



Rethink Carers Lancashire

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With best wishes to everyone for 2020

Tell us what you want from this group: Carer members will find a survey with this newsletter, to complete either online (let us know if you want a printed copy) or by post. We're very keen to know what will best meet needs, and will be very grateful to any carers who take the trouble to make their views known.

We're starting to arrange a couple of daytime meetings at Brindle, but are hoping to start a regular small group to reach carers in central Lancashire in addition to the one we've been holding in East Lancashire.

And **Great news...** Coming up soon... a NEW RETHINK GROUP IN NORTH LANCASHIRE. The Phoenix Rethink Group will start meeting in Melling in the Lune Valley on the third Wednesday of each month, starting in April. If you are interested in attending, getting involved or just finding out more, please contact Rethink Carers Lancashire to register your interest; we'll be happy to pass on your contact details to the new Group Coordinators.



The first UK-wide mental health and money advice service dedicated to supporting people affected by mental health and money issues.

We're being contacted more and more by carers whose relatives need help with benefits and debt issues. We can help with many of these inquiries, but often it needs the help available from this service, which is an extension of the Rethink Advice and Information Service. This help can be provided on an individual basis, and is very expert, so don't hesitate to make contact, either via our group or directly at advice@rethink.org or **0300 5000 927**

And while we're talking about money – some of our carers and relatives are finding that a Credit Union is a good way to manage money, especially when it comes to saving up for Christmas. Credit unions are community savings and loan cooperatives, where members pool their savings to lend to one another and help to run the credit union. Our local credit unions need **savers** so that they have enough funds for lending – why not think about saving with them for next Christmas? Ask us for more information.

In the meantime, the behaviour of the DWP doesn't get any better – see next page

Same old DWP problems

Last week a coroner concluded that the removal of a vulnerable man's benefits for failing to attend a fit-for-work test was a "devastating stressor" that had significantly affected his mental health and may have contributed to his death. The family of the man, who died of starvation months after having his welfare benefits stopped, has demanded the government act urgently to minimise the chances of such tragedies happening again. Locally we are regularly hearing tales of incomprehensible DWP decisions, and unreasonable arrangements for face-to-face interviews. Many of us will now have a new MP, keen to do the right thing by constituents and perhaps more open to discussion of changes. If you're thinking of seeing your MP to raise this issue, let us know and we can support you in this.



NICE

Supporting adult carers In January the National Institute for Health and Care Excellence published its guideline on how health and social care practitioners should support adults (aged 18 and over) who provide unpaid care for anyone aged 16 or over with health or social care needs. It aims to improve the lives of carers by helping health and social care practitioners identify people who are caring for someone and give them the right information and support.

It covers carers' assessments, practical, emotional and social support and training, and support for carers providing end of life care. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account. Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. You can find the guideline at <https://www.nice.org.uk/guidance/ng150/resources/supporting-adult-carers-pdf-66141833564869> or ask us for a hard copy.

Some of the more important points in relation to the work this group is doing:

We have been working with both health and social care managers to deliver training which explores the issue of sharing information with carers, in the hopes that we can all address the barrier of confidentiality rules. This new guidance underlines the messages conveyed in this training:

Sharing information with carers

1.1.8 Practitioners responsible for providing and discussing information with carers should have the knowledge, time and communication skills to do so.

1.1.9 Primary care providers and primary care networks should explore ways of offering and promoting services to carers, including through partnership working (for example, working with local carer support services or nominating carer champions).

Working with and involving carers

1.1.10 Health and social care organisations should promote ways of working with carers that acknowledge them as expert partners in care and value their skills and knowledge about the person they care for. These approaches should be incorporated into formal policies and processes.

1.1.11 Health and social care practitioners should work in partnership with carers and treat them as a valued member of the care team around the person being cared for, with the person's consent. This should include involving carers in decision making and care planning and keeping them up to date.

1.1.12 During discussions with carers about the person they are caring for they should share with carers the information they need to provide care effectively and safely

So we'll be using this document to reinforce what we say. So far, we've delivered sessions to Lancashire County Council mental health social care practitioners, and to Community Mental Health teams in East Lancashire. We're about to do the same for the Early Intervention teams, and will try to work with in-patient teams as this is where the biggest problems of misapplying the confidentiality rules seem to arise.

WE NEED MORE CARERS TO HELP WITH THIS TRAINING. Those of us who've already been involved have really enjoyed it; we can give some training and you'll get a small fee for your contribution, so **PLEASE LET US KNOW IF YOU'RE INTERESTED.**

On Section 117 Aftercare?

Wanting funding for health improvements?

From 2nd December 2019 you can get a PERSONAL HEALTH BUDGET if you are eligible for section 117 after-care. Before this date only people who got Continuing Healthcare could have a personal health budget.

What is a personal health budget? A personal health budget is an amount of money to support your health and wellbeing needs. It is planned and agreed between you and your NHS mental health team. A personal health budget allows you to manage your healthcare in a way that suits you.

What can I spend my personal health budget on? You should work with your NHS mental health team to identify your health needs, and what support and care you need to meet those needs.

You can spend your personal health budget on care and support to meet your needs. You should agree this with your NHS mental health team. Your local Care Commissioning Group (CCG) might need to be involved too. You might be able to spend the money on a broader range of care and support than the NHS usually offers. For example, if a side effect of your medication is weight gain, you might be able to use your budget to pay gym fees.

Will I get a care plan? Together with your NHS mental health team, you will develop a care plan. The plan sets out your personal health and wellbeing needs, the health outcomes you want to achieve, the amount of money in the budget, and how you are going to spend it.

Your care plan should be regularly reviewed. You can ask for your plan to be reviewed if you think it isn't meeting your needs.

Who will be responsible for overseeing my care? A care co-ordinator should be responsible for your care. They will help you organise your personal budget.

What is the difference between a personal health budget and social care direct payments? A personal health budget pays for your specialist healthcare needs. Social care direct payments pay for your social care needs. So, an NHS personal health budget is different from direct payments for social care. If you are eligible for social care you can choose: for your local authority to arrange services for you, or to have direct payments to arrange and pay for services yourself. Let us know if you want more information about Direct Payments.

Who can support me when I'm making decisions about my budget? You should be supported by a suitable professional to think through how you would like to use your budget. This will usually be your care co-ordinator. Your NHS mental health team is responsible for giving you advice about your budget, or referring you to a suitable local organisation for advice.

Could I give up my personal budget? You can give up your personal health budget at any time. You will still be able to receive care and support in another way.

Where can I find out more information? You can read more about personal budgets by visiting the NHS website > <https://www.nhs.uk/using-the-nhs/help-with-health-costs/what-is-a-personal-health-budget/>

You can also find more information on the People Hub website: Website www.peoplehub.org.uk

More information when we have it. In the meantime, ask the Care Coordinator (who may well not know much about this yet) and keep us posted about your experience of this. One person we know is hoping to obtain help to pay for a personal trainer as this is the only way she can keep off the weight gain caused by medication.



Also useful to know in terms of funding – anyone *not* on 117 aftercare has to pay towards their social care package, with the actual amount someone has to pay being means tested. If someone is being assessed as to how much contribution they need to make towards their social care package, one factor in reducing this contribution is how much they need to spend on 'disability related expenses'.

If someone with a mental illness is paying for an internet service which they need as a means of reducing the isolation stemming from, for instance, lack of social skills or depression, this amount can be discounted from what they need to pay in the same way as household expenses are discounted.

Psychosis - studies relating to both cannabis and smoking



Risks of cannabis use for mental health treatment outweigh benefits evidence of positive outcomes is scarce while symptoms can be exacerbated

The use of cannabis medicines to treat people with depression, anxiety, psychosis or other mental health issues cannot be justified because there is little evidence that they work or are safe, according to a major new study. A review of evidence from trials conducted over nearly 40 years, published in the journal *Lancet Psychiatry*, concludes that the risks outweigh the benefits. And yet, say the authors, they are being given to people with mental health problems in Australia, the US and Canada, and demand is likely to grow.

Prof Louisa Degenhardt of the National Drug and Alcohol Research Centre at UNSW Sydney, Australia, lead author of the study, said the findings had important implications in countries where medical use was allowed. "There is a notable absence of high-quality evidence to properly assess the effectiveness and safety of medicinal cannabinoids compared with placebo, and until evidence from randomised controlled trials is available, clinical guidelines cannot be drawn up around their use in mental health disorders," she said.

The authors looked for evidence of an effect of medicinal cannabinoids in trials conducted in depression, anxiety, attention-deficit hyperactivity disorder (ADHD), Tourette syndrome, post-traumatic stress disorder (PTSD) and psychosis. They found 83 studies in 3,000 people. But the evidence of a positive effect was sparse. There was, they said, "low-quality evidence" that THC, one of the derivatives of cannabis, could be helpful to people with multiple sclerosis or chronic pain who were also suffering from anxiety. But it made people with psychosis worse. While there is little evidence that cannabinoids can help, the authors found more evidence in "a large body of research" of the potential harms. "This research suggests that cannabis use can increase the occurrence of depression, anxiety, and psychotic symptoms," says the paper.

Smoking may increase risk of mental health problems – study

Researchers find link between tobacco cigarettes and depression and schizophrenia

Smoking tobacco cigarettes could increase the risk of mental health problems such as depression and schizophrenia, research suggests. It has long been known that smoking is more common among people with mental health conditions. However, it has been unclear whether smoking could be a factor in causing such problems or is simply a form of self-medication among those already living with poor mental health. Scientists say they have now unpicked the issue. "What we found was that there was evidence of causal effects in both directions," said Dr Robyn Wootton, the first author of the research, from the University of Bristol. Dr. Wootton said that while the serious physical consequences of smoking were already known, the new research underlined the importance of preventing people from starting the habit and helping smokers to quit to protect their mental health – whether or not they have existing mental health problems. He also said it was necessary to explore exactly how smoking might increase the risk of schizophrenia and depression, but one possibility was that nicotine influences pathways in the brain linked to mental health problems. That could be important, she added, since nicotine is also found in electronic cigarettes. Cannabis use might also help to explain the findings, since high-strength cannabis has previously been suggested to increase the risk of mental health problems, and those who smoke have a greater risk of cannabis dependency. Dr Ian Hamilton, an expert in addiction and mental health from the University of York, said: "While the physical harms of smoking are well known, this research points to the mental health risks of using tobacco. This risk should be communicated widely but particularly to school-age children who might be tempted to try smoking."