



# Rethink Carers Lancashire

New email address:

[lancscarersgroup@rethink.org](mailto:lancscarersgroup@rethink.org)

## Newsletter

### July 2018

c/o Rethink Mental Illness, Paul's House, Tower Street, TA14BH  
07534 369889

Well it's the holiday season but we still have a busy programme for August (and a good meeting for September). Make sure you don't miss out on these:

<p><b>Saturday August 11,</b> 12 noon till 4 pm, FREE ADMISSION</p>	<p>Whittingham &amp; Goosnargh Social Club Old Hospital Grounds, Goosnargh, PR3 2JE</p>	<p><b>FOOD FOR THOUGHT</b> A fun family afternoon exploring the relationship between Diet, Mental Health and Whittingham Asylum in the 1920s</p> <p>Followed by a FREE evening TICKETED event at the social club from 6pm – 10.30pm An Evening of Entertainment, Music and Food exploring the heritage of Whittingham Asylum based in the 1920s Dance band, musical entertainment, evening meal, 1920s dress (OPTIONAL).</p>	<p>If you're interested in this let us know so that we can arrange group travel, or obtain group tickets for the evening event.</p> <p>Individual TICKETS for the evening event AVAILABLE AT THE WHITTINGHAM &amp; GOOSNARGH SOCIAL CLUB or email <a href="mailto:contact@whittinghamlives.org.uk">contact@whittinghamlives.org.uk</a></p>
<p><b>Tuesday August 14th,</b> 10.30 – 3.00</p>	<p>Brindle Community Hall</p>	<p><b>Morning</b> - A talk from Usman Akram, Specialist Advanced Clinical Pharmacist with Lancashire Care NHS Foundation Trust. Usram will answer your questions about medication (send in advance if you can) and give us the benefit of his expertise to extend our understanding of the issues around prescribing.</p> <p><b>Afternoon</b> – Workshop on the perennial problem of confidentiality and how the rules <i>should</i> apply to carers. Plus the chance to raise other questions that will be of general interest to our members</p>	<p>Lunch will be a sandwich buffet: <b>£5</b> to include all teas, coffees etc, <b>£1</b> for refreshments if you don't have lunch. Deadline for booking lunch and giving dietary requirements is <b>Wed August 8th</b></p> <p>(See next page for more information on how we're tackling this issue with the mental health services.)</p>

**Rethink Carers East Lancs** meets on the second Wednesday of each month at Elmfield Hall, Gatty Park, Accrington, 6 – 8 pm. **Fylde Family Support Group** meets on the second Tuesday of every month at Sainsbury's in Blackpool, 7 –9 pm. Phone 07999 332804. [FyldeFamilySupportGroup@rethink.org](mailto:FyldeFamilySupportGroup@rethink.org) [www.Facebook.com/groups/FyldeFamilySupport](http://www.Facebook.com/groups/FyldeFamilySupport)  
Every Wednesday Rethink Dog Walking Group. Find out information and get support in the fresh air, with or without a dog. 10am-noon Stanley Park Blackpool Fy3 9HU.

<b>Thursday August 16<sup>th</sup></b> , 11am – 3.30pm	Manchester	A meeting for members of north-west Rethink groups, free minibus travel with various pick-up points and an excellent free lunch. Numbers are limited, first come-first-served. See what other groups do, meet their members and Rethink staff, and discuss how north-west groups can go forward together.	Book your place as soon as you can, let us know your dietary requirements
<b>Friday September 14<sup>th</sup></b> , 10.30 am to 3 pm	Brindle Community Hall	Morning – a visit from Sergeant Andrew McGinty, Mental Health & Dementia Co-ordinator, Lancashire Constabulary. Andy gave the Accrington group an inspiring talk last year, and has kindly agreed to come back and update the Lancashire-wide group about how the police force is dealing with the increasing number of situations involving someone with a mental illness. Afternoon – a special visit from Sarah Murphy, who is overall Head of Rethink’s Advice and Information Service, as well as the new Mental Health and Money Advice Service and will be coming up from Birmingham to tell us how these services work and give an analysis of the enquiries they receive.	Lunch arrangements to be announced nearer the time



**CONFIDENTIALITY:** a few years ago some of us were co-delivering, with senior managers, very successful training to mental health staff about how the tricky problem of sharing information with families could be improved. Since then staff have changed and we’re coming across situations where practitioners are misunderstanding the rules and fearful of breaching patient confidentiality. We’ve been asked to contribute to this training again – if you’re interested in a really worthwhile experience which will help all carers, let us know; we’ll make sure you’re fully prepared, and you won’t be doing it on your own.

**INFORMATION BOOKLET:** The East Lancs Community Teams are looking to produce a good information pack to be given to all new service users and carers. This will include revising the booklet written (again in collaboration with senior managers) by the old East Lancs Carers Panel. Let us know if you’d like to be part of this initiative, all views welcome.



This will be on **Saturday November 10<sup>th</sup>** in Sheffield. Full details at <https://www.rethink.org/get-involved/members-day-2018> It begins at 9.15 am, so driving from here would mean a very early start. We’re thinking of hiring a minibus and booking some budget hotel rooms, hopefully with a contribution from group funds. This is always an exciting and information-packed day, Rethink at its best! It won’t be in the north again for some time.

**LET US KNOW IF YOU’D LIKE TO JOIN US FOR THIS TRIP**

**PIP –  
Important  
to know  
this**

Before the court decisions last December, the government would not pay the mobility component of PIP if you found it hard to make journeys because of ‘overwhelming psychological distress’. In December 2017, the high court ruled that these changes were unfair and have said the rules need to be changed back. The government has reluctantly agreed to this and said they will review all PIP decisions made under the old rules. But we don’t know when they’re going to do this, and the assessors are still working to the old rules because the DWP hasn’t given them any guidance yet about the new ones. Some people recently assessed have lost the mobility allowance because of this. But the advice from Rethink Advice Service is that it’s best not to appeal your PIP decision if it’s only

the mobility decision you want to challenge. There’s a risk you might lose what you’ve already been awarded for the other part of the claim. Whereas if you wait for them to review all claims (even though this will take some time), they’ve promised not to change anything else about the decision. **SIMPLES !!!**

**CARERS  
ACTION  
PLAN 2018-  
2020** Prepared by  
the Department of  
Health and Social  
Care

“This action plan outlines the cross-government programme of work to support carers in England over the next two years and builds on the National Carers Strategy. It retains the strategic vision for recognising, valuing and supporting carers from 2008, which has been the vision of successive governments. It sets out this Government’s commitment to supporting carers through 64 actions across five priorities emerging from the carers’ Call for Evidence. The actions focus on delivery and tangible progress that can be made in the near future, and give visibility to the wide range of work that is planned or already underway across government to support carers, their families and those they care for. The action plan builds on the Care Act 2014, a historic piece of legislation which introduced important new rights for carers, putting them on the same footing as the people for whom they care. Carers now have legal rights to an assessment of, and support for,

their needs where eligible. Alongside the Care Act 2014, the Children and Families Act 2014 extended the right to a needs assessment to all young carers. Government is committed to supporting carers to provide care as they would wish, and to do so in a way that takes account of their own health and wellbeing, access to education, employment and life chances. However, some solutions reach beyond the health and care system, and indeed beyond the influence of Government. We also need businesses, local communities, the voluntary sector and individuals to play their part in addressing these challenges to make sure that caring is everybody’s business.

At the root of this is the need to raise the profile of carers and caring – so that all of us recognise and value the contribution carers make within our families, communities, workplaces and society.”

You can access the whole document at [https://www.gov.uk/government/publications/carers-action-plan-2018-to-2020#163961\\_20180619125707](https://www.gov.uk/government/publications/carers-action-plan-2018-to-2020#163961_20180619125707) or ask us for a hard copy.



