

MENTAL HEALTH AND SOCIAL EXCLUSION / INCLUSION

LEEDS STATE OF READINESS REPORT

JULY 2005

LEEDS SOCIAL EXCLUSION / INCLUSION GROUP

(LEEDS MENTAL HEALTH MODERNISATION TEAM)

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MENTAL HEALTH AND SOCIAL EXCLUSION

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1. INTRODUCTION

1.1 National Context

In 2003 The Prime Minister and the Deputy Prime minister asked the Social Exclusion Unit to look at what more could be done to reduce social exclusion that is experienced by people who have mental health problem. This was part of the Governments commitment to address the causes of social exclusion and re generate local communities and economies.

The unit embarked on a project, which focused on working age adults and asked two main questions –

- What more could be done to enable adults with mental health problems to enter and retain work?
- How can adults with mental health problems secure the same opportunities for social participation and access to services as the general population?

After many visits around the country, several consultation exercises and extensive research the unit produced a report that outlines the current issues and makes recommendations for further work. It also challenges national and local agencies to take forward a series of actions that is believed to contribute to the goal of reducing social exclusion for people with mental health problems.

There are many examples of mechanisms and work already in place that addresses some of these issues. So for example ‘The Pathways to Work’ pilot provide a new approach to supporting people back to work. The National Service Framework particularly with its work through its mental health promotion standard continues to increase efforts around social inclusion.

The report is clear that the success of any local action depends on the strength of local partnerships. It looks to Local Strategic Partnerships to support the development of work and actions.

The Governments Public Health White Paper Choosing Health recognises a need to develop an environment where people who are disadvantaged have the same opportunities to ‘choose health’. The report has many suggestions of how this could happen. In Leeds the implementation of the report will meet many of these public health requirements.

1.2 Social Exclusion Unit Report

The report outlines the importance of this work by looking at some national statistics, for example –

- Mental Health Problems are estimated to cost the country £77 billion a year through the cost of care, economic losses and premature death.
- Over 900,000 adults in England claim sickness and disability benefit for mental health conditions with particular high claim rates in the North, This group is now larger than the total number of unemployed people claiming Jobseekers allowance in England.
- Social isolation is an important risk factor for deteriorating mental health and suicide. Two third of men under the age of 35 with mental health problems who die by suicide are unemployed.

The report identifies five main reasons why mental health problems too often lead to and reinforce social exclusion. These are *stigma and discrimination, low expectations (from professionals), lack of clear responsibility (by agencies for promoting vocational and social outcomes for service users), the lack of on going support to enable people to work and barriers to engaging with the community.*

Some groups face particular barriers these are *ethnic minorities, young men, parents and adults with complex needs.*

The report looks at this whole area under five sections these are –

- Stigma and discrimination
- The role of health and social care services in tackling social exclusion
- Employment
- Supporting families and community participation
- Getting the basics right

The report has a clear action plan, which includes milestones with responsibility for achieving these resting with national agencies and government departments. There are recommendations for local work and the report makes it clear that responsibility to implement the report on a local level rests with Chief Executives of Primary Care Trusts and the Director of Social services.

2. LOCAL RESPONSE

2.1 Report to PCT Chief Executives and Director of Social Services

The Leeds Mental Health Modernisation Team received the Social Exclusion and Mental Health report in June 2004 and considered its implications. One of the challenges of implementing the report locally is that implementation needs the support and actions of various sectors and agencies in the city. Nationally work is being carried forward across Government Departments, locally for the work to be successful it needs to be undertaken across sectors, agencies and departments.

At an early stage the Team decided that the report needed to be presented to PCT CEs and Director of Social Services. This was done in November 2004. PCT CEs and the Director of Social Services (at the Modernisation Executive meeting) commissioned the Mental Health Modernisation Team to conduct a readiness assessment for Leeds and bring recommendations back to themselves.

2.2 Work of the local Social Exclusion Group (SEG)

The SEG was set up in January 2005 with a membership that went beyond mainstream mental health agencies (see appendix 1). This group decided that a consultative workshop needed to take place to gather together a wider perspective on what was a complex selection of issues. Such a workshop took place in March 2005. It was well attended and importantly service user voices and views were given a high profile.

