

Introduction to Mental Health Carers Support Association (MHCSA)

1. MHCSA was founded by a group of Haringey carers during the 1980's and registered with the Charity Commission in 1996. The Association's founders were a multi racial group of people.
2. The formation of MHCSA coincides with closures of long stay psychiatric institutions and the introduction of Care in the Community policies. It is linked to carers preparing to take up more active roles in the maintenance of health and wellbeing in relatives previously confined to residential psychiatric institutions.
3. Carers who contact MHCSA usually are relatives of people who have a diagnosis of serious or enduring and disabling mental illness (e.g. Schizophrenia, Bi Polar disorder, OCD Obsessive Compulsive Disorder) linked to statutory or voluntary admission to acute psychiatric unit.
4. The Association's founders aimed to bring people (carers) together to act collectively and locally; over concerns about the effectiveness of medical interventions and the fitness of community services; particularly to people from black and minority ethnic communities.
5. MHCSA aims to ensure carers have a voice and influence decisions affecting their own and their relatives' health status and social circumstances.
6. The Association's purpose is to work with carers to secure best health and social care for mental health service users; to support recovery from illness, to tackle stigma and social isolation experienced by carers and mental health service users.
7. MHCSA offers carers the following services; **Respite** breaks - usually group outings for 20-30 people -, **Counselling** - typically six free sessions-, **Advocacy casework** - addressing hospital admission and discharge, Care Programme Approach (CPA) care planning and Mental Health Act proceedings, state Benefit and Housing entitlements, **Monthly Support Group** meetings, **Information** - about local services, medication, NICE Guidance, statutory mental health proceedings; **Monthly Newsletter**; **Telephone Advice and Information**.
8. MHCSA works in partnership with mental health service users on issues of mutual interest; MHCSA currently is working with service users groups to deliver a Befriending service for service users across the borough.
9. MHCSA has worked with service user groups on issues including outcomes of reorganisations of community mental health services; and bed reductions and wards closures in St Ann's hospital.

10. MHCSA is a member of Partnership Boards for Mental Health and Carers, convened by Haringey Council and NHS Haringey. MHCSA contributes to two Clinical Governance groups; convened by the Mental Health NHS Trust that review NHS Inpatient and Community mental health services.
11. Recently, MHCSA joined the Supporting People (SP) Providers group that is monitoring the provision to mental health service users of SP services commissioned by the Council.
12. The multi agency and multi disciplinary environment of mental health care provision that carers must address is reflected in the range of commitments that MHCSA has.
13. Currently MHCSA has 2 full time staff and a sessional counsellor and volunteers. Due to contractual and funding pressures one year ago, MHCSA lost a third member of staff. MHCSA has a Management Committee of twelve people annually elected during its AGM; the majority of whom are carers supporting relatives with a diagnosed mental illness.
14. Each month MHCSA advocacy service has a caseload of between 10 and 13 active cases in which carers are seeking to resolve problems affecting themselves or their relatives who may be inpatients in St Ann's or who may be using or needing access to resources in the community provided by the NHS or Council or specialist housing agencies and Benefits agencies.
15. The MHCSA advocacy service is accredited by the Legal Services Commission and is a member of Advice UK and Action for Advocacy. The service will correspond and negotiate with clinicians and agencies on behalf of carers and speak for carers during (CPA)care planning and similar meetings. The service will assist carers with Benefits claims and appeals.
16. MHCSA Advocacy helps ensure carers' voices are heard and acted upon by professionals; who exercise authority in decisions over medical treatments, personal liberty where the Mental Health Act is invoked, and who also influence access to important social support systems including specialist housing, income, and rehabilitation, education and employment activities. Offering practical support through advocacy means carers and service users are better able to explain and to negotiate the types of support they want for themselves.
17. MHCSA Support Group meets each month on Tuesday evenings between 6.30 and 8.00pm in Tynemouth Road Health Centre. Attendance ranges between 14 and 20 carers and includes guest speakers (NHS clinicians, service managers and commissioners) who are responsible for local mental health services. Previously, MHCSA delivered a monthly support group for relatives of patients in Haringey Ward (Psychiatric Intensive Care Unit) and

currently MHCSA supports a recently established Support group for carers of people who are inpatients or who are being treated by the borough's Home Treatment Teams.

18. MHCSA produces a monthly Newsletter mailed to 300 mental health carers living in the Borough. The Newsletter presents information about local services and policies that affect carers and service users. It uses poetry and humour to entertain readers.
19. The majority of mental health carers find out about MHCSA through word of mouth; carers recommend MHCSA to one another during visits to relatives in St Ann's hospital or during visits to Community services located in Canning Crescent and Tynemouth Road. A minority of carers are referred by community mental health services and primary care. Mind in Haringey and the Carers Centre refer carers to MHCSA.
20. Recently, BEH Mental Health Trust invited MHCSA to contribute to staff Induction sessions in St Ann's. We hope our contribution to staff induction will encourage mental health staff employed by the Trust to refer carers to the Association.
21. The majority of carers in contact with MHCSA are women. Due to the persistent nature of some mental illness, MHCSA works with some individuals and families continually over a period of years. Where mental health services, staff and policies seem to change constantly, carers value continuity and the long-term perspective that MHCSA brings to their efforts to support relatives.
22. Carers usually have made a long-term commitment to support a service user. Services may be reorganised and professionals may come and go but carers will usually remain involved. Carers' long-term commitment needs to be valued as a vital resource; carers offer practical and emotional support to a service user often for decades and possess information that can illuminate the assessments and decisions made by clinicians, managers and service designers.
23. All too often carers are prevented from receiving and sharing information by clinicians applying rules of confidentiality arbitrarily; paying no attention to the interdependencies that exist between service users and carers.
24. NHS commissioners and providers in Haringey plan to comprehensively shift the balance of care out of relatively expensive treatment and care sites and into community settings. Today, we are offered a mental health commissioning plan for Haringey that contains a perfunctory reference to its implications for mental health carers; this is outmoded policy at odds with the 'New Horizons' ethos for mental health which aspires to social inclusion and modernisation through service development .

25. The marginal treatment of carers in the current strategies for the future of Haringey's mental health service continues to underestimate carers' contributions to the welfare of mental health service users.
26. Carers need training and information that responds to the role they play and to the efforts they make; carers need to develop expertise. Carers need service commissioners and providers to work better together to develop coherent responses to their role; through strategic commissioning, regular carers assessments and support plans and through services in the community that are adequately resourced and form part of a considered long-term investment in carers' welfare.

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