The East Lancs Activities Rethink group on July 15 ran the Burnley 10k to raise funds for the very worthwhile programme of outings and events they organise for their service user members (some of whom are relatives of our own members), who would otherwise have few opportunities. If anyone felt like making a small donation, this can still be done at <https://www.justgiving.com/fundraising/greg-minns>



**Success on  
Seni’s Law**

Every year, thousands of mental health patients are held in outdated and harmful restraints. It causes distress, injury, and in some cases it can kill. Despite new government guidelines, restraint is used far too often. Seni Lewis (23) died in a mental health hospital after he was pinned face-down by 11 police officers until he stopped breathing. We must stop the use of excessive force that killed Seni and too many other mental health patients like him. The Mental Health Units (Use of Force) Act was introduced to Parliament by Steve Reed MP. It will create accountability and transparency in the mental health services and tackle the unconscious bias that means too many members of our black community are treated differently. We are delighted to let you know that Seni’s Law to reduce the use of force in mental health hospitals was passed by the House of Commons on Friday. This couldn’t have happened without the help of everyone that emailed their MP to attend the debate so thank you! This will make a real difference for people in mental health units who are affected by the devastating effects of restraint. Rethink Mental Illness will keep campaigning as the Bill goes to the House of Lords later in the year...but we’re a big step closer to this becoming law. Thanks so much to everyone that made this possible.

## Our June meeting

We welcomed **Asher Beever** (Carers Services Manager, Carers' Hub Lancashire, n-compass North West Ltd) and **Natalie Burfitt**, (Commissioning Manager, Lancashire County Council) to our meeting on June 22. They gave us a comprehensive slide presentation of where things are now as regards carer assessments – these slides have been sent out to people who were at the meeting, and are available from the group on request to anyone who wasn't there.

Some other key points which came out of the audience questions –

- The Council has set up a task and finish group to push changes through, and will be re-commissioning carer services, including a specific respite scheme and specialist mental health support, in 2019. Carers will be involved in this process, and our group will be asked to discuss the respite proposals
- There will be training in carer assessments for CMHT staff who have moved back to Social Services
- nCompass now have 11 dedicated and experienced Mental Health Carer Support Workers. We queried whether this was sufficient. Asher highlighted how large the workload is for nCompass staff, who are all working well beyond what they are contracted to do, and both she and Natalie emphasised the problem of snowballing demand and reduced funding.
- After an assessment, carers will get a letter outlining the results of the process. Carers can request a copy of the full assessment document if they ask for it, but this isn't sent out routinely because of the cost of snail mail, because it's not user-friendly, and also it can't be emailed.
- CMHT and social care staff do have access to the carer assessment outcomes
- nCompass will continue to promote the Lancashire Advocacy Hub which is the Single Point of Contact for all Advocacy Services in Lancashire. The Hub is responsible for assessing an individual's advocacy needs and referring them into the appropriate support, e.g. Care Act advocacy
- As part of their wish to make use of all external and internal resources, nCompass specifically use resources such as Rethink's Advice Service and factsheets, and will be liaising closely with our group
- carers who look after someone with multiple conditions, or who care for more than one person, should have a single carer assessment which covers all their needs
- carers have a choice as to whether they are assessed by nCompass or by a social worker from the mental health services, and also as to whether they have a telephone or face-to-face assessment



On the same day, **Professor Shôn Lewis** gave us a fascinating insight into aspects of psychosis and promising new research. He made it relatively easy to grasp the science behind this – if you weren't at this meeting and would like the slides please let us know. We were so impressed with Shôn's no-nonsense approach, obvious commitment to good treatment for all, and approachability. He was concerned about our members' accounts of clinicians who had apparently lost interest in their patient, when 'being interested' is their statutory duty. Some of his additional points were:

- Life expectancy for someone with a diagnosis of schizophrenia is likely to be reduced by 15 -20 years
- Apart from Clozapine, there have been few developments in anti-psychotic medications in the last 10 years, with the result that pharmaceutical companies have walked away from research into such drugs. Clozapine can be tried again if there have been previous problems, depending on what these problems were
- Schizophrenia results from a number of tiny genes which can add up together. One particular gene (COMT?) will moderate the psychosis-inducing effect of cannabis, but 25% of people don't have this gene. Unfortunately, there's no way of identifying who these people are before they use cannabis
- Shôn highlighted the problem of poorly designed research which then produces unreliable results. His own research, which has been highly rated, showed that counselling can be as effective as medication, but this depends entirely on the relationship between the patient and the therapist. If someone doesn't get on with their therapist, psychologist or psychiatrist, the results will be worse than if they didn't have this support at all.
- Relapse happens over three to five days, so it is important to pick up relapse symptoms immediately. Shôn's research whereby patients have a mobile phone app to allow tracking of their symptoms has proved very successful, despite all the pessimism from other agencies about whether it would be used properly
- For the moment the Manchester health authorities are refusing to fund Shôn's second opinion clinic, but he is hopeful of reversing this decision. Everyone has a right to a second opinion
- With regards to Personality Disorder, misdiagnosis is fairly high, and such a diagnosis can result in inertia from clinicians, who should all have knowledge of treatments.

## Highly critical CQC report into our mental health services

The Care Quality Commission carried out a review into services run by the Lancashire Care NHS Foundation Trust, including The Harbour in Blackpool and Guild Lodge in Preston. Their conclusion was that the services are **'Not safe, not effective and not well led'** and inspectors have ordered the Trust to make significant improvements in the areas of safety, effectiveness, and quality of leadership.

You can read the whole report at [https://www.cqc.org.uk/sites/default/files/new\\_reports/AAAH1218.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/AAAH1218.pdf)

The issue of safety is something we have brought up quite often when advocating for our group members, as too often practitioners don't take notice of what relatives tell them, with the result that there are increased risks. This was apparent during an inquest cited, whereby although staff were warned by a mother that her daughter would jump out of the car when being transferred to another hospital, she was driven by a lone therapist, jumped out of the car and caused a serious crash. One of the reasons we're so keen on the information-sharing training is that it encourages staff to have a more common-sense approach to confidentiality, rather than sticking to what is often little more than 'folklore'. It's vital that mental health services base their assessments not only on what they see themselves but also on the evidence families and carers can supply. One of the big points made in this training is that lessons must be learned from adverse incidents; the CQC report criticised the Trust for not doing this.

The Trust was rated as 'good' in the areas of being caring and responsive, and it was noted that staff treated individual patients with care, compassion and dignity. But criticisms included:

- patients having to sleep in chairs because of lack of facilities
- inability to admit patients under the Mental Health Act because of lack of beds
- staff unable to manage certain patients
- poor quality food and no access to snacks and drinks for in-patients
- low staff compliance with essential training in some core services
- supposedly short-term crisis support units being used to hold patients for long periods because of a lack of available beds elsewhere

Inspectors observed eight breaches of legal requirements (which comes as no surprise to those of us trying to get thorough 117 aftercare or Care Act implementation).

We understand that the report has resulted in resignations at senior management (including the Chief Executive) and Board level. So we feel it's more important than ever for our group to continue work with the Trust, to contribute our very real expertise, and to build even more on the excellent relationships we have with the many committed and caring staff we know.



## Threat to supported housing

The Government wants cash-strapped councils to fund 'shortterm' supported housing, which would make it much easier to cut funding and put supported housing services at risk of closing. Around 30,000 people with mental illness rely on these services. They offer a place to call home and prevent people from being sent far away from their loved ones and spending unnecessary time in hospital. We've surveyed supported housing staff and 84% told us their service could close if the Government's plans go ahead. You can read the full report here:

[www.rethink.org/thiscouldcostlives](http://www.rethink.org/thiscouldcostlives) Please take a few moments to email your MP to urge the Government to reconsider their plans by giving people the security they need to help them on the road to recovery and living well.