The views gathered at the workshop were further worked on by 'work shop theme leaders' who put together the chapters contained in this report. Chapters 3 to 7 cover the 5 sections that the national report outlines. It should be noted that this is very much a beginning in terms of unearthing what exists in Leeds as a contribution to social inclusion for people with mental health problems, it needs to be seen as work in progress.

The next four chapters describe national and local initiatives that contribute to the reduction of social exclusion in peoples lives. They end with recommendations which are actions that Leeds could be taking to further reduce social exclusion for people with mental health problems.

3. STIGMA AND SOCIAL EXCLUSION / INCLUSION

Challenging stigma and discrimination is an underpinning theme throughout all the actions within social inclusion plans, which span a wide range of organisations and sectors and across the five sections of the national report.

Locally *All of Us* the nationally acclaimed mental health promotion strategy for Leeds, has highlighted challenging stigma and discrimination against those with mental health problems.

The following summarises the Leeds position, its challenges, priorities and recommended actions.

3.1 Challenge stigma and discrimination

3.1.1 National campaigns and commitments

In October 2004, NIMHE launched a five-year anti stigma campaign called SHIFT with £1.1 million investments in 2004/5. This has had a late start, due to the director only having been appointed on 1 April 2005. The aim is to target key audiences like particular employers, young people and the media. Other initiatives at a national level will include media monitoring, training and awareness sessions at journalism colleges and sponsorship with media organisations to enable people with mental health problems to pursue a career in the media.

It is stated that links to regional and local work are to be achieved through regional networks on anti stigma/discrimination, mental health promotion, and social inclusion for people from local communities.

The challenge in all of this work is moving opinions, attitudes and behaviour in a positive direction. In spite of campaigns in England predating SHIFT, the Department

of Health three-yearly survey showed that attitudes to people with mental health problems had worsened from 2000 to 2003. Figures are not broken down to a regional level. But the 2003 report showed that those in Yorkshire and Humber are least aware of national campaigns.

In Scotland, the *See Me* anti stigma campaign has been running since 2002. *See Me* combines a high profile national media and advertising campaign (print and broadcast ads), stigma stopwatch (media monitoring) and publicity materials. In Scotland, the spend is 13p per head on the national campaign, where in England the equivalent spend was 1.3p per head.

In contrast to England, the Scottish survey in Dec 2004 on people's attitudes and beliefs about mental health showed that significantly fewer people than in 2002 believe that people with mental health problems are often dangerous. (Down from 32% to 15%). Lessons could be learnt from difference in investment and approach.

For national campaigns to have a real impact at a Leeds level, activity, which is locally based, and service user led, needs to be supported. It is currently unclear how in practice, the national SHIFT campaign will make links at a local level and regional level.

3.1.2 Local initiatives

Most people get their information on mental health from the media. The Leeds mental health pilot project that employs a media officer has increased the amount of positive coverage in the local media and raised awareness of how the media can be used to reach a wider pool of individuals and organisations. Analysis of coverage of mental health issues in 2002 in the Yorkshire Post and Yorkshire Evening Post showed that only 14 out of 221 items or 6% included quotations or views from users or carers. Analysis of coverage of mental health issues in 2003 showed that 38 out of 202 items or 19% included quotations or views from users and carers. This demonstrates the impact the media officer has had over one year.

Within Leeds, there have been a number of initiatives and activities challenging stigma and discrimination including the following:

- media and mental health project funded until September 2005, based within NW PCT but working across the city to promote more positive, informative coverage of mental health
- mental health promotion including World Mental Health Day activities and the *Including Us* publication
- Information for Mental Health, a joint Leeds MIND/Social Services Initiative which has challenging stigma and discrimination as a fundamental value and provides a wide variety of resources
- BBC Radio Leeds *al_2_gether now*, project part of a campaign to give people access to the media and tell their stories. Those coming forward include those with mental health problems who wanted to challenge negative stereotypes. Linked web pages include the campaign 'Think Positive' to tell the real story of people's lives
- Trainers from Volition and Leeds MIND have run training sessions in 'anti discrimination and mental health' for undergraduate medical students at Leeds University Medical School

- Mind Odyssey which highlights the benefits of artistic expression and how creativity can contribute to a better understanding of mental health issues
- Working with local businesses to promote mental well being at work and publicise the MIND OUT materials (line managers pack etc)
- Mental health promotion advisers course

Recommendation 3 (a): Build on the development work of the media officer for positive mental health. Ensure the post is secured for future years.

