Rescue Scheme and Homeowner Mortgage Support)

- Report disrepair and environmental health issues at home to landlord and/or environmental health. Offer advice about disrepair and other issues[10]

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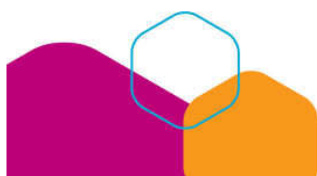
[6] Through CHAIN if London based - Combined Homeless and Information Network 0207 710 0562 www.broadwaylondon.org/CHAIN/AccesstoCHAIN or London Street Rescue www.thamesreach.org.uk.
[7] www.direct.gov.uk/en/DisabledPeople/HealthAndSupport/Hospitals/DG_4000474
[8] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083647
[9] http://www.homelessuk.org and www.homelesslondon.org.
[10] www.adviceguide.org.uk http://england.shelter.org.uk

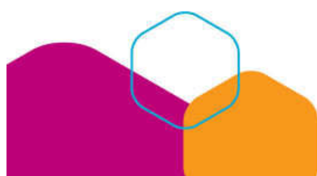


- Consider home assessment visit to verify condition of property
- Key ward meetings: formulation of multi-disciplinary team meeting after 72 hours (includes summary of housing situation)
- Ward reviews and professional meetings (ensure housing and housing support professionals invited)
- Delayed Transfer of Care/Bed Management Meeting held (main focus is on list of homeless, unsettled accommodation clients)
- Care Plan and statement of need – includes housing issues, and risk of homelessness (consider if Section 117 of Mental Health Act 2007 applies)
- Assessments: community care assessment under NHS and Community Care Act 1990) and risk assessment (incorporates housing aspects and how risk impacts on housing) completed (ensure tri-morbidity assessed, as mental and physical health problems co-exist with substance mis-use)
- Occupational Therapy Activity Daily Living Assessment (ADL) completed if appropriate. Check if there is there ongoing therapeutic inpatient work on core skills preparing for discharge.
- Mental Capacity assessment completed if appropriate
- Consider Carer's Assessment/family involvement (share information and include carer in planning meetings)

(c) Housing related referrals

- Floating support and practical support referrals completed (if needed) for specialist housing related support e.g. 'Grime Squad', de-clutter of home, escorting to appointments, etc
- Information Sharing Protocol[11] or agreement between the Mental Health Trust, the Housing Department and housing support organisations in place
- Ensure that clients consent (to additional information being passed over to housing services) is in writing
- Ensure all housing communications recorded in progress notes clearly

[11] www.housingcorp.gov.uk/server/show/ConWebDoc.12842

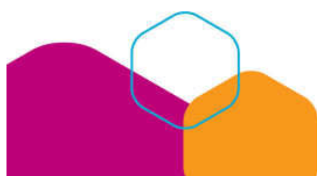


- Provide key documents for housing services, proof of identity, income, benefits, plus clinical documentation, risk assessment, ADL, core assessment
- Clinical reports to clarify that client is 'fit for discharge' and, where statutory homelessness assessment is being made, provide information about the service user's mental health that may have a bearing on whether they are 'vulnerable' for the purposes of the homelessness legislation. (see Fact Sheet 2 for examples of letters)
- Consider 'Choice Based Lettings' allocation process (and assistance with online application process)
- Supported Housing referrals and assessments in place including service user preparation, escorting to appointments, and use of the appeals process
- Referrals to specialist services: Dual Diagnosis, Employment and Training, counselling services (see new guidance[12] from NMHDU on homeless clients and likelihood of deprivation and trauma in their early life)
- Presentation to Mental Health Funding Panel if service user requires residential care or a bespoke package of care. Panel checklist in place listing essential key clinical documentation required (core/risk assessment, care plan, statement of need, ADL,
- Forensic report, plus care plan from placement, statement of need and timescales for resettlement, move-on from placement)
- Continuing care assessment to ascertain if continued NHS healthcare and NHS-funded nursing care is required
- PALs is there to ensure that the NHS listens to patients and helps to resolve their concerns. They can offer advice and representation.[13] For legal advice or representation approach MIND's legal line.[14]
- For service users with no recourse to public funds, ensure direct liaison with local authority and access to specialist legal advice. (see Fact Sheet 6)

(d) Discharge process

- Discharge checklist in place (include checking if service user has access to a 'habitable' home, working utilities, travel arrangements, money, G.P registration)
- Medical discharge summary by ward doctor includes housing status on discharge
-

[12] http://www.nmhdu.org.uk/complextrauma
[13] Patient Advice and Liaison Services - www.pals.nhs.uk
[14] tel: 0845 225 9393 email: legal@mind.org.uk

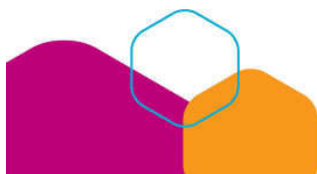


- If discharge is against medical advice (DAMA), record housing situation or temporary address
- Discharge CPA meeting, including discharge planning
- Discharge care plan and crisis contingency plan (housing and housing support), 7 day aftercare (face to face contact) and follow-up target (include focus on any ongoing housing issues). This is reinforced by the National Suicide Prevention Strategy for England (2002)
- Significantly housing and support services come within the Mental Health Act's Section 117. Local Section 117 procedures and guidance can ensure that housing provision is a key component of after-care provision

Section 117 Aftercare responsibilities
Section 117 (Mental Health Act 1983) places on Health Authorities (Primary Care Trust's) and social services authorities a statutory joint duty to work together to provide aftercare services (*these are free as there is no power to charge*) for all patients who have been detained in hospital under a treatment Section of the Mental Health Act (Section 3 – Admission for Treatment, Section 37 – Hospital Order with Home Office restrictions, and Section 47 and 48 – Transfer of prisoners, remand prisoners to Hospital). Local Authorities have a duty to provide whatever after-care services are assessed as necessary '*until such time as the Health Authority and the Local Authority are satisfied that the person concerned is no longer in need of such services'* (Mental Health Act 1983, Section 117/2)

- Community Treatment Orders allow doctors to place conditions on the treatment of detained patients who are discharged from hospital, and this can include specifying where a patient lives. No one on a Community Treatment Order (CTO) should be discharged from Section 117
- Support and encouragement with social inclusion and community participation

(e) Delayed Transfer of Care (DToC) clients
Service users who are 'medically fit for discharge' but who are delayed on the ward for social or accommodation purposes are classified as Delayed Transfer of Care or Delayed Discharges. It is a Department of Health requirement that all DToC's are prioritised and reported to the Strategic Health Authority.



