



Rethink Carers Lancashire

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This newsletter will be focussing on **Coronavirus**, in particular how this might affect our group members and those we care for. Rethink's underlying ethos of fellowship will hopefully encourage us all; this newsletter has helpful pointers, plus Rethink's advice and information, but we're looking to our group members to contribute mutually supportive ideas and help us all stay positive. We're all struggling to come to terms with such a deeply serious situation, but we hope you don't see the picture on the right as trivialising it – just an attempt to lighten the mood.



Hope you can all stay safe and connected

Staying connected: the results of our survey were encouraging, and – taking into account the views and suggestions that came in - we were just on the brink of a relaunch of group meetings when we had to decide not to put anyone at risk. So our meetings are on hold for now, but be assured - as soon as the situation is resolved (admittedly probably some time off) we'll be forging ahead with new plans and possibly new venues.

In the meantime, we're experimenting with an **online group meeting**. Details have already been sent to the members who regularly participate in meetings *and* use the internet. If you haven't received this information let us know and we'll give you the information; it will be on Friday March 27 at 2 pm, and if successful will happen regularly whilst we're all so cut off.

And if you don't do online, do please call in or text to let us know how you're managing and whether you need any help or support.



Can you get the provisions you need? Not just because of empty supermarket shelves, but also not being able to get out to buy groceries (once a week seems to be the rule now). How do we find an available slot for home deliveries when all the big names are booked up for weeks? Iceland are reserving their delivery service to pensioners and vulnerable people, which helps a bit, as long as you can order online. **DO CONTACT US** if you have any tips or if you're really struggling with this, **WE'LL SHARE THE INFORMATION.**

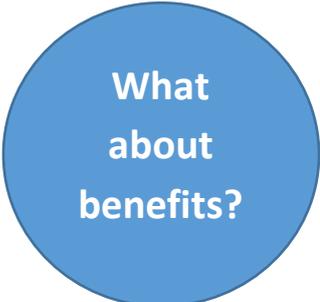
Latest updates as of March 25th

<https://www.moneysavingexpert.com/news/2020/03/uk-coronavirus-help-and-your-rights/#supermarkets>

<https://www.booths.co.uk/home-delivery/>

The new rules and informal (i.e. unpaid) carers: one of the permitted reasons to leave home is “to look after any medical need, to provide care or to help a vulnerable person.” We understand that this also applies to care from informal carers (see below for information about paid carers, e.g. support workers). Obviously it’s best not to leave home if you can avoid it, but it might be a good idea to write a **contingency plan** in case the person you care for has to self-isolate, this might make you and your relative less anxious (www.rethink.org/advice-and-information/carers-hub/planning-for-the-future-your-relatives-care-and-support/ www.carersuk.org/help-and-advice/practical-support/planning-for-emergencies) If your relative has a Care Coordinator you can ask what support they will give if either of you has to self-isolate. It seems at the moment that mental health practitioners are not making face-to-face home visits, but hopefully this will not apply in an emergency. The Trust is asking the public to limit visiting to wards and to consider other ways of keeping in touch, like phone calls, Skype or Facetime. Visitors are currently restricted to immediate family members or carers, and of course the usual rules (e.g. hand-washing) apply. As soon as we know any more about community care policies, we’ll let you know.

The new rules and formal (i.e. paid) carers, such as Personal Assistants and support workers: this can be found at <https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision> It’s mainly to do with support for people who have close personal contact such as washing and bathing, but it does say that “*Provision of care and support in people’s home is a high priority service, in that most care and support cannot be deferred to another day without putting individuals at risk of harm.*” It mentions that if care workers undertake cleaning duties, then they should use usual household products, such as detergents and bleach as these will be very effective at getting rid of the virus on surfaces. Frequently touched surfaces should be cleaned regularly. Also If care workers support the individual with laundry, then they should not shake dirty laundry before washing. This minimises the possibility of dispersing virus through the air. If neither the care worker nor the individual receiving care and support is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices. General interventions may include increased cleaning activity and keeping property properly ventilated by opening windows whenever safe and appropriate. Care workers should follow advice on [hand hygiene](#).



What about benefits?

Face-to-face assessments for all sickness and disability benefits will be suspended for the next 3 months, the government announced on 16 March. The temporary move, effective on Tuesday 17 March 2020, is being taken as a precautionary measure to protect vulnerable people from unnecessary risk of exposure to coronavirus as the country’s response ramps up in the ‘delay’ phase. The DWP claims it will ensure those who are entitled to a benefit continue to receive support, and that new claimants are able to access the safety net. It affects claimants of Personal Independence Payment (PIP), those on Employment and Support Allowance (ESA) and some on Universal Credit, and recipients of Industrial Injuries Disablement Benefit. The suspension of face-to-face assessments also covers new claims to those benefits. Apparently, all other benefits processes are carrying on as usual, with

telephone assessments replacing face-to-face interviews, but we do have the impression that things are slowing down at the DWP (not that they were ever very quick!) If you’re asked to start a claim (e.g. PIP), we have a lot of information we can send out (post or email), including a chart with suggestions of phrases you could use, and can talk things through over the phone. We are waiting for updates regarding appeal tribunals, at present court tribunals are continuing as planned.

While we’re talking of tribunals - One of our members received confirmation of a Tribunal decision to award PIP by post the day after the Tribunal. What followed was shocking: *“4 weeks later we hadn’t heard anything from DWP. So I rang them and they said they were aware of the hearing date but hadn’t received the decision yet. So I said I would send them our copy. They said that wasn’t acceptable and I would have to ring the Tribunal service and ask them to forward it to them. So I rang the Tribunal service and was told that they had emailed the DWP at 11.55 am on the day of the appeal. (I commented that we probably hadn’t even left the building!) She also said that I shouldn’t have been told to ring them as the agreement with the DWP is that the DWP should email them when they are informed that they haven’t received an appeal decision. She also told me to mention that ‘I wanted to escalate matters’. So I rang back the DWP (50 mins waiting). And told them what I had been told and, guess what, I was transferred to a Manager and apologies were proffered. I mentioned that this situation should never have happened as there should be a check in the system.”*

Coronavirus: temporary changes to the Mental Health Act

(more information at <https://www.rethink.org/news-and-stories/blogs/2020/03/coronavirus-temporary-changes-to-the-mental-health-act/>)

Why are the government making emergency changes to the Mental Health Act? The Mental Health Act must continue to function effectively throughout the Covid-19 pandemic, in order to ensure the safety, care, and treatment of people severely affected by mental illness. Emergency legislation has been introduced to Parliament which includes temporary measures to change the Mental Health Act. This is because the government is concerned that Covid-19 will reduce the number of mental health professionals available to help people whose mental health places them at risk. **The changes will not apply from the moment the legislation is passed - they may be activated if the crisis worsens.**

Are these changes part of the recent review of the Mental Health Act? No. These are temporary measures and are separate to the ongoing review of the Mental Health Act. These changes will not happen straight away. They will only happen if staff numbers are significantly reduced.

Rethink Mental Illness will be carefully monitoring the rights and conditions of people detained under the Act. And we will continue to press for reform of the Act once the emergency measures are no longer required.

What are the changes being made?

- Usually 3 people have to agree that you need to be detained. These are normally an approved mental health professional (AMHP) and 2 doctors. Under the new legislation the number of doctors is reduced to 1. The AMHP has to record the reason why the decision to detain you was made on the recommendation of only 1 doctor. And they should only take this decision if they believe that staff shortages caused by coronavirus mean it would take too long for a second doctor to assess you.
- Changes to how long you can be remanded to hospital for. If you are accused of a crime, the court may think that your mental health was a factor in your offence. Under Section 35 and 36 of the Act, the court can send you to hospital for your mental health condition to be assessed. Normally you can be sent to hospital for no more than 28 days. If your doctor thinks you need to be in hospital longer, they can tell the court. And the court can extend the section for further 28-day periods, up to 12 weeks at the most. Under the emergency measures there would be no 12-week upper limit. This means that you can be kept in hospital, under a section 35 or 36, for longer than 12 weeks.
- Changes to court orders for the detention of accused or convicted persons in hospital. If you are accused or convicted of a crime, the court may feel that you need to be detained in hospital. Normally 2 doctors have to assess you and agree that you are so unwell that you need to be in hospital. Under changes to court orders Section 36, 37, 38, 45A, and 51 of the new legislation, you can be sent to hospital if 1 doctor says that you are unwell. But the court has to agree that this is necessary because of the circumstances.
- Changes to emergency detention of voluntary patients already in hospital. Under the Mental Health Act, in emergencies professionals have the power to detain you if you are a voluntary patient. This is to stop you leaving hospital if a professional thinks that you are a risk to yourself or others. Under these powers you can only be held for a short time: Under section 5 (2) of the Act a doctor can agree to hold you for up to 72 hours, and Under section 5 (4) of the Act a nurse can agree to hold you for up to 6 hours. You can only be held after this time if a full Mental Health Act assessment is done, and professionals agree to further detain you. This will usually be under sections 2 and 3 of the Mental Health Act. The emergency legislation will extend these powers, so you can be held for an increased time. This is because it might take professionals longer to assess patients who are held on these temporary sections.
- Changes to the transfer of prisoners to hospital. Under the Mental Health Act if you are a prisoner you can be transferred to hospital. This happens if 2 doctors think this is the best thing for you, because of the nature of your mental disorder. The Secretary of State for Justice must consent to the transfer. This power is under section 47 of the Mental Health Act. The emergency legislation says that only 1 doctor needs to recommend the transfer of you from prison to hospital. But the Secretary of State for Justice must still consent to the transfer.
- Changes to continuation of treatment. Under some sections of the Act, your doctor can only continue to authorise your treatment without your consent if a SOAD agrees. SOAD means 'second opinion approved doctor'. Under the change, your doctor will no longer need a SOAD to agree before continuing to authorise treatment that you don't consent to.
- Changes to police holding powers. You might be in the community or your own home. Police might be concerned about the safety of you or others and that you have a mental disorder. They have powers under the Act to hold you in a place of safety. Depending on your circumstances, this could be a hospital, your home, the home of another or a police station. The police have these powers under sections 135 and 136 of the Mental Health Act. You can usually be held for an initial period of up to 24 hours. Which can be extended for a maximum of another 12 hours. The patient can only be held after that time if a full Mental Health Act assessment is done. And professionals agree to further detain the patient. This will usually be under sections 2 and 3 of the Mental Health Act. The change means that you can be held for an initial period of up to 36 hours. This can be extended for a maximum of another 12 hours.

Are there any changes to mental health tribunals? Separate legislation has changed the rules about mental health tribunals. The rule changes are temporary while the coronavirus pandemic lasts. The changes will be reviewed in 6 months' time.

Coronavirus scammers targeting vulnerable people

Police are warning all members of the public to be wary of coronavirus scammers. The National Fraud Intelligence Bureau says it's already identified over 100 reports of fraud relating to coronavirus, with victims' losses totalling almost £1 million. Hundreds of community groups are springing up to help those in self-isolation as the virus spreads across the country, but unfortunately, among this kindness there are still those that will prey on the vulnerable, taking particular advantage of the extra-high anxiety experienced by people such as those we care for. People without the internet are apparently the most vulnerable to becoming victims – but anyone can be caught out, as witnessed by recent experiences of some of our group members. (Note from Valerie, Group Coordinator – *we recently almost fell prey to someone who called out of the blue to 'fix our router problem'; we were halfway through following his instructions to give him total access to our laptop, and only stopped because we had to go out for a dental appointment. He obviously thought he'd found some real suckers because he called back the next day, by which time we'd realised how daft we'd been and how near we'd come to disaster. So much for thinking you're scam savvy and not at risk, it can happen to anyone. Our pathetic excuse was it happened early in the morning!*)

The majority of coronavirus scams relate to online shopping frauds, after people reported that their orders of face masks, hand sanitisers and other products never arrived. Some fraudsters are claiming to be from the World Health Organisation and HMRC. Fraudsters are specifically targeting people who are self-isolating - they knock on their doors and offer services such as a grocery shop or virus testing, but then trick them into parting with their money. One scam has the criminals offering to take their temperature – thus allowing them into the house, where residents can be robbed or worse. Classic scams include calling saying: "This is your bank, we're struggling due to coronavirus, so we need to move money to a new [scam] account." There have also been over 200 reports of coronavirus-themed phishing emails designed to trick people into opening malicious attachments or revealing sensitive information. A common tactic used by scammers is to send messages purporting to be from research groups linked with the Centres for Disease Control and Prevention in the US, or the World Health Organisation. Some claim to be able to provide a list of people infected with Covid-19, which links to a malicious website or asks the victim to make a payment in Bitcoin. Other common phishing emails include sending articles about the coronavirus outbreak with links to fake company websites, or sending details of investment schemes which encourage people to take advantage of the coronavirus downturn.

If anyone is aware of this kind of criminality, especially if it's targeted at those we care for, please let us know and we'll circulate the information. And if you need one-on-one support, go to [Citizens Advice Scam Action](https://www.citizensadvice.org.uk/scamsaction/) <https://www.citizensadvice.org.uk/scamsaction/> You can get advice from a Scams Action adviser by calling [0808 250 5050](tel:08082505050). The service is open from Monday to Friday, 9am to 5pm., closed on bank holidays. Calls are free from mobiles and landlines.

(The upside, though, is that the lockdown has already led to a drop in recorded crimes of burglary and violence, as much as 20% in some areas.)



Not the happiest newsletter we've sent out, but think of the party we'll have when it's all over!