3.2 Action in Schools

3.2.1 National initiatives

Read and Baker's (MIND) survey in 1996 showed that children and young people are less tolerant of people with mental health problems. There is also evidence from parents of children with mental health problems, that they have experienced bullying. The *National Healthy Schools Standard*, jointly funded by the Department of Health and Department for Education and Skills, aims to improve standards of health and education in schools, promote social inclusion, and tackle health inequalities.

Healthy Schools work is recognised by Ofsted, who now ask schools if they have achieved a Healthy Schools award. New draft inspection formats look set to inquire into the impact of health promoting work, in line with the ECM agenda. The forthcoming impact of the government introduced social, emotional and behavioural skills (SEBS), sometimes known as social, emotional aspects of learning (SEAL,) programme for primary and secondary looks extremely promising for the improvement of child mental health. The primary curriculum goes live in September, and the secondary in September 2006.

3.2.2 Local initiatives

All of Us, the mental health promotion strategy for Leeds, has highlighted work with children and young people as a key area.

Level 3 of the Leeds Healthy Schools award goes beyond the *National Healthy School Standard*. The Leeds PSHCE (personal, social, health and citizenship education) curriculum audit asks schools how they promote skills to listen, develop empathy, resolve conflict, manage anger, manage and maintain good mental health, knowing when/how and where to seek help. Schools also offer specific modules on prevention of harassment (of any type, and including harassment associated with disability).

YOH!, (Youth on Health) is a children and young people's consultative and participatory health forum managed and co-ordinate by Leeds Healthy School Standard and The Project. It was established in January 2002 with the purpose to provide the city with a democratic, consultative forum on health for and run by young people. Initially YOH! had 22 members from primary and secondary schools. There is now a primary school based group in each PCT. and one central, secondary school group. The central YOH's first area of interest was mental health and they produced a leaflet on how to look after emotional wellbeing in school, which was sent to all schools in Leeds.

Other work done locally includes:

- Education Leeds led an anti-bullying campaign in summer 2004, 'sticks and stones' and is currently preparing a new anti-bullying policy for schools.
- Pockets of work led by the voluntary sector. For example Leeds MIND have responded to requests for mental health promotion activity ranging from work with 6-7 year olds to work in personal, health and social education and as part of social care A/S and A levels and this has incorporated work on stigma and discrimination. The involvement of the voluntary sector in the curriculum, including employees who identify themselves as service users, can be very powerful in challenging stereotypes. Face to face contact is one of the most effective ways of changing attitudes.

There are many young people in Leeds not regularly attending school. Work needs to be carried out at other places young people attend. Health Education, part of the Youth Service, delivers group work to young people aged 13-19, including sessions on stigma, prejudice and discrimination by the mental health team.

3.2.3 Challenges in work with young people on anti stigma and discrimination include

- Time in a hard pressed PSHE curriculum
- Some recognition by OFSTED but the benefits of this type of work do not appear in school league tables
- Lack of time and staffing within organisations, especially the voluntary sector, to meet all requests for this type of activity

Recommendation 3 (b): Pockets of good practice with young people need to be universal as well as adequately resourced and effectively co-ordinated not only in schools but also other places young people attend including youth clubs and leisure facilities.

Recommendation 3 (c): Mental health promotion work requires higher level of staffing across the city.

3.3 Raising awareness of people's rights

3.3.1 National initiatives

NIMHE intends to work jointly with the Disability Rights Commission to raise awareness among individuals and employers of the rights of people with MHP under the DDA

The Disability Discrimination Act was passed on 8 April 2005. In an amendment to the 1995 Act the statement 'mental illness must be clinically well-recognised if it is to be the basis of mental impairment' has been removed. However, people with short term severe depression of less than 12 months will not be covered under the legislation. One of the main challenges is that many people with mental health problems may not view themselves as disabled although they may well experience discrimination. There are also challenges in defining what are reasonable adjustments both for employers and to some extent for service users

Mental Health Media, the national voluntary organisation, have produced an anti discrimination toolkit, including a section *Know Your Rights* and have a website www.openuptoolkit.net which individuals and organisations in Leeds may not be widely aware of.