Email your MP here: [www.rethink.org/get-involved/campaigns/a-place-to-call-home-takeaction](http://www.rethink.org/get-involved/campaigns/a-place-to-call-home-takeaction)

## Mental Health UK Information Guide

**A new guide has been produced by Mental Health UK, which brings together four national UK charities • Hafal in Wales • MindWise in Northern Ireland • Rethink Mental Illness in England • Support in Mind Scotland Find out more at [mentalhealth-uk.org](http://mentalhealth-uk.org)**

The guide is fairly general, covering 6 conditions and providing practical tips and signposting. It is, therefore, aimed at a broad audience of those affected by mental illness, carers or families. The Information Guide is being delivered to 5,000 GP surgeries across the UK in the first week of August. These are the busiest 5,000 so you won't see them in all GP surgeries, however, there will be a second delivery to surgeries in November which will include an additional 3,000 surgeries in more remote areas. You can find this guide at <http://rethink.informz.net/rethink/data/images/groups/Mental-Health-UK-Information-Guide.pdf> but we'll be ordering a good number of hard copies to distribute locally and to group members.

This guide can help everyone get the information and support they need. It talks about the most common conditions, but there are many others. Some people will also experience more than one. You'll also find advice on: • Seeing your GP if you're worried about your mental health • What to do if someone you know is affected • How you can help yourself • Who to contact for more advice

### In the news

**Why being left-handed matters in mental health treatment:** Treatment for the most common mental health issues could be ineffective to half the population, according to a radical new study of emotion in the brain. Hundreds of studies of the brain have been carried almost exclusively on right-handed people. That simple fact has given us a skewed understanding of how emotion works in the brain, according to Daniel Casasanto, associate professor of human development and psychology at Cornell University. Left-handed people's emotions, like alertness and determination, are housed in the right side of their brains, Casasanto suggests in a new study.

**WHO recognises Gaming Disorder as a mental health condition:** Gaming disorder, as in video games, is now an official mental health condition, according to the World Health Organization. But the idea of technology addiction is still controversial. The World Health Organization have announced that they will add "gaming disorder" to their manual of disease classifications as a mental health condition. The decision instantly led to disagreement among experts over whether an addiction to playing video games qualifies for the list, which also includes addictions to alcohol and marijuana, along with various internal diseases like respiratory or immune disorders. WHO defined gaming disorder as "impaired control over gaming, increasing priority given to gaming over other activities to the extent that gaming takes precedence over other interests and daily activities and continuation or escalation of gaming despite the occurrence of negative consequences." The organization also emphasized that gaming disorder is something that has to be diagnosed, and that it "affects only a small proportion of people who engage in digital- or video- only gaming activities."

**More young doctors inspired to work in mental health:** New statistics from Health Education England, analysed by the Royal College of Psychiatrists, show 307 doctors will start training this year in England to specialise in psychiatry, the most since 2009. This is a rise from the 239 doctors who had chosen psychiatry at this stage of the recruitment process last year. This suggests that the rise in mental health awareness, in part thanks to the candidness and honesty of high profile public figures, has inspired young people to become the mental health doctors of tomorrow. With the most recent RCPsych Census showing 1 in 10 consultant posts are vacant across the country, the increase in those training to become psychiatrists is welcome news for services and patients alike.

**Local authorities blamed for detention rates:** Research identifies a lack of knowledge in local authorities about potential community support options. Local authorities' failure to strategise is today blamed for the high numbers of people with learning disabilities, autism and/or mental health conditions 'living' in long-stay inpatient care. Around 3,000 individuals with untreatable cognitive conditions remain living in assessment and treatment units or equivalent, seven years on from the Winterbourne View scandal. A further 60,000 with mental health needs were detained under the mental health act in 2016, the last year for which records are available. A report in May from VODG (Voluntary Organisations Disability Group), Transforming care – the challenges and solutions, addresses NHS England's policy ambition to enable people to move from inpatient settings, closer to their homes.



