Building communities that care

A blueprint for supporting people severely affected by mental illness in their local communities by 2024

Rethink
Mental
Illness.

Contents

The quotes and personal stories
included in this report are all real and
genuine. However, we have changed
some names where requested to protect
the anonymity of the people involved.

Foreword

In the film The Shawshank Redemption, the wrongly convicted prisoner Andy Dufresne eventually receives a cheque for $200 along with a consignment of used books after six years of writing a letter every week asking his local parole board to fund a library to teach his illiterate fellow inmates to read. "We now consider the matter closed" - the letter from the parole board sniffily concludes, "please stop sending us letters". His response?

"From now on, I'll write two letters a week instead of one'".

The NHS Long Term Plan, published in January 2019, has provided the cheque (the like of which we have not seen before) and now we need to ask for more. Not, in this case, from the NHS but rather from ourselves.

Yes, of course we now have a genuine chance to ensure that the quality of clinical support that people who are severely affected by mental illness receive matches what we have been campaigning for over the last forty years. The levels of investment and commitment from the "system" (a term it is easier to use than define) are without precedent.

As is the ambition from NHS leaders. However, as this report sets out, good quality medical treatment close to home is simply the first step on a larger ladder to recovery, which goes beyond surviving to thriving. Those other factors that we all deal with in our day to day lives – how socially connected we are, the state of our finances, the stability of our housing, our physical health, our ability to work or volunteer are the factors that can move our mental health from good to poor and from there to a state of crisis in short order and notably, vice versa.

Doctors, in other words, can help – and they (as well as the commissioners who determine the contract that is available in local health areas) must; by performing to the highest standards clinically and reaching out beyond their professional boundaries and disciplines into the community. But it is up to communities and those working on them in a professional or voluntary basis – including charities like Rethink Mental Illness – to come together and collaborate far more closely.

This means reform and innovation. We need to reform the way we help people first access care and support and how it surrounds them as long as it's needed – meaning the way we give people the right care and support as well as making sure they get it quickly and easily. It means transparency and openness. And, above all, it means treating the person as a person – not a condition.

There is therefore very little finger-pointing in this report. Of course we can't get to the end of the journey if we don't know where we are, and it goes without saying that the past is not littered with an endless series of successes. But just as Andy Dufresne ends up by the Pacific Ocean which is said to have no memory, we now ought to operate on the basis that the past is a foreign country and we will do things differently now.

We therefore publish this report on the day that we assemble leaders from across wider civic society to begin to develop a collective ambition and radically different approach so that we can ensure that together, professionals, planners and writers of large cheques develop the best possible support for anyone who is severely affected by a mental illness regardless of where they live or what labels are attached.

M. Winstanley

**Mark Winstanley
Chief Executive
Rethink Mental Illness**

1 The changing face of community care

Community care for people severely affected by mental illness has been overlooked for decades in policy and practice. The NHS Long Term Plan changed that. In January 2019, the new plan set out clear ambitions to redesign local services to radically improve care in the community and transform the lives of 370,000 people severely affected by mental illness over the next five years.[1]

As the All-Party Parliamentary Group on Mental Health's publication[2] and Rethink Mental Illness' Right treatment, right time report[3] made clear last year, for too long there has been under-investment in core community mental health services meaning at best, people face a lack of choice and long waiting times for treatment and at worst are told services just 'aren't available' for them.

The NHS Long Term Plan should mark a step change in community care with the plan promising to test a four week waiting time standard, as well as improving access to psychological therapies, physical healthcare, employment support, medicine management and support for self-harm and coexisting substance use.[4]

However, for people severely affected by mental illness to thrive, and not just survive, we need to go far beyond the NHS and health sector. We know that the lack of wider community support available, including supported housing, employment help, debt advice and access to independent advocacy exacerbates mental health problems, leaving people not knowing where to turn. Less than a third of people (30%) we surveyed in April 2019[5] about what support they'd want to receive were offered help finding suitable housing or tenancy support. Only 23% were offered support finding a job or staying in work, while not all those who wanted to find a volunteering placement (38%) ended up receiving support to do so (27%).

These significant gaps are resulting in too many people reaching crisis point – impacting on long term outcomes and needing more intensive and expensive NHS care.

Rethink Mental Illness is a large service provider across England. We work in supported housing, advocacy, advice, the criminal justice system and many other fields. We also have a network of peer support groups around the country, where people come together to socialise and aid each other's well being and recovery. It is our aim to use our network to help the design of these new NHS community services where we can.

Through pilot projects around England, we want to help knit together communities and organisations to provide social activities, employment and volunteering and help with debt and substance misuse for people severely affected by mental illness in the places where they live. Many local areas benefit from a range of high-quality services provided by third sector organisations. From local government to large employers, community schemes to national charities – there's a role for us all to lead the way and make this work.

In many ways this will be about extending what we all already do and joining up more effectively in a particular area. It is vital that we measure what works and what doesn't to gather learnings that can be rolled out around the country. While local pilots will look different from place to place, it will be crucial to measure and gather the same outcomes data in order to be able to sufficiently compare interventions and models. This report sets out what should be measured, based on our experience of using existing well-recognised tools such as the Recovery Star[6] – which enables providers and service users to measure progress against holistic outcome measures.

We need to listen to what people want. According to our survey, the three areas people with mental illness most want support in are applying for benefits (50%), staying active (48%) and getting involved in free community initiatives (48%).[7] Care navigators or peer support workers could play a vital role in connecting people severely affected by mental illness with services that can support their wider needs.

This is our chance to turn community services for people severely affected by mental illness into a world-leading holistic and integrated model of care that not only means people receive the right support at the right time, but that they are supported to have the best quality of life they can.

1   NHS (2019) The NHS Long Term Plan, 3.94, page 69

2   All-Party Parliamentary Group on Mental Health (2018) Progress of the Five Year Forward View for Mental Health: On the road to parity

3   Rethink Mental Illness (2018) Right treatment, right time

4   NHS (2019) The NHS Long Term Plan, 3.94, page 69

5   Online Survey by Rethink Mental Illness of 440 people in April 2019.

6   Mental Health Providers Forum (2009) Recovery Star

7   Online Survey by Rethink Mental Illness of 440 people in April 2019.

2 The component parts of a world-leading community model of care

The NHS has transformed access to psychological therapies through IAPT, and this has had a significant impact on the lives of people with mild to moderate mental disorders. Now is the time to establish the template for supporting people with severe and complex mental health needs.

Fundamentally, people severely affected by mental illness want their holistic needs – clinical, practical, social and financial – assessed and addressed. But what should this look like in practice in different areas, what needs to improve and what should be measured to demonstrate success? All local areas will be different and detailed plans should be co-produced with people with lived experience in order to sufficiently meet local needs. The following principles are the starting point for those discussions and that planning.

a. Clinical

Our *Right treatment, right time* report illustrated how people severely affected by mental illness were waiting on average 14 weeks for an assessment and a further 19 weeks for treatment, with no support in the meantime. Almost one in three (30%) asked for a service they were told was unavailable and just over half (51%) felt they did not receive support for a sufficient or appropriate length of time.[8] This has led to too many people reaching crisis point, with one in 20 people telling us they tried to take their life or thought about it as a result.

"My problems were not taken seriously and I ended up as an inpatient last year. This would have been completely avoidable had I been provided the appropriate community support. I thought that I was going to be dead before I got to the top of the waiting list."
Ash

With the right clinical care, people severely affected by mental illness can have long and fulfilling lives. This means abolishing thresholds, where people are told they're "too ill for IAPT but not ill enough for a community mental health team",[9] and minimising constant referrals between and within services which add to waiting times.

At the heart of these new models there needs to be a vast expansion of clinical care along with the workforce to support this. New community models must include:

- Access to NICE-approved therapies as and when people need them, for as long as they need them – as you would expect from physical health services to treat conditions such as cancer or strokes. This should include: cognitive behavioural therapy for psychosis, bipolar disorder and eating disorders, as well as dialectical behavioural therapy, family therapy, cognitive analytical therapy, psychotherapy, psychodynamic therapy and group therapy.

- A multi-disciplinary team of psychiatrists, nurses, social workers and crucially peer support workers, for service users and carers to speak to when needed about clinical and non-clinical issues and who can make quick decisions about stepping up or down care.

- Roles connecting the NHS with wider provision such as care navigator roles (see p15) and community link workers.

- Trauma-informed care which takes into account the impact of adverse experiences

- Appropriate and informed discussions about medication with support provided to address side effects (see more in the physical health section below).

- Integration with expanded and sufficiently funded addiction services

What do we need to measure to know we're successful?

- The proportion of people who are severely affected by symptoms of mental illness accessing clinical care within four weeks.

- Treatment delivered in accordance with NICE guidelines and quality standards for psychosis and schizophrenia, personality disorders, eating disorders, depression, bipolar disorder and anxiety disorders.

- Improvements to patient reported outcomes using the Recovery Star, for example, with a focus on: "Managing mental health", "Addictive behaviour" and "Trust and hope".

- NHS workforce levels

- NHS workforce skill mix

b. Social connectedness

Strong social networks are key to a good quality of life for many people severely affected by mental illness. While positive support from family and friends can be essential to recovery, some people find they lose their social networks after a mental health crisis or long spell of mental ill-health.

Only 46% of adult social care users had as much social contact as they felt they'd like to have in 2017/18.[10] Communities need to work together to help people living with severe mental illness and their carers feel socially connected.

"I sorely needed help to develop friendships to combat acute loneliness and give me a sense of worth and value in my life."
Reuben

In Derbyshire, there are 79 community mental health peer support groups associated in some way with Rethink Mental Illness where people living with mental illness and carers support each other through their shared experiences. Some groups, such as those for adult men who have tried to take their own life or parents whose children have mental health problems, provide a non-judgmental and supportive space where people with similar experiences can socialise. Other peer support groups in the region bring people together through shared interest in activities including singing, languages, trips out and cooking.

"My son, Dave, attends [the project] once a week. He mainly works on the allotments, but has done woodwork too. He built me some raised wooden garden beds from scrap wood last year and it was lovely to see the pride that he felt in contributing to my garden. When people see him in that project, they see him in his element."
Abigail

Social prescribing, where medical staff prescribe activities as well as medicines, should link people in with these groups and offer support for people attending a new environment for the first time, which can often be very daunting. Half of the people we surveyed in April 2019 said they were not involved in community wellbeing projects, for example gardening, arts and crafts or social clubs – mostly because they did not know what projects were in their area (61%).[11] People living in London were the least likely to access community projects due to a lack of knowledge about opportunities in their area (77%), followed by people in North West England at 75%.[12]

Community activities that are not "mental health specific" should be open and accessible to people with mental illnesses. Integration between mental health peer support networks and the wider community is key.

8   Rethink Mental Illness (2018) Right treatment, right time

9   All-Party Parliamentary Group on Mental Health (2018) Progress of the Five Year Forward View for Mental Health: On the road to parity

10 Public Health England (2018) Fingertips profiles: Social Isolation

11 Online Survey by Rethink Mental Illness of 440 people in April 2019.

12 Online Survey by Rethink Mental Illness of 440 people in April 2019.

Social connectedness goes beyond relationships with people. We often hear how people leaving inpatient or secure care can be discharged into an unfamiliar environment or return to a community they no longer recognise. Simple things like not knowing where the GP surgery or local supermarket is can feel alienating and contribute to feelings of isolation. Peer support can not only provide friendship with like-minded people, but also be a forum for re-familiarising with a local area.

"The support that I received from attending a Rethink Mental Illness support group was a great help. Since I started, both my GP and mental health team have noted a distinct improvement in my mental health and wellbeing. Even with an upcoming surgery and a recent diagnosis of cancer, I've been successfully managing my anxiety levels better than ever."
Sarah

Social isolation and loneliness increase the risk of suicide. For some people, developing a relationship with the place they live and the other people that live there may be their biggest goal – and its importance cannot be overstated.[13]

Social connectedness could look like:

- Peer support groups in the community that provide opportunities for socialising, developing friendships and new interests/hobbies or for carers to support each other.

- Local organisations running community initiatives that are not mental illness specific, such as gardening programmes, should evaluate whether they are providing the necessary reasonable adjustments to enable people with severely affected by mental illness to participate.

- A mapping exercise to ensure the new social prescribers in primary care are aware of the full breadth of local organisations in the area that can provide social networks, considering the role of technology to create a local database.

- Social prescribers in primary care or a navigator/ link worker role providing support to people feeling apprehensive about attending new environments/groups on their own, for example by accompanying them to their first session.

What do we need to measure to know we're successful?

- Improved outcomes on "relationships", "social networks", "self-care" and "identity and self-esteem" on the Recovery Star.

c. Physical health

Largely due to preventable physical health conditions, people with severe mental illness on average die 15–20 years earlier than the general population.[14] Smoking remains the largest contributor to the mortality gap,[15] but medication plays a significant role in people with severe mental illness having worse physical health due to unwanted side effects such as significant weight gain, which in turn increases the chances of cardiovascular disease or type 2 diabetes.

"Whilst the medication that I've been prescribed has reduced my symptoms to a degree, it's had a profound effect on my physical health."
Jeevan

While not everyone taking antipsychotic medication will experience negative side effects, many people do. This is why everyone with severe mental illness is entitled to an annual physical health check from their GP. Yet only 24.1% of people with a severe mental illness received all six elements of the physical health check in Q3 of 2018/19.[16]

A key part of the new community mental health services promised in the Long Term Plan is improved physical health care. While increasing the number of people receiving a physical health check is key, local support to help prevent and address physical health in the community, including improved opportunities to participate in physical activity, will also be crucial. Indeed, physical activity was the second ranking priority in our April 2019 survey, with 48% of respondents saying they wanted support to stay active.[17]

MY TOWN

There are innovative examples of local areas making exercise more accessible. For example, all residents in Southwark in South East London are eligible for free swim and gym sessions in any EveryoneActive gym in the borough.[18] In some areas, GPs can prescribe subsidised swimming or gym sessions if they believe there will be clinical benefit. Cost is a huge barrier to regular physical activity for many people, including those who cannot work due to their mental illness and are in receipt of benefits. Southwark's investment in the health of its local population is an example to be followed – but GPs and social prescribers must be aware of these schemes to ensure people severely affected by mental illness can take advantage of them.

For some, a bigger barrier than cost is the vulnerability or unease at the prospect of exercising with strangers. Rethink Mental Illness is currently working with Sport England to explore whether embedding activity into peer support groups can help overcome the barriers that prevent people severely affected by mental illness from engaging in physical activity.

"The [Rethink Mental Illness physical activity] project has empowered me as a group co-ordinator with lived experience to trial physical activities with the group that I have not previously thought confident of attempting. The project has provided our group with the framework and funds to help us get started and looks set to have a positive impact on the wellbeing of our participants."
Alison

Some swimming pools across England provide specific 'disabled swimming' hours to create a safe space that makes exercise more accessible for disabled people. These sorts of reasonable adjustments to help people engage in physical activity should be considered by all grassroots sports organisations, with local health services being made aware of local sports clubs to ensure they are open to those with mental illness.

What local support could include:

- Partnerships between local authorities and social prescribers in GP surgeries to assess local physical activity provision, with relevant reasonable adjustments, in their area and signpost people with mental health problems to them.

- Local sports centres and gyms to put in place reasonable adjustments for people severely affected by mental illness and advertise them.

- Peer support worker roles and/or peer support groups to support people to access and take part in physical activity, for example through the Sport England and Rethink Mental Illness Physical Activity toolkit.

What do we need to measure to know we're successful:

- Improved outcomes on "physical health and self-care", "social networks", and "identity and self-esteem" on Recovery Star

13 Samaritans (2019) Loneliness, suicide and young people

14 Rethink Mental Illness (2012) 20 Years Too Soon; Physical Health: The experiences of people affected by mental illness

15 Rethink Mental Illness (2012) 20 Years Too Soon; Physical Health: The experiences of people affected by mental illness, page 12

16 NHS England (2019) Physical health checks for people with a severe mental illness (SMI) 2018/19 Q3.

17 Online Survey by Rethink Mental Illness of 440 people in April 2019.

18 Southwark Council (2018) Free swim and gym

d. Housing

A safe and secure place to call home is arguably the most important factor in supporting recovery and long-term independence for people severely affected by mental illness. People cannot take full advantage of the improved clinical care promised in the NHS Long Term Plan, or risk having their progress undermined, if they have an insecure or poor-quality home.

We know that many people with mental illness have difficulty renting private properties because they are discriminated against by landlords and letting agents due to their housing benefit status. One in 10 of Rethink Mental Illness' housing staff said they had helped tenants who had been rejected five times or more for a private sector tenancy because they were receiving housing benefit.[19]

Social housing is where the largest number of people affected by mental illness live.[20] Yet, a survey of 1,700 people with mental health problems by the mental health charity Mind found that 43% living currently in social housing said it had made their mental health worse.[21]

"My sister has schizophrenia and fled a domestically abusive relationship. It resulted in her needing housing. The Council wanted to put her in supported housing that was on the same street as her abusive ex-boyfriend. She turned the place down, so to prevent her sleeping rough I paid for her to stay in hotels for 6 weeks until she found appropriate housing. The toll that this took on my own mental health has been huge."
Amy

Supported housing is a type of accommodation where tenants severely affected by mental illness are supported by on-site staff to learn the skills to live independently. Around 30,000 people severely affected by mental illness currently live in supported housing – but here too there are problems. Inadequate funding to cover non-housing costs, such as staff visits to help people live independently, has led to supported housing contracts tightening in some areas, meaning people cannot get the level of support they need.[22]

MY TOWN

When we get people's housing right, they can thrive. At Rethink Mental Illness' supported housing service in Folkestone, tenants set their own goals from learning how to cook or manage a budget and bank account to travelling on the bus and volunteering. Over a two-year tenancy, tenants are supported to achieve these milestones. One tenant who had been helped to attend university found the deadlines and daily interactions with large groups of people detrimental to their recovery. Despite this setback, staff worked with the tenant to see the experience not as a failure but a valid learning process – and they are now embarking on an Open University course which is better suited to them. Another tenant who had previously been often in and out of mental health hospitals is now living independently and working as a lay pastor following a two-year stay at the Folkestone service.

Housing is an essential component of getting care right for people severely affected by mental illness. We need the efforts of housing and mental health teams in the community to work seamlessly together and complement one another, so tenants get the combination of clinical and non-clinical support they need.

What local support could include:

- Local authorities working with the NHS to assess the need for supported housing in their area and work to ensure it is met, alongside reducing delayed discharges and unnecessary and repeat admissions.

- Community NHS mental health services to work more closely with supported housing staff who can spot deteriorations in tenants' conditions.

- Community mental health services to record people's living situations and the impact it has on their mental health and wellbeing.

What do we need to measure to know we're successful?

- Improved outcomes on "living skills", "responsibilities", "identity and self-esteem" and "trust and hope" on the Recovery Star.

- More supported housing availability across all levels of supported housing from low/medium to high/step-down.

- Greater investment from the government in supported housing and the associated support costs which pay for care.

e. Finances

Money worries are a stressful experience that can damage anyone's wellbeing. We know that for people severely affected by mental illness and their carers, money can be a huge concern: whether it's debt, keeping up with household bills, or accessing welfare support when unable to work. When you are very unwell, you should be able to focus on getting better, not worrying about your financial situation.

There is a strong relationship between debt, suicide and depression.[23] The more debt people have, the more likely they are to have some form of mental health problem.[24]

When people are overwhelmed by debt, getting the right advice can lighten the burden and help someone see a way out. Mental Health UK, of which Rethink Mental Illness is a part, runs the Mental Health and Money Advice service to support people who find themselves with debt they can no longer cope with. It provides advice and acts on behalf of its clients to find the way to a debt-free future. One client came to the service with £32,000 of credit card debt. He explained that he needed to go back to hospital for his mental illness and was struggling as one creditor was harassing him. The service liaised directly with the creditor to negotiate token offers for all his debts and ensured that they would not contact the client for six months whilst he focused on getting better.

Social security is a lifeline but it can be a complicated process. Help with benefits was the number one thing that the people who responded to our survey wanted support on.[25] Our previous research on Employment Support Allowance (ESA) and Personal Independence Payments (PIP)[26] found that the process of applying for benefits takes an extreme toll on people's mental health. The assessment forms are extremely long and complex, with additional costs incurred when collecting medical evidence.

We know that people are turning to clinical staff, such as their GP, to support them with the administrative burden that accompanies applying for welfare support. Despite the general knowledge and understanding of GPs around the benefits system, they are clinical experts not benefits experts.

"I desperately need help in so many areas of my life but I feel like I'm just struggling alone. I'm still extremely unwell and have been signed off from work multiple times. I applied for PIP without any help, but got rejected because I got too few points. A care coordinator would have been so helpful with this."
Michael

19   Rethink Mental Illness (2018) Unpublished online survey research.

20   Money and Mental Health Policy Institute (2018) Where the Heart Is: Social Housing, Rent Arrears and Mental Health, page 12

21   Mind (2014) Mind's written submission to the consultation on 'A new deal for social housing'

22   Rethink Mental Illness (2018) 'This could cost lives': A frontline view on the funding of supported housing page 8

23   Mental Health Foundation (2016) Fundamental Facts about Mental Health in 2016 page 59

24   Mental Health Foundation (2016) Fundamental Facts about Mental Health in 2016 page 59

25   Online Survey by Rethink Mental Illness of 440 people in April 2019.

26   Rethink Mental Illness (2017) 'It's Broken Her': Assessments for disability benefits and mental health

The positive steps taken by the Department of Health and Social Care to improve support for people severely affected by mental illness risk being undermined by the policies of the Department of Work and Pensions. This has to change.

It's vital to help people when they are at their most vulnerable and in need of support, whether it's helping them navigate the complex benefits system, or teaching budgeting and money-management. Rethink Mental Illness and other organisations, such as Stepchange and Citizen's Advice, have plenty of practical tools and resources to help people severely affected by mental illness find their way through the complex system and manage their money.

CASE STUDY

Ben came to the Mental Health UK Mental Health and Money Advice service when he could no longer cope with the requirements imposed by the Jobcentre Plus and subsequently stopped receiving Jobseekers Allowance. He had been declined Employment Support Allowance, so the service decided to appeal the decision on his behalf.

Where Ben found parts of the appeal too stressful, such as gathering medical evidence to submit to the tribunal and the Jobcentre Plus, the service represented him. He won his appeal and will no longer have to face assessments for two years so that he can focus on getting better.

Not only did they ensure he received the financial support he was entitled to, they are now helping him to get out of debt. The service supported Ben in all aspects of his wellbeing: from finding counselling for alcoholism, to retraining for employment.

What local support could include:

- Better communication between clinicians and local providers of financial advice, such as Mental Health UK's Money and Mental Health service, so that when people need financial advice, they are signposted to an appropriate service.

- Better tracking from the Department of Work and Pensions on the impact of its policies on people severely affected by mental illness and start developing alternative processes, such as giving people the option to request meetings with their work coach in a private room in a Jobcentre Plus.

What do we need to measure to know we're successful?

- Improved outcomes on "living skills", "responsibilities" and "trust and hope" on the Recovery Star.

f. Employment and volunteering

Spending your time doing something that you believe is meaningful is important for your wellbeing and sense of worth. Whether it is paid work, volunteering or learning it can be vital in someone's recovery. Work can provide a sense of control over your life, clear goals to work towards, and a way of connecting with a wide range of people in your community.

Recent data shows just 7% of people in contact with secondary mental health services are employed. This is significantly lower than the rate of 45% for people with any long-term health condition.[27]

Too many people severely affected by mental illness are currently unable to engage in other forms of vocational work, such as education or volunteering. The National Clinical Audit of Psychosis found that only 11% of people living with the condition did any form of vocational work, such as employment, education or volunteering, outside of their home.[28]

For some people, engaging with employment or volunteering is simply too big a challenge. However, we know that there is a huge demand and that there are many people who would like to take up meaningful employment with the right support. Our survey from April 2019 found that 70% of people who had received mental health support for over four years reported wanting support finding a job or staying in work but only 35% received this support.[29]

Our Right treatment right time report from November 2018 found that only 28% of people who wanted employment support received it when they left hospital.[30]

It's crucial that those who decide to take up paid opportunities are not penalised by the Department of Work and Pensions. Rethink Mental Illness undertakes many co-production projects, where the experiences of service users and carers are used to better design and deliver services that meet people's needs. While many people severely affected by mental illness might not be able to take on employment, they are able to participate in involvement tasks – which improve wellbeing through building relationships, skills and confidence. However, there is a lack of awareness among Jobcentre Plus staff that a level of paid involvement work is allowed without affecting benefits. This sometimes has catastrophic consequences where people's benefits are stopped.

Employers can provide more opportunities for those severely affected by mental illness, as well as providing sufficient reasonable adjustments. But for people who are not confident to find employment, the voluntary sector plays a vital role in building people's confidence and providing them with the skills they need in employment. We know that there is a huge appetite for voluntary work, but these opportunities are not always widely known.

"I loved my time at work with a deaf charity – working alongside other volunteers and being able to do something really useful that made a big difference to so many people gave me a great sense of satisfaction. It boosted my confidence and made me hopeful for the future. Since then, I've started working full time with a mental health charity, and that's in no small part down to my volunteering."
Nina

The Five Year Forward View for Mental Health committed to doubling access to Individual Placement and Support (IPS), which has been very successful in helping people severely affected by mental illness into work and ensuring people retain employment.

The IPS model is specifically designed for people severely affected by mental illness, supporting people to engage in meaningful work through intensive, one-to-one support. The NHS Long Term Plan set out that they are on track to support 20,000 people with severe mental illness to find and retain work through the model and are looking to expand this to 55,000 people by 2023/24.[31]

27   Public Health England (2018) Health Profile for England: 2018 Chapter 6: Wider Determinants of Health

28   Royal College of Psychiatrists (2018) National Clinical Audit of Psychosis National report for the core audit page 71

29   Online Survey by Rethink Mental Illness of 440 people in April 2019.

30   Rethink Mental Illness (2018) Right treatment, right time

31   NHS (2019) The NHS Long Term Plan, 5. Page 117

MY TOWN

Thanet Employment Service in Kent works to IPS principles to support people with mental health issues to find paid employment. It is delivered in partnership with Porchlight under the Live Well Kent project.

One service user was initially supported by the service to find paid employment with Kent County Council (KCC) in a customer service role. However, after a couple of months in the job, she flagged to her named Employment Advisor that it was impacting on her mental health and she wanted to leave. After a face-to-face meeting with the service user to identify her key issues and liaising with her GP, the Thanet Service jointly agreed to engage with her line manager to negotiate/agree reasonable adjustments.

The Thanet Service organised a face-to-face meeting during which it became clear that her line manager possessed limited understanding of mental health and support available locally.

The service provided information around mental health and outlined the support available through the Live Well Project, Access to Work and locally through existing KCC policies/procedures. The line manager was also signposted to the ACAS site to provide more in-depth information around Employee Rights and Responsibilities at work and reasonable adjustments.

Following this engagement, it was agreed with HR and her line manager that KCC would grant their employee reasonable adjustments which included taking regular breaks and Friday home working. She has been able to sustain her employment ever since.

What local support could include:

- Improved processes from the Department of Work and Pensions to support people gradually transitioning into work.

- Greater collaboration across clinical staff, the voluntary sector, and private sector to develop work-based skills and confidence, so that when a person severely affected by mental illness feels able to enter employment they have the resources to do so.

- The voluntary sector could work closely with local mental health hospital trusts to identify where someone could take up volunteering whilst in hospital and when they return to the community.

- Local employers should look at their recruitment process and identify existing barriers for someone with a mental illness, such as asking people to explain gaps in employment history.

- The private sector should proactively reach out to employment services in the community where they have job vacancies to engage with people experiencing mental illness.

- The Farmer-Stevenson Report recommends that all employers should have a framework for workplace mental health to improve wellbeing at work, tackle stigma, and support people who are struggling with their mental health. Practical ways to achieve this could be:

  - Introducing Wellness Recovery Action Plans so that protections are in place if someone does become unwell.

  - Improving mental health training in management so that staff can better identify when someone is experiencing poor mental health and can subsequently be signposted to the appropriate service.

  - Encouraging open discussions about mental health in the workplace.

What do we need to measure to know we're successful?

- Adult mental health services to record the employment status of their service users – the latest data shows that only 41% of services across England currently record this information.

- Improved outcomes on "work", "responsibilities" and "trust and hope" on the Recovery Star.
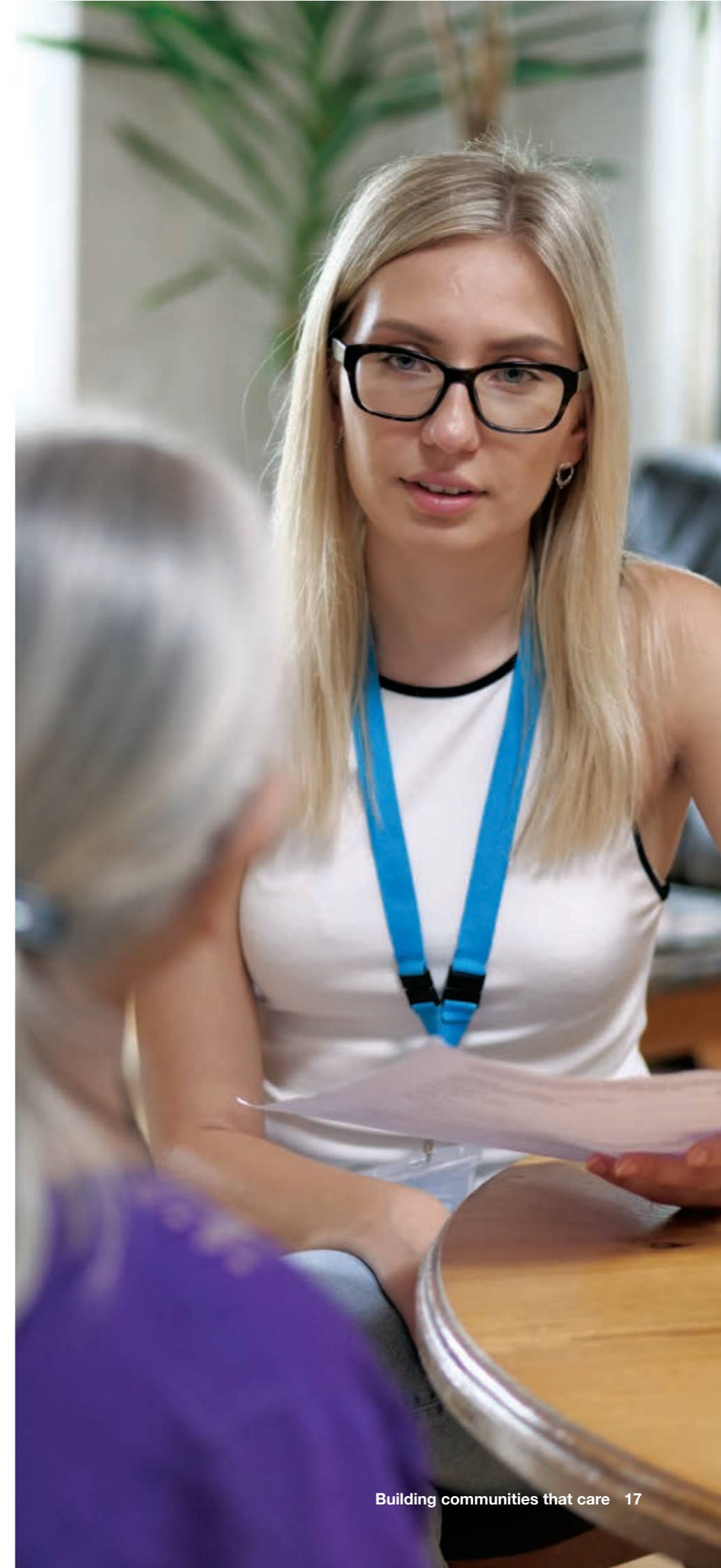
3 Working together in local areas to deliver in partnership

Delivering this range of support for people in the community involves a wide range of national and local stakeholders to plan, fund and provide: people with lived experience, NHS, local authorities and the third and private sectors.

In some cases the right interventions are already being provided by local services. Local supported housing services or peer support groups are already supporting their service users and members to link up with these local initiatives and services. But elsewhere, there may be large gaps in support and service users struggle to find out what's available in their area. This is why it will be important for the NHS and social prescribers to work with local authorities and the voluntary sector to map what's available and identify ways of linking the services up and ensuring service users are aware of what is on offer. This could be through the introduction of a role such as a care navigator role.

At a strategic level, local leaders need to come together to plan and expand on existing provision, as part of Integrated Care Systems. Mental health trusts should work with CCGs, local authorities, the voluntary sector, local employers and people with lived experience to co-design, fund, deliver and evaluate a transformative model of community care. We must not underestimate the investment of time and organisational resources needed to create working partnerships across England.
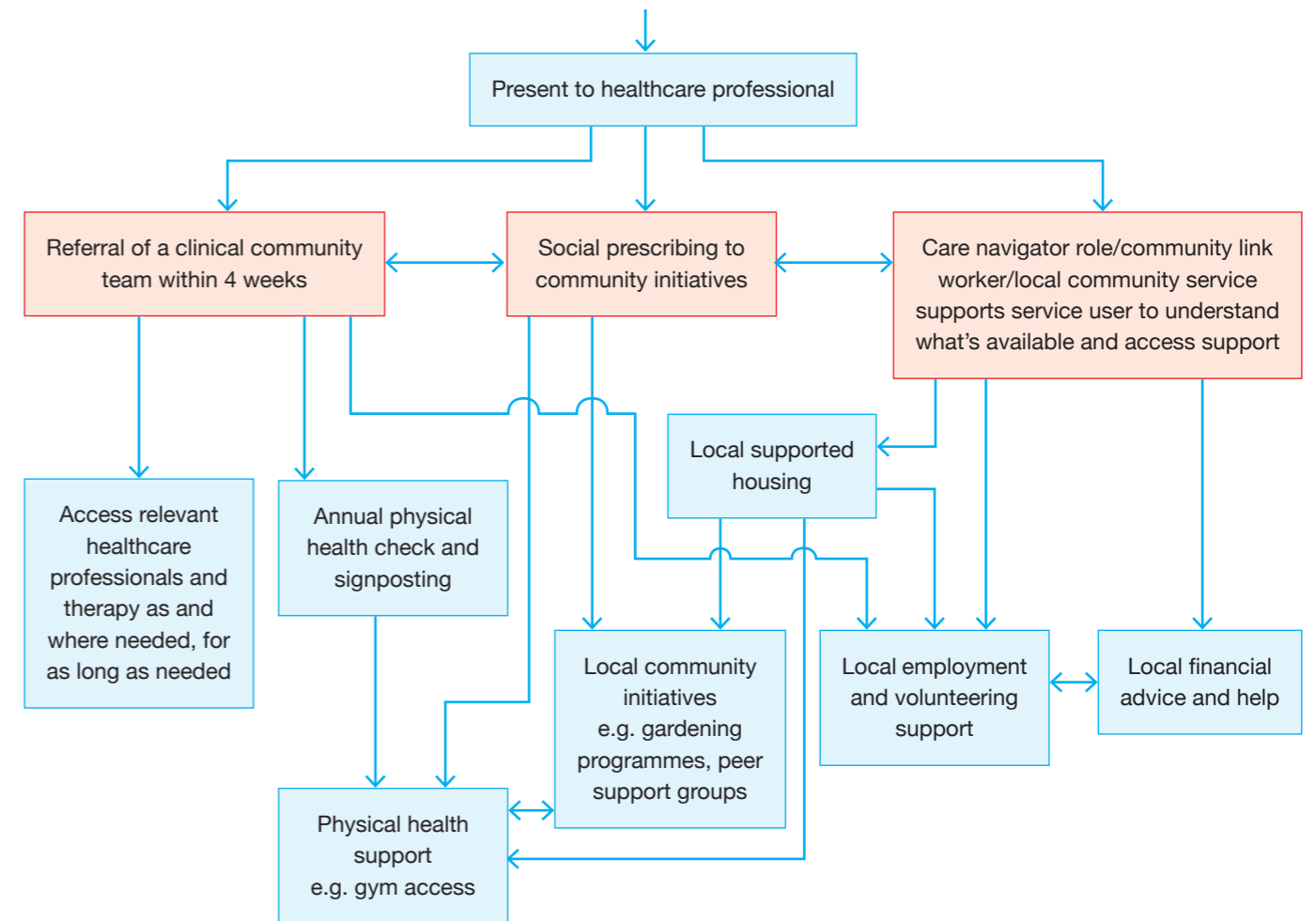
MY TOWN

The Sheffield Crisis House, run by Rethink Mental Illness, is an example of how services can be joined up. The crisis house employs a care navigator who identifies service users' holistic needs and supports them to build their personal resources, improve social connections, and manage their health and finances – ultimately enabling re-integration back to community following a crisis.

The impact of the support was assessed using the Recovery Star, a tool which measures progress in managing or recovering from mental illness and its effects. On average, service users who were supported by the care navigator saw an improvement of 14 points across the Recovery Star life domains, in comparison with those who left the service without the support of a navigator experienced a drop of two points. Feedback from people who received support from the care navigator demonstrated the difference it made to their lives, particularly in avoiding their common trajectory of being re-admitted to hospital or visiting A&E in a crisis.

What integrated community care should look like

Key measurement of how this is improving quality of life: Recovery star

1 Managing mental health
2 Physical health and self care
3 Living skills
4 Social networks
5 Work
6 Relationships
7 Addictive behaviour
8 Responsibilities
9 Identity and self-esteem
10 Trust and hope

Recovery Star

4 Leading the way in your sector

The NHS Long Term Plan is a once-in-a-generation opportunity to finally ensure that those who are most severely affected by mental illness get the support they need. It is early in the process, but wider society now needs to match the NHS's commitment to do things differently.

We need to provide, at last, real care in the community for those severely affected by mental illness. Few could be against that. So what stops us getting there? A big part of the answer is fragmentation. It is easy to assume that people in a town or a neighbourhood know what each other are doing. In fact, it is not uncommon to find projects with broadly similar aims who do not engage with each other.

What is the link between the service manager trying to help someone into employment and the head office of a company that hires and trains in the area? How well do the health and social care

systems communicate with each other in a town or neighbourhood? In all of these cases there will be points of light, shining examples of best practice to learn from. However, what is needed is people and organisations to invest time and resources into building partnerships that work consistently and to do this around the country. Building up the social capital to make the difference takes time.

The first task, then, is to engage with local people severely affected by mental illness and then to work with them to develop shared objectives for care and treatment in the community. We will know

it's working when a town has a plan for providing community services and pride in how well it does so.

Rethink Mental Illness has at its heart a network of voluntary groups around the country, providing social support. We also provide services around the country and national advice services. We have developed our model in the absence of a clear NHS vision for community services. Now that that vision exists, we are prepared to rethink all aspects of what we do to help create the system of care in the community that is so badly needed, in partnership.

A call to arms:

1 A national mission to shift the treatment of severe mental illness

As a country, we need to go beyond our increased understanding of mental illness to focus on action to ensure we can care for the most ill within their communities.

Just as we have, rightly, started to ensure access to public buildings and places of work for people living with physical disability, we need to make adjustments to open up work, social spaces, culture and exercise, for example, to people severely affected by mental illness.

To lead this change, we need forward-thinking towns, cities, seaside communities and villages that represent the breadth of the country to put themselves forward to pilot work with the community and with the NHS.

2 Using real expertise

People severely affected by mental illness know best what their hopes and needs for recovery are. They know where the blockages are in their community. The answer must start with them. The NHS needs to co-design and co-produce the new community service in these pilots and nationally. Robust governance and sign-off are needed to create real accountability.

3 A social movement

Civil society organisations such as the Women's Institute are already making mental illness a priority. Many employers are already working to give employment opportunities to those living with mental illness. Charities working in areas such as debt and addiction already do an incredible amount of good for people severely affected by mental illness. We need these organisations to pool their approach and resources at the local level and to form place-based partnerships.

4 Wider government

There is no point in government striding forward on one leg and back on the other. Other departments must match the NHS' commitment to change. That means:

- Evaluating the welfare system and its appeals processes which all too often make life harder for those severely affected by mental illness.

- A national review of the current and planned supply of supported housing, followed by action to ensure that the right accommodation is available around the country.

5 NHS England and NHS Improvement

These organisations must provide leadership on ensuring accountability for delivery of the upcoming NHS workforce plan. This workforce plan must think creatively about new routes to entry into the NHS, as well as new roles, such as peer support workers, and new career pathways to support the workforce skill mix.

6 What Rethink Mental Illness will do

We commit to working in partnership around the country and measuring and piloting the place-based approach in several our areas. We will ensure that our services on the ground are integrated with our support groups and national services like the Mental Health and Money Advice service, to ensure the maximum support for individuals in their communities.

Our services must work more closely in partnership with other service providers in a local area. We will seek open cooperation and share the learning of what works. If it is useful to the wider voluntary sectors and employers, Rethink Mental Illness will seed a network to share knowledge, create research and, eventually, create links between organisations for pilots and services. We will also set out the views of experts with experience of living with severe mental illness to guide the wider response.

Notes

Rethink Mental Illness.

**Leading the way to a better quality
of life for everyone severely affected
by mental illness**

For further information
on Rethink Mental Illness
Telephone 0300 5000 927
Email info@rethink.org

www.rethink.org