3.3.2 Local initiatives

In Leeds, the Disability Modernisation team have recruited a freelance worker to revive a previously existing network of local disability organisations and CAB/Law centres to share information on the DDA amongst them and provide a service to disabled people. There is shortly to be a meeting to agree terms of reference to which MIND and the Mental Health Advocacy Group have been invited. The Disability Rights Commission is interested in the development of this network and is prepared to support it with materials.

Leeds Citizen Advice Bureau (CAB) offer advice sessions in mental health settings. In 2004 /5 they were contracted by PCTs and the City Council to make a 1,000 client contacts but made 1,500. In addition it is estimated that 50% of their clients for their more generic services have disabilities and long term health problems including mental health problems. Clients often present at CAB with problems of harassment in their neighbourhoods. Often they are harassed because of their mental health problems. Leeds CAB is keen to work with other advice agencies to raise awareness of the rights of those with mental health problems under new legislation. They also monitor increased demand for advice services and present this as evidence for increased resources that are needed to meet emerging needs.

Leeds Community Legal Services Partnership intends to include publicising the rights of those with mental health problems in their Strategic Plan.

Recommendation 3 (d): Leeds Community Legal Services Partnership organisations need to be adequately resources to respond to increased demand for advice following increased publicity of the rights of those with mental health problems.

3.4 Promote best practice in the public sector

3.4.1 National work

The Disability Discrimination Act includes a new public sector duty to promote equality of opportunity for all disabled people, including those with mental health problems. This duty will require all public bodies to think imaginatively about the needs of disabled people and actions they can take to improve equality e.g. by redesigning business processes considering the needs of disabled people when they specify contracts or by evaluating the quality of service they offer disabled people.

The Disability Rights Commission put out for consultation a draft Code of Practice on the new public sector duty to promote equality with the process being completed at the end of April 2005.

3.4.2 Local work

Locally, in 1999, Leeds City Council Social Services Department drew up an ambitious action plan for 'Combating Discrimination Against People with Mental Health problems' that to some extent anticipated many of the recommendations in the national Mental Health and Social Exclusion Action Plan. It encompassed:

- Recruitment and Employment

- Harassment and Abuse
- Employees avoiding discriminatory language and attitudes about mental health problems. Work with adult abuse situations involving people with mental health problems to ensure people are believed.
- 'Not in my Backyard' (Developing good practice in dealing with public opposition to mental health resources)
- Childcare and Child Protection (Parents with mental health problems not to be subject to discriminatory attitudes)
- Assessment
- Direct Payments
- Complaints and Compliments Procedures

The public sector needs to consider how it meets the needs of those with mental health problems as an employer and as a service provider. Leeds City Council is drawing up an equality and diversity scheme, which will focus on organisational barriers generally rather than focus on women, BME groups, disability specifically. Leeds PCTs are in the process of drawing up broad 'Respecting People' strategies. There are challenges in ensuring that socially inclusive mental health policies are built into these broad equality strategies.

Most Leeds public sector employers, when considering 'reasonable adjustments', have moved beyond focussing solely on physical adjustments. Leeds City Council, the Primary Care Trusts and the Leeds Mental Health Trust have introduced flexible working hours and amended attendance management procedures to accommodate the needs of those with mental health problems and other disabilities. Leeds Mental Health Trust have established a staff support network for staff with experience of mental health problems

3.4.3 Local work – 'experts by experience'

People with mental health problems possess valuable 'expertise by experience', which is starting to be harnessed by the public sector.

Examples of positive approaches from Leeds Mental Health Trust have included:

- 15 Service User Development Workers and facilitators who have been appointed to work alongside other service users and improve service. Experience of emotional distress is essential
- A recruitment charter for the employment of people with experience of mental health problems

When recruiting for a media officer for positive mental health, the five PCT's included as a desirable quality, experience of mental health problems.

The Local Authority and Housing Act means that there is a difficulty in reserving occupations within the local authority. It is possible for 'experience of mental health problems' to be cited as a desirable but not an essential qualification when drawing up job descriptions. For public bodies other than the local authority, there is more flexibility.

As service providers, the Leeds public sector cannot be complacent. West Leeds PCT recently set up a 'mystery shopper' exercise whereby seven people with various

disabilities, including mental health problems, visited all GP's surgeries and clinics in the area to enquire about the services that could be provided and the extent of staff training to meet their needs. The exercise revealed the need for staff to have greater awareness and understanding of those with mental health problems.