Commissioning Support for London

This fact sheet has been written by Michael Corbluth, Project Officer: Mental Health and Housing, Commissioning Support for London michael.corbluth@csl.nhs.uk September 2010

The five other related fact sheets can be found on the Homeless Link website: http://www.homeless.org.uk/hospitals

Homeless Link, Gateway House, Milverton Street, London SE11 4AP
+44 (0) 20 7840 4430 | info@homelesslink.org.uk | www.homeless.org.uk

Chief Executive: Jenny Edwards | Chair: Ann Skinner | Charity Registration No. 1089173 Company Registration No. 4313826

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A Pathway of Haringey's Housing Related Support,

Short term supported accommodation

What is Housing Related Support (HRS)?

Housing related support is support that helps vulnerable people improve their quality of life and wellbeing by enabling them to live as independently as possible in their community. Housing related support is provided to prevent people from requiring a more intensive or institutional form of care or support. It is also provided as a means of addressing an emergency situation (e.g. domestic violence refuge and homeless hostel). This support can be provided in fixed locations (accommodation based such as hostels) or wherever the service user may live in the borough, regardless of tenure (floating support). Support can be short or longer term depending on need and what type of accommodation people live in. For example, older people's sheltered housing is long term.

Current Provision

Haringey Council's Housing Related Support Service currently funds 430 units of supported accommodation across the mental health, substance misuse and offender, young people and single homeless sectors. These are currently delivered by 17 contracts (by 13 service providers).

Ongoing monitoring and reviews of these services along with stakeholder feedback shows that:-

- There is high demand for the higher support specialist services.
- It is sometimes difficult to fill voids in the lower support provision for young people and the single homeless sectors.
- People who are ready to move to independent accommodation take a considerable time to move out.

The Pathway

A Pathway approach is an established model of providing accommodation based housing related support services. The model provides more flexibility to service provision, freeing up the higher levels of support for those that need it and can reduce the use of temporary accommodation and provide more opportunities to reduce the need for more intensive forms of institutional care or support.

Haringey's HRS Pathway will be made up of 4 levels of short term supported housing.

Level	Description	Access timeframe	Length of stay	Proportion of total provision (rounded)
Assessment	Provides short term intensive support to identify the service users' needs so that an appropriate placement can be made.	same day if referral received before 4pm	up to 12 weeks	25 beds (6%)
Specialist	For those with higher levels of need with a sector focused response for mental health, substance misuse and ex-offender, young people and complex needs (such as rough sleepers).	within 3-4 weeks – this may change following service user consultation feedback	12-18 months	243 (56%)

Engaged and Planning	For those who have engaged with the Specialist or Assessment provision and are ready to work on their long term plans for independence.	within 5 days	Up to 12 months	75 (20%)
Move through	Will focus on securing a move out of the pathway and the independent living skills required to live in the community	within 5 days	up to 12 months – this may change following service user consultation feedback	79 (18%)

The Pathway is designed so that service users can move up and down through the levels as required. Service users may not need to move through every stage and not all service users will require an assessment place to start their journey through the Pathway. All moves into and within the Pathway will be approved by the Pathway Manager.

A Pathway Manager is an essential component to the success of the pathway. Service providers will be required to engage with the Pathway Manager who will:-

- Meet with service providers regularly to plan moves into, through and out of the pathway
- Manage and monitor all moves
- Provide advice to the funding panel on suitability of referrals into the Pathway.

Referrals to the Pathway will be via the Council's Vulnerable Adults Team (VAT), VAT officers will undertake an initial assessment, liaising with health and care professionals. The Pathway Manager will then make a decision on which level is most suitable based on the information available.

Pathway service providers' service specifications will be outcomes focused and include:-

- Stage milestones that will identify progress and when a service user is ready to move on.
- A requirement to develop move on plans
- A condition that all moves must be referred to and agreed by the Pathway Manager

Procurement of the new Pathway

The reconfigured services will provide an increase in provision in the higher support specialist services.

Specialist Provision	Current model	New model
Complex needs	0	35
Mental Health	109	120
Mental Health(floating support)	86	97
Young People	16	30
YP LGBT	6	6
SMO	52	52
Totals	269	340

Procurement of the new Pathway will be completed in three stages

Stage One services will be in place by January 2015 and will include the Assessment, Engaged and Planning, Move through and Specialist - young people provision.

Stage Two services will be in place by April 2015 and will include the Specialist - substance misuse and offender and complex needs provision.

Stage Three will be in place by April 2016 and will include the Specialist- Mental Health accommodation and floating support provision.

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Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

Mental health and accommodation meeting - 15th November 2013

Melanie

In advance of Friday's next meeting, we have some further information for you, which we can amplify on Friday.

- In terms of accommodation that we commission, we estimate we will spend around £170,000 this year on hostel / B & B type accommodation for patients clinically able to be discharged from our wards but where the patient does not have access to accommodation. This figure is for all three boroughs, we do not have a figure for Haringey easily available. Although this figure is relatively small, as discussed at the first meeting, in addition, we are currently incurring costs of patients in both our Recovery Houses and the wards who are staying longer than is clinically necessary.

- Recovery Houses are £115 per night.

- We discussed the idea raised by the Panel of the Trust paying the rent of patients on one of our wards who cannot be discharged home and who, for whatever reason, have rent arrears etc. The Trust is not able to fund this directly and we do not believe that any NHS Trusts are able to do this. However, in reality we are helping such patients already, through the provision of B & B type accommodation, if appropriate and necessary.

I hope this is helpful in advance of Friday's meeting. We look forward to continuing the discussions, which have been helpful.

With best wishes

Andrew

Andrew Wright
Director of Strategic Development
Barnet, Enfield and Haringey Mental Health NHS Trust

11 November 2013

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Evidence Session 2 Housing Related Support Briefing

DOCUMENT INDEX **Page**

Three Key Actions 1

Glossary Definitions 2

HRS Mental Health Commissioned Services 3

1. THREE KEY ACTIONS

In response to the Overview and Scrutiny Chair's request for three key actions that would make a difference. The Housing Related Support (HRS) Programme would be able to deliver better mental health service provision through:

1.1 Greater impetus behind the current Move-On Project

HRS, the Vulnerable Adults Team, Adults and BEH MHT are currently assessing the service users for whom HRS service provision is no longer appropriate and not sufficient in a Move-On Project.

This requires that all parties co-operate in moving on service users; establishing referrals and transition arrangements to new care and support packages and accommodation as appropriate in many cases.

This will unblock the scheme provision enabling new placements of patients being discharged from hospital, and other referrals that require housing related support services.

1.2 Gap analysis

Gap analysis of unmet need arising from the Move-on Project can be used to identify the correct accommodation and packages of support and care provision including intermediate services.

Intermediate services may be designed on a similar model to sheltered services with specialist mental health provision; for service users whose needs go beyond the standard mental health provision in HRS services, requiring longer term support, but who are not suitable for residential care.

1.3 Future joint commissioning throughout the pathway

The process of the Move-on Project and Gap Analysis will form the basis of aligning commissioning and joint commissioning. Investment in preventative HRS services will result in savings to health and care budgets.

2. GLOSSARY DEFINITIONS

2.1 Housing Related Support / Housing Support

Housing related support is support that helps vulnerable people improve their quality of life and wellbeing by enabling them to live as independently as possible in their community. Support services help people to establish themselves in, or to stay in their own homes; and to access health, care, training, employment services.

2.2 Housing related support is provided to prevent people across a range of adults client groups from requiring a more intensive or institutional form of care or support. It is also provided as a means of addressing an emergency situation e.g. in domestic violence refuges and homeless hostels. Support can be provided in accommodation based services; or wherever the service user may live in the borough, in floating support services.

2.3 Short term services of between 6 months to two years are provided across housing related support client groups: young people, homelessness, substance mis-use, domestic violence, BME groups, mental health and offenders.

2.4 Longer term services, for example, older people's sheltered housing, and some physical disability, learning difficulty and mental health services, support independence; preventing and delaying the development of high end care needs.

2.5 Accommodation Based

Housing related support is delivered in scheme properties within a contract. These properties may include self contained accommodation, or shared accommodation. Services may be delivered by staff based in an office on site, or a visiting staff arrangement.

2.6 Floating Support

This kind of support is "attached" to the person, not the property and can follow a service user if they move to another address, regardless of tenure. It only lasts for as long as the client needs it, then "floats away". The client does not have to live at a certain address to receive the support.

2.7 Support Provider

The 'support provider' refers to the organisations that provide housing related support services, which include: Registered Social Landlords, voluntary sector organisations, local authorities, charities and the private sector.

3. HRS MENTAL HEALTH COMMISSIONED SERVICES 2013 / 14

The total cost of three contracts for HRS Mental Health provision are shown below.

Accommodation Services	Floating Services	HRS Cost £
109	**86**	**2,049,082**

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Briefing for:	Mental Health and Accommodation Evidence session 15th November 2013	Item Number:	

Title:	Adult Services – Funding arrangements for Mental health accommodation

Lead Officer:	Barbara Nicholls, Head of Adult & Voluntary Sector Commissioning

Introduction:

The table below gives current open services (i.e. services we are paying for currently). This is our projected expenditure for 2013/14 for open cases.

In addition to this, we have spent net £1.5million in 2013/14 on services that have been closed – i.e. the client stopped receiving them at some point during the financial year.

Funding arrangements:

Service name	Brief description of what it is	Who funds (e.g. if it's from a specific grant, jointly funded etc)	Cost of service
Supported housing	This is similar to HRS funded accommodation, although a higher level of support is offered. The resident has a tenancy agreement, and may be eligible for housing benefit to meet or contribute to the rental cost of the accommodation. The individual usually has their own flat, and it is expected that the support staff work with the resident to ensure that integral to the individual support plan, is daily living skills – such as cooking, cleaning etc. The resident is liable for a small service charge – usually in the region of £12-15 per week.	Adult commissioning budgets – revenue budgets (Note CCG also directly funds some of this provision)	£2,113,522

	The care and support costs, are then funded by Social Services and with CCG contribution where applicable.		
Extra care support charges	This offers 24 hour care and support on-site for people who require it. Placements into extracare schemes are more usually taken up by people over the age of 65. For people with mental health issues. The individuals have their own tenancy, and are offered a core service, with any additional care and support services People with Mental health issues can be appropriately placed into Extra care, are usually over 55 years of age, and are unlikely to ever rehabilitate back to independent living	Adult commissioning budgets – revenue budgets	£125,341
Residential and nursing care	This is CQC registered care provision, providing specialist care services to people who have mental health issues. A key feature is 24 hour care and supervision. Typically someone may move to residential care from a hospital setting when they have been inpatient for a long period, or are 'revolving door' – ie repeat admissions to hospital because of repeated breakdown in the community.	Adult commissioning budgets – revenue budgets (Note CCG also directly funds some of this provision)	£5,641,176
CCG funding into these care settings	This is the NHS contribution into services being currently commissioned, including registered nursing care contribution (RNCC) and joint funding of care packages and placements	RNCC is paid directly to the nursing care home. All other care placements where there is health funding, this is recharged by the local authority	£1,093,8212

MINUTES OF THE MENTAL HEALTH AND ACCOMMODATION EVIDENCE SESSION
17TH OCTOBER 2013

Councillors Adamou (Chair), Bull, Erskine, Stennett & Winskill

LC35. APOLOGIES FOR ABSENCE

Pam Moffatt, HFOP
Mabel Kong-Rawlinson, Healthwatch
Mike Wilson, Healthwatch
Sarah White, MHSA

LC36. DECLARATIONS OF INTEREST

None received.

LC37. URGENT ITEMS

None received.

LC38. MENTAL HEALTH AND ACCOMMODATION

The Panel heard from BEH MHT with the following points noted:

- The average length of stay on a mental health ward is 20 days.
- There are currently 158 acute beds across the Trust (49 in Haringey), 31 recovery house beds and 18 beds being used in bed and breakfast accommodation.
- Approximately 40% of the beds in recovery houses are 'blocked' – where they are being used by people who are well enough to leave the recovery house.
- There can be 7 or 8 people a day waiting for a bed to become available on a Ward.
- The day prior to the meeting there was:
    - 11 people waiting for a bed;
    - 16 patients ready to leave but with nowhere to go.
- There is a desire to look at a person's accommodation issues earlier in the process, whether this is day one of admission or when a person begins to break down.
- BEH MHT is a hospital service and people should not be on the Wards for longer than necessary and at a cost of £285 per day.

- There is a desire to work in a constructive way and raise the profile of the mental health client group.
- There is a proportion of people on the wards and in recovery houses every day who should not be there and it is not good for these people to be there when they do not need to be.
- BEH MHT is working with Re-Think to employ a dedicated Accommodation Case worker who will solely focus on people's accommodation needs for leaving the MHT.
- People with mental health needs can find it difficult to concentrate for long periods of time, manage their finances etc – all of which need to be considered when looking at a person's accommodation needs.
- Mental health pressures across the country have increased over the past 6 months, including in Haringey. This is believed to be due to the economic situation.
- The nearest bed available for a Haringey resident recently was in Pontefract. To avoid the person having to go to Pontefract they stayed in the S136 suite overnight until a bed became available.
- There is one Recovery House in Haringey, this is situated in Fortis Green and has only 7 beds. This is not enough for Haringey. Ideally there should be more Recovery House beds and they should be situated where the need is e.g. in St Ann's Ward.
- The issues around moving people on from Ward/Recovery Houses include a person not wanting to move on as they feel secure, are being fed and kept warm etc. It can also take 4-5 weeks for electricity to be re-connected to a property.

In response to questions from the Panel:

- Every person known to the MHT has a Care Coordinator assigned to them.
    - It was acknowledged that there may be issues around the work loads of Care Coordinators and that there is a need for an increased focus to get the service overall back on track.
- Approximately 95% of patients across the 3 borough have the right to abode in the UK.

- There is a need to be more creative about the use of pooled budgets.
- People attending mental health panels are not always as prepared as they should be.
- Sometimes a person does not have any accommodation to go to and sometimes there is accommodation but it is in a dreadful state.
- There are clearly issues about the process involved and time taken in ensuring someone has accommodation. The Re-Think enablement Officer should help a lot with these issues.
- There is a need to have more vigour in the process right from the start.
- There are approximately ten people today on mental health wards who could be deemed as homeless. The MHT questioned whether the Council would have places for these people should they be deemed as in priority need and was informed that the Council has a statutory duty to house these people and they would therefore find places.
- There is a 'Top Delays' meeting every Monday which is attended by the Vulnerable Adults Team. An issue which has been raised at these meetings is that there is a lack of places to discharge people to.
- Within the first 72 hours of a person's admission their housing need is identified.
- The Head of Housing Support and Options informed the Panel that they had previously offered a surgery at St Ann's Hospital to try and address some issues and it was noted that the proposed Reablement Officer may provide this link.
- Housing Support and Options need to be informed earlier than is currently happening so that they can address any problems with a person's accommodation for example, if a front door needs to be replaced or the accommodation needs a deep clean.
- There is a need to remember that not everyone wants to return to their previous accommodation and that there are a variety of reasons for this.
- There is a need to build a closer working relationship across the organisations earlier and as an ongoing part of the process in settling someone into accommodation.

- There are some people who will never be able to live alone, and whilst they may not need hospital care they may need some sort of supported or sheltered living arrangements.
- Approximately 50% of people of people lose their Housing Benefit whilst in hospital, this means that they therefore lose their tenancy.
- **It was agreed that BEH MHT would look at whether it would be cost effective for BEH MHT to pay a person's rent whilst they are in hospital, therefore avoiding a loss of tenancy and a person therefore being in hospital longer than necessary**.
- The cost of running a Ward over a year is approximately £1.5 million.
- Private sector beds cost £800 per night.
- BEH MHT is currently running at a 105% bed occupancy rate. The optimum bed occupancy rate is 85%.
- Due to the increased demand there is no flexibility in the system at present.
- Rod Wells noted that there are not enough beds at St Ann's Hospital at present and asked how another Ward could be included in the St Ann's redevelopment. BEH MHT responded by noting that the whole process needs to be strengthened in order to free up the beds where people do not need to be in hospital and therefore make room available for someone who does need to be in hospital. It was also noted that the BEH MHT is moving towards more community based services, however there had been plans to close a Ward approximately 12 months ago. Due to the increased demand over the last 6 months this had not been possible.
- The St Ann's redevelopment application will include space for extra beds, however the question is how many beds will the Commissioners commission and therefore fund?
- The Haringey Clinical Commissioning Group (CCG) welcomes the scrutiny focus on accommodation and is keen to move towards a recovery model. The CCG would also welcome focus on S117 cases (aftercare).
- BEH MHT are currently running three Wards which are not commissioned – these include a private Ward and Somerset Ward.
- BEH MHT cannot see demand getting better any time soon, however if the system can be unblocked this would help.

- Occupancy, funding and bed numbers have been benchmarked and BEH MHT do well against statistical neighbours. Haringey is below the London average on number of beds per population, length of stay and funding. **It was agreed that this information would be made available to the Panel**.
- There are only 7 recovery house beds in Haringey, rather than the 12 which BEH MHT had wanted.
- BEH MHT are funding ten places at the Pavillion on a trial basis – these places will be a structured place for people to go and there will opportunities for cooking, CVs etc.

The Panel then heard from Claire Drummond, Commissioning Manager, Housing Related Support.

- Housing Related Support offers accommodation based and floating support for a range of client groups, including mental health. Accommodation based schemes deliver services in properties with shared and self contained units. Floating support is delivered to users who have attained a level of independence in some move-on schemes, but more usually to service users living independently in general needs council or private sector accommodation.
- Services are designed to support service users to maintain independent living through tenancy sustainment and connections to health, care, training, employment.
- The service is in the process of commissioning a new pathway for substance mis-use, offenders and mental health which will extend the availability of accommodation by 36 units. Phases 1 & 2 of the pathway for substance mis-use and offenders will be new pathway, implemented in January and April 2015 and the mental health services in phase 3 in 2016. The Pathway Manager role is currently being recruited into, with interviews in November 2013.
- Some people come into the service at the higher need support end and move to lower support or come into the service at a lower support end; and needs can fluctuate

- There is an issue with move-on in a number of the units at present, where the benefits of housing related support have been exhausted, and often where the service user has care or health needs that exceed the service provision of housing related support. . This is being worked through with the Community Mental Health Team (CMHT).
- Long term housing related support units should be for 18 months to 2 years. However, approximately 50% of the units have people in them who have been there for over 2 years. The 50% are being looked at on a case by case basis with Adults Services and the Community Mental Health Rehabilitation Team in order to move them on. As part of this project a needs analysis will be undertaken and any gaps in provision found will form part of future commissioning plans.

In response to questions from the Panel:

- The support provider and the Vulnerable Adults team assess needs and identify the correct level of support and the options for move-on. This can include finding housing through mainstream routes e.g. private renting or thorough housing options.
- The Panel raised concerns about a person being placed in private accommodation with no support and noted that in these cases a person's mental health can deteriorate very quickly and was informed that floating support is still available at this stage.
- 24 hour supported living is commissioned by Adult Services.
- A supported living arrangement for 6 mental health service users at Truro Road is being developed and should be ready for March 2014. Following this there are plans for further developments.
- Some of the delays in move on are historic. A number of the cases where issues have been identified are due to the care element for example where the care coordinator does not believe a person is ready to be moved on.
- There are people in housing related support who have higher needs than can be delivered by the service.
- There is a need for joint commissioning for care and support.

- There is a need for stepping stones along the whole pathway as opposed to silos of working.
- Public Health raised a query as to how many of the 195 people in housing related support were from out of borough placements which then place a demand on services in Haringey and whether there is any data on this. **It was agreed that BEH MHT would have a look to provide this data to the Panel**.
- The Chair asked attendees to each highlight three issues/actions:
    - Process links need to be developed. This could include a short pact/protocol with accountability and which is signed up to by all parties.
    - Greater impetus behind move-on.
    - Future joint commissioning throughout the pathway.
    - More work on the preventative side e.g. housing benefit payments not stopping, more communication about where people are.
    - S117 unblocking.
- **It was agreed that further thoughts would be emailed to Melanie Ponomarenko.**
- **It was agreed that a glossary of terms would be compiled.**

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The Mind guide to
who's who in mental health

guide to

who's who in mental health

The Mind guide to who's who in mental health

This online booklet is for anyone who wants to find out more about the different people who work in mental health.

It lists the job titles and organisations you may come across, and explains what different people and organisations do.

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Advocate

A mental health advocate is someone who can listen to you and support you in times of need. Advocates should be independent from any person or organisation involved in delivering your care.

An advocate should support you to:

- express your views and concerns
- access information and services
- defend and promote your rights and responsibilities
- explore your choices and options.

There are many forms of advocacy in mental health – see the entries for different types of advocate below. (For more information about advocacy, see Mind's booklet *The Mind guide to advocacy*.)

Citizen advocate

A citizen advocate is a volunteer, who works as part of a citizen advocacy scheme. A citizen advocate would usually work with you on a long-term and one-to-one basis. Unlike a peer advocate, a citizen advocate does not have to have personal experience of a mental health problem. (See 'Peer advocate' on p.6.)

Independent mental capacity advocate (IMCA)

An independent mental capacity advocate (IMCA) can support and represent you if it has been decided that you lack capacity to make decisions under the Mental Capacity Act. An IMCA provides information to work out what is in your best interests and, if necessary, will challenge decisions that they do not believe are helpful for you. (See Mind's legal briefing *Mental Capacity Act 2005*.)

Independent mental health advocate (IMHA)

An independent mental health advocate (IMHA) helps you understand and use your legal rights if you are being treated under the Mental Health Act. For example, if you have been detained under the Mental Health Act (sectioned) or are being treated on a community treatment order (CTO). (See Mind's booklet *The Mind guide to the Mental Health Act 1983*.)

Inpatient advocate

An inpatient advocate works with people who have been admitted to hospital. Inpatient advocates can be helpful in several ways, including helping you to claim benefits, challenging detention and supporting you to express your preferences and concerns to doctors during ward rounds. Most advocacy services will have inpatient advocacy as part of their service.

Peer advocate

A peer advocate is someone with experience of using mental health services who can support you to understand and defend your rights. Because a peer advocate has experience of using mental health services, they can often use their own experiences to help you understand your situation and give you practical advice.

Self-advocate

Self-advocacy is about you expressing your own needs and rights as a mental health service user. Some examples of tools for self-advocacy are:

- assertiveness training
- blogging
- using crisis cards or advance statements which set out your wishes in the event of crisis.

Self-advocates often form self-advocacy groups – a group of mental health service users and ex-users who work together. A self-advocacy group might:

- act collectively to influence service provision and treatment
- support an individual to advocate for themselves.

Appropriate adult

If you are held by the police and they realise, or are told, that you have a mental health problem, you have the right to be accompanied by an appropriate adult.

An appropriate adult should be an adult who is independent of the police, such as a member of your family or a mental health worker, but it cannot be your solicitor. You can't choose who your appropriate adult is, but you may be asked you about your preferences.

An appropriate adult should make sure that you get a solicitor, request that you are seen by a doctor and help you to communicate with the police. They should also be present if you are questioned about an offence. (See Mind's booklet *Rights guide 2: mental health and the police*.)

Approved mental health professional (AMHP)

An approved mental health professional (AMHP) is responsible for organising and coordinating assessments under the Mental Health Act. An AMHP can recommend that you are detained in hospital under the Mental Health Act (sectioned) or that you receive a community treatment order (CTO).

The role is often held by specially trained social workers, but can also be carried out by occupational therapists, community mental health nurses and psychologists. This role has replaced the role of approved social worker (ASW). (See Mind's booklet *The Mind guide to the Mental Health Act 1983*.)

Assertive outreach team (AOT)

An assertive outreach team (AOT) may work with you in the community (i.e. outside of hospital) if you have found working with other community-based mental health services difficult or unhelpful. If you have experienced severe mental health symptoms along with other problems such as violence or homelessness, it is more likely that you will work with an AOT.

The care coordinator within an AOT will generally be responsible for a smaller number of service users than in a community mental health team (CMHT), which means they can devote more time to each individual they see. (See 'Community mental health team (CMHT)' on p.11.)

An AOT contains a range of different mental health workers, such as social workers, support workers, community mental health nurses (CMHNs) and psychologists.

Care coordinator

A care coordinator is the main point of contact and support if you need ongoing mental health care.

They keep in close contact with you while you receive mental health care and monitor how that care is delivered – particularly when you're outside of hospital. They are also responsible for carrying out an assessment to work out your health and social care needs under the care programme approach (CPA).

A care coordinator usually works as part of the community mental health team (CMHT). (See 'Community mental health team (CMHT)' on p.11.)

A care coordinator could be any mental health professional; for example, a nurse, social worker or other mental health worker. This is decided according to what is most appropriate for your situation.

Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the independent regulator for health and adult social care in England. It registers, monitors and routinely inspects all hospitals, care homes and home care agencies to ensure that they meet national standards of quality and safety.

All providers of health and social care have to be registered with the CQC. It publishes its inspection reports on the CQC website, so you can see whether a particular health or social care provider has met the required national standards.

The CQC does not investigate or resolve individual complaints, but you can contact them if you feel that you, or someone you know, have received poor care. Any information you provide is used to help the CQC decide when and where to inspect services. (See 'Useful contacts' on p.25.)

Carer

A carer is anyone who supports someone experiencing mental health problems. This could be a parent, partner, son or daughter, neighbour or friend. A carer can be an adult or a child. Carers are often unpaid, but some receive benefits to provide full-time care. A lot of carers live with the person they care for, but many do not.

The term carer may also refer to someone who is employed as a professional carer, but it is used less frequently in this sense. (See Mind's booklet *How to cope as a carer* for more information.)

CBT practitioner

A CBT practitioner provides cognitive behaviour therapy (CBT) – a short-term talking treatment (usually six weeks – six months) designed to change patterns of behaviour and thoughts. CBT is recommended as the initial treatment for many mental health problems. (See Mind's booklet *Making sense of cognitive behaviour therapy*.)

CBT practitioners may offer individual or group therapy as well as other kinds of talking treatment. A CBT practitioner could be a psychiatrist, psychologist or another mental health professional who has had specialist CBT training.

CBT practitioners may work for the NHS, for private practitioners or for a voluntary organisation, such as a local Mind. All CBT practitioners should be registered with an appropriate professional accreditation body. There are a number of such bodies. (See 'Useful contacts' on p.25.)

Citizens Advice Bureau (CAB)

The Citizens Advice Bureau (CAB) is an independent organisation providing the public with information across many social and legal issues. Specialist advisors working at CAB can answer queries on a broad range of topics, including employment, housing rights and benefits. (See 'Useful contacts' on p.25.)

Community mental health nurse (CMHN)

A community mental health nurse (CMHN) is a registered nurse with specialist training who works with you if you receive community-based mental health care (i.e. care outside of hospital).

The role of a CMHN is very wide and can include:

- counselling or anxiety management
- exploring coping strategies
- helping you with day-to-day life
- administering psychiatric drugs such as injections.

CMHNs may also have a particular specialism, such as children, elderly people, or drug or alcohol problems.

Some CMHNs are attached to GP surgeries or community mental health centres, and others work in psychiatric units. Most work as part of a community mental health team (CMHT). (See 'Community mental health team (CMHT)' on p.11.)

Community mental health team (CMHT)

A community mental health team (CMHT) organises and coordinates your care if you receive community-based mental health care (i.e. care outside of hospital). This includes carrying out mental health assessments, treatment and care. You are normally referred to a CMHT if you have complex mental health problems and need more specialist help than a GP can offer.

A CMHT contains a range of different mental health workers, such as psychiatrists, psychiatric nurses, social workers and occupational therapists.

Community psychiatric nurse (CPN)

A community psychiatric nurse (CPN) is another term for community mental health nurse (CMHN). (See 'Community mental health nurse (CMHN)' on p.11.)

Counsellor

A counsellor offers counselling – a talking treatment that aims to help you find ways of coping with problems that you are experiencing. The overall aim of counselling is to provide an opportunity for you to work towards living in a more satisfying way where you feel able to cope with life's challenges. (See Mind's booklet *Making sense of talking treatments*.)

A counsellor may offer individual or group therapy, and may deal with specific problems, such as grief, anxiety, violence or shyness.

A counsellor may be a professional counsellor, a psychologist or another mental health professional. Counsellors may work for the NHS, for private practitioners or for a voluntary organisation, such as a local Mind.

All non-NHS practitioners should be registered with a professional self-regulating body. The body they register with will depend on their exact role and qualifications. (See 'Useful contacts' on p.25.)

Crisis resolution and home treatment team (CRHTT)

A crisis resolution and home treatment team (CRHTT) offers you intensive support and advice if you are experiencing a mental health crisis.
The aim of the CRHTT is to provide the support you need to recover at home and avoid you being admitted to hospital if possible. They may also work with your care coordinator and your carer(s) to develop and review your care plan.

During a crisis, they will visit you at home, often on a daily basis. Once you start to feel better, their involvement in your care will decrease and you will either be referred to another team for ongoing care or you will be discharged.

If a crisis gets worse, or continues for longer than expected, your CRHTT may work in partnership with a hospital, possibly including arranging for your admission.

A CRHTT contains different mental health workers, such as psychiatrists, community mental health nurses (CMHNs), social workers and community support workers.

Early intervention team (EIT)

An early intervention team (EIT) works with anyone aged 14–35 who is experiencing a first episode of psychosis or is at significant risk of doing so.

An EIT aims to help you understand the symptoms that occur just before a psychotic episode, in order to help you seek appropriate treatment as early as possible. This is intended to reduce the length of your psychotic episodes and help you recover from them more quickly.

An EIT contains different mental health workers, such as psychiatrists, psychologists, community mental health nurses (CMHNs) and social workers.

Gateway worker

A gateway worker offers one-to-one support to people who are experiencing low-level mental health problems, such as mild depression, anxiety or stress.

A gateway worker aims to help you stay independent and supports you to manage your own mental health. A gateway worker can:

- give you information and advice
- tell you about services and groups in your area
- carry out mental health assessments
- support you to attend health or social care appointments.

A gateway worker is usually a nurse, social worker or occupational therapist. They may work in a GP surgery or visit you at your home.

General practitioner (GP)

A general practitioner (GP) is a doctor who provides a complete spectrum of health care in the community (i.e. outside of hospital). GPs are the first point of contact with the NHS for most people, including if you are experiencing emotional and psychological difficulties.

GPs can talk through problems, prescribe medication or make referrals to other services, such as counselling or cognitive behaviour therapy (CBT).

Many GP practices have counsellors, social workers or community mental health nurses (CMHNs) attached to their surgeries.

GPs may provide treatment themselves, or work with other mental health professionals to provide your care. They may also refer you to a more specialist mental health team, such as a community mental health team (CMHT). (See 'Community mental health team (CMHT)' on p.11.)

Healthcare Inspectorate Wales

The Healthcare Inspectorate Wales (HIW) is the Welsh equivalent to the English Care Quality Commission (CQC). (See 'Care Quality Commission' on p.9 and 'Useful contacts' on p.26.)

Health visitor

A health visitor is a qualified nurse or midwife, with special training and experience in child health. Health visitors work with you if you are pregnant, have recently given birth, or have a child under the age of five.

They can offer practical support, information and advice about the health and development of your child, as well as about mental health issues such as postnatal depression. They can also point the way to more specialist help if it is needed.

Hospital manager

A hospital manager coordinates hospital resources, facilities and services. They are responsible for administering all non-medical areas of the hospital and ensuring that medical staff have the resources do their jobs. Hospital managers may work for NHS or private healthcare providers.

Mental Health Tribunal

If you disagree with a decision that has been made about you under the Mental Health Act, you can apply to the Mental Health Tribunal.

The Mental Health Tribunal listens to evidence from doctors and social workers and reviews the decisions that have been made. The tribunal have the power to overturn or change decisions if they feel they are not appropriate.

The Mental Health Tribunal deals with decisions about:
- detaining (sectioning) someone in hospital
- community treatment orders (CTO)
- conditions placed on discharge from hospital.

The Mental Health Tribunal is made up of three tribunal members, who are legal and medical professionals. Tribunal hearings are usually held in hospitals. (See GOV.UK in 'Useful contacts' on p.26 for more information.)

Nearest relative (NR)

If you are admitted to hospital under a section of the Mental Health Act or subject to a community treatment order (CTO), your nearest relative (NR) is given rights and powers under the Mental Health Act.

The nearest relative is selected from your closest relatives, including your partner if applicable, by the approved mental health professional (AMHP) responsible for your care. It is a specific legal role, separate from a person's next of kin.

The nearest relative may request that you are detained in hospital under the Mental Health Act (sectioned), or that you are discharged from hospital if you have been detained. They have the right to be given

information about your care, and to be consulted in any decisions that are made about you. (See Mind's booklet *The Mind guide to the Mental Health Act 1983* and legal briefing *Nearest relatives under the Mental Health Act* for more information.)

National Institute for Health and Care Excellence (NICE)

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice on health and social care in the UK. NICE has a range of responsibilities, including:

- issuing guidelines that describe how best to manage and treat mental health problems
- setting quality standards for treatment
- providing access to information for NHS professionals, such as information about medication.

NICE's guidelines and advice are used by the NHS, as well as by some voluntary and private organisations. NICE works in collaboration with relevant professional bodies such as the Royal College of Psychiatrists.

Occupational therapist (OT)

An occupational therapist (OT) aims to help you overcome any practical difficulties you have as a result of your mental health problem. They can help you build up the confidence and skills needed for personal, social, domestic, leisure or work activities.

They often focus on the learning of specific skills or techniques, including arts, crafts, drama, dance, writing, group work (such as anxiety management and assertion training), individual counselling and practical day-to-day living skills.

Occupational therapists work in a range of places, such as GP surgeries, psychiatric units or residential units. They may also visit you at home. They may work for the NHS, a social services department or a voluntary organisation.

Occupational therapists are usually registered with the British Association of Occupational Therapists and College of Occupational Therapists. (See 'Useful contacts' on p.25.)

Paramedic

A paramedic is a senior health care professional for the ambulance service. They deal with accidents and medical emergencies and, in many circumstances, may be the first person you deal with if you are experiencing a mental health crisis. Paramedics will assess your condition and make a decision as to whether, and where, you require further treatment.

Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman is the independent body responsible for considering complaints from the public about the NHS, as well as other areas of government in England.

In order for the Ombudsman to look into a complaint, you must have made a previous complaint to the relevant NHS body. Complaints regarding the NHS can also be referred to the Ombudsman directly if the response from the NHS body is considered insufficient.

Unlike other government departments, you do not need a referral from an MP for the Ombudsman to take up your complaint. (See Mind's legal briefing *Complaining about health and social care*.)

Psychiatrist

A psychiatrist is a qualified medical doctor, who has taken further training and specialised in the treatment of mental health problems. They study diagnosis, management and wellbeing/resilience.

Psychiatrists tend to focus on mainly physical treatments, such as drug therapy and electroconvulsive therapy (ECT), but they can also supervise a combination of treatments, such as drug therapy with psychotherapy or counselling.

Some psychiatrists specialise in a particular field. For example, paediatric psychiatrists work with children and young people, and forensic psychiatrists work with people who have come into contact with the criminal justice system.

Psychiatrists work in many different settings. They are often based in hospitals, although in some areas, they work in GP surgeries or community mental health centres. Some psychiatrists also work in multi-disciplinary teams with other mental health professionals, such as psychologists, social workers and psychotherapists.

Consultant psychiatrist

A consultant psychiatrist is a senior psychiatrist. Consultant psychiatrists are responsible for managing a team of other psychiatrists and would not usually be involved in providing your day-to-day care.

A consultant psychiatrist can recommend that you are detained for treatment (sectioned) under the Mental Health Act (See Mind's booklet *The Mind guide to the Mental Health Act 1983*.)

Psychologist

A psychologist studies human behaviour and mental processes, and considers the thoughts, feelings and motivations behind our actions. They provide talking treatments, such as cognitive behaviour therapy (CBT) and psychotherapy. They may also offer individual, group, couple or family therapy. (See Mind's booklet *Making sense of talking treatments*.)

Psychologists work in a range of health and social care settings, including GP surgeries and hospitals, and often work in multi-disciplinary teams with other mental health professionals, such as psychiatrists, social workers and psychotherapists.

Psychologists should be registered with a self-regulating professional body such as the British Psychological Society. (See 'Useful contacts' on p.25.)

Psychotherapist

A psychotherapist works to help you to understand why you feel the way you do, and what lies behind your responses to other people and to things that happen to you.

Psychotherapists may offer individual, group, couple or family psychotherapy. They may also offer different types of psychotherapy, such as cognitive behaviour therapy (CBT), psychoanalytic therapy or psychodynamic therapy. (See Mind's booklet *Making sense of talking treatments*.)

A psychotherapist may be a psychiatrist, psychologist or other mental health professional who has undergone specialist training in psychotherapy.

Psychotherapists may work for the NHS, for private practitioners or for voluntary agencies. Non-NHS psychotherapists should be registered with a regulatory organisation, such as the UK Council for Psychotherapy (UKCP). (See 'Useful contacts' on p.26.)

Public Services Ombudsman for Wales

The Public Services Ombudsman for Wales is the Welsh equivalent to the English Parliamentary and Health Service Ombudsman. (See 'Parliamentary and Health Service Ombudsman' on p.18 and 'Useful contacts' on p.26.)

Registrar

A registrar is a doctor who works in a hospital. Registrars have completed several years of training and act as a senior assistant to a consultant. They usually work as part of a team of medical professionals and may specialise in mental health care.

Responsible clinician (RC)

A responsible clinician (RC) is an experienced medical professional with overall responsibility for your care, if you are being treated under the Mental Health Act. While they may not see you every day or deliver your care directly, they have the power to take certain decisions about your care and will be kept informed and consulted by other professionals.

For example, if you have been detained in hospital under certain sections of the Mental Health Act (sectioned), your responsible clinician will decide whether your detention should continue, or whether you can be discharged. Your responsible clinician can also place you on a community treatment order (CTO), and determine the conditions of your treatment.

A responsible clinician can be a doctor, nurse, occupational therapist, psychiatrist, psychologist or social worker. (See Mind's booklet *The Mind guide to the Mental Health Act 1983*.)

Second opinion appointed doctor (SOAD)

If you are detained under a section of the Mental Health Act (sectioned) or being treated on a community treatment order (CTO), a second opinion appointed doctor (SOAD) is required to approve certain decisions about your treatment.

For example, if you have been given medication without your consent for more than three months, an SOAD must consider whether treatment should continue.

An SOAD should be an independent doctor, who is not involved in your treatment, and is different from your responsible clinician (RC). (See 'Responsible clinician (RC)' on p.21 and Mind's booklet *Rights guide 3: consent to treatment*.)

Self-help and support groups

A self-help, or support group, offers an opportunity to meet up with other people who are in a similar situation as you. Going to a self-help group can help you feel less isolated and, at the same time, show how other people have coped with similar situations.

There are self-help groups for all kinds of issues, such as mental health problems, bereavement, eating disorders or sexual abuse. Many people find that supporting others is also of help in managing their own wellbeing. Online support communities using social media and other websites, for example Mind's Elefriends, are also increasingly popular. (See 'Useful contacts' on p.26.)

Social worker

A social worker may be involved in mental health in a number of ways and can work in a variety of settings. Increasingly, social workers are being organised in more specialised teams that work in a particular field, such as community mental health teams (CMHTs). (See 'Community mental health teams (CMHT)' on p.11.)

Social workers should be able to offer you advice on practical matters, such as day care, accommodation or benefits, and can refer you to appropriate services. Some may be able to give counselling directly.

However, there are no clear guidelines about the level of social services people are entitled to, and services provided differ significantly from area to area.

Psychiatric social worker

A psychiatric social worker specialises in helping people with mental health problems to overcome practical difficulties and access services. Psychiatric social workers can help you access social and medical care; for example, supporting you to find work or claim benefits. They may also be able to provide counselling for you or members of your family.

Therapist

A therapist is anyone who provides a therapy or talking treatment. For example, a therapist may be a counsellor, psychotherapist, psychologist or psychiatrist, if part of their role involves providing therapy. (See Mind's booklet *Making sense of talking treatments* for more information.)

Volunteer

A volunteer is anyone who offers their time or services for free. In the mental heath field, volunteers provide invaluable support and assistance to voluntary organisations, such as local Minds, and government organisations, such as the NHS.

Mental health volunteers may themselves have had experience of mental health services. Volunteers may work in day centres, charity shops, befriending and advice schemes, and in various projects provided by voluntary groups. They may use the services of the voluntary organisation on occasions, as well as work within them.

Useful contacts

Mind

Mind Infoline: 0300 123 3393
(Monday to Friday 9am to 6pm)
email: info@mind.org.uk
web: mind.org.uk
Details of local Minds and other local services, and Mind's Legal Advice Line. Language Line is available for talking in a language other than English.

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

tel: 0161 705 4304
web: babcp.com
Provides details of accredited CBT therapists.

British Association for Counselling and Psychotherapy (BACP)

tel: 01455 883 300
web: itsgoodtotalk.org.uk
Provides details of registered practitioners in your area.

British Association of Occupational Therapists and College of Occupational Therapists

tel: 020 7357 6480
web: cot.co.uk
The professional body for occupational therapists in the UK.

The British Psychological Society

tel: 0116 254 9568
web: bps.org.uk
Produces a directory of chartered psychologists.

Care Quality Commission

tel: 03000 616161
web: cqc.org.uk
The independent regulator for health and social care in the UK.

Citizens Advice Bureau

advice line: 08444 111 444 (England); 0844 477 2020 (Wales)
web: citizensadvice.org.uk
Confidential advice on a range of issues.

Elefriends
web: elefriends.org.uk
Mind's online peer support community.

GOV.UK
web: gov.uk
Information about government organisations, including roles and responsibilities in mental health.

Health and Care Professions Council
web: hpc-uk.org
Keeps a register of health and care professionals.

Healthcare Inspectorate Wales
web: hiw.org.uk
The independent regulator for health care in Wales.

NICE (National Institute for Health and Care Excellence)
web: nice.org.uk
Provides guidance on health and social care.

Parlimentary and Health Service Ombudsman
tel: 0345 015 4033
web: ombudsman.org.uk
Investigates complaints about government departments and the NHS in England.

Public Services Ombudsman for Wales
tel: 0845 601 0987
web: obudsman-wales.org.uk
Investigates complaints about government departments and the NHS in Wales.

UK Council for Psychotherapy (UKCP)
tel: 020 7014 9955
web: psychotherapy.org.uk
Has a voluntary register of qualified psychotherapists.

Further information

Mind offers a range of mental health information on:

- diagnoses
- treatments
- practical help for wellbeing
- mental health legislation
- where to get help

To read or print Mind's information booklets for free, visit mind.org.uk or contact Mind infoline on 0300 123 3393 or at info@mind.org.uk

To buy copies of Mind's information booklets, visit mind.org.uk/shop or phone 0844 448 4448 or email publications@mind.org.uk

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Providing information costs money. We really value donations, which enable us to get our information to more people who need it.

Just £5 could help another 15 people in need receive essential practical information booklets.

If you found the information in this booklet helpful and would like to support our work with a donation, please contact us on:
tel: 020 8215 2243
email: dons@mind.org.uk
web: mind.org.uk/donate

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Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We're here for you. Today. Now. We're on your doorstep, on the end of a phone or online. Whether you're stressed, depressed or in crisis. We'll listen, give you advice, support and fight your corner. And we'll push for a better deal and respect for everyone experiencing a mental health problem.

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