Recommendation 3 (e): Pan Leeds 'mystery shopper' exercise, together with spot checks in service delivery to vulnerable groups (similar to OFSTED scrutiny).

Recommendation 3 (f): Link Leeds City Council Equality and Diversity scheme to those being developed by PCTs, Leeds Mental Health Trust and other public bodies so that these are universally accepted locally.

3.5 Physical health

The Mental Health Foundation in their analysis of 'Choosing Health' suggests action is needed on improving physical health for people with mental health problems. They recommend a major investment in the promotion of physical health for people with mental health problems and suggests this can be done through:

- Targeted health promotion activity, some of lead by users of services
- Anti discrimination activity to enable access to meaningful daytime activity.

4. ROLE OF EMPLOYMENT IN MENTAL HEALTH AND SOCIAL EXCLUSION / INCLUSION

"In order that people may be happy in their work, these three things are needed: they must be fit for it; they must not do too much of it; and they must have a sense of success in it." (John Ruskin)

Employment can provide a sense of identity, dignity and purpose, financial benefits/security and opportunities to meet new people, develop skills and give something back to the community, all of which boost confidence and self-esteem. The financial benefits that employment brings contribute positively towards individuals' mental health by improving access to basic needs. However, care must be taken not to place value too heavily on financial benefit. Services need to focus on and measure success by individuals' on-going development and recovery, paced appropriately on an individual basis, rather than numbers of people into paid employment.

Unemployment can be both a consequence and a cause of mental health problems. People with mental health problems are particularly sensitive to the negative effects of unemployment, and the loss of structure and purpose that it brings. There is a strong relationship between unemployment and the deterioration of mental health, including an increased risk of suicide.

Despite the benefits of employment and negative impact of unemployment on mental health, 87% of people with mental health problems are out of work (Labour Force Survey 1995) and those on enhanced CPA have an unemployment rate of about 92% (Hull and East Riding NHS Trust, 2003).

Studies suggest that as many as 90% of people with mental health problems want to work (Grove 2000) and it is estimated that almost 60%, including those with severe

and enduring mental health problems, are capable of gaining and sustaining employment (Bond, 1997) if the right support is available on an on-going basis.

4.1 National context

The National Employment Panel's Working Group on Disability, commissioned by the Prime Minister's Strategy Unit, produced a report in January 2005 called 'Able to Work'. In this they make recommendations about engaging employers, retention and rehabilitation and re-engaging jobless disabled people, with the vision that "by 2025, disabled people living in Britain should not face extra barriers relative to non-disabled people to fulfilling their potential to work". This in conjunction with the Government's Incapacity Benefit reforms, the Strategy Unit's report "Improving the Life Chances of Disabled People" and Standard 5 of the Mental Health NSF(which states that "all written care plans for people on enhanced CPA must include action needed for employment, education, training or other occupation") sets a national context which is receptive to changes in attitudes about employment and mental health.

There have been a number of national initiatives and legislation which have raised the profile of employment and mental health and which have gone some way to facilitating the return to employment of people with mental health problems.

The Disability Discrimination Act entitles people to protection under the DDA, where their mental health problems are "a significant impairment that has substantial and long-term adverse effect on their ability to carry out normal day-to-day activities", where 'long-term' means that it has lasted or is expected to last for 12 months or more. In October 2004, the DDA was extended to include businesses with fewer than 15 employees and now also applies to police, prison officers and fire fighters. The changes to the DDA, together with the Health and Safety Executive's recent guidance on managing stress in the workplace, the Government's Guide to Managing Mental Health and increased focus in Operational Financial Reviews of the social impact of organisations have all gone towards raising the profile of mental health among employers. This in turn provides a strong platform for addressing the barriers facing people with mental health problems who want to remain in or return to work.

4.2 Local Context

Over the last 10 years, unlike most other major cities, Leeds has sustained employment growth and low unemployment, with employment rising by 10.5%, (Leeds Economy Handbook, 2004). This is projected to grow by a further 6.3% over the next 10 years (more than 27,000 additional jobs). However there has been little change in the numbers of people with mental health problems moving into employment. Over a third of employers who have tried to recruit have also experienced hard to fill vacancies.

4.2.1 Vision for Leeds

Leeds Initiative's 'Vision for Leeds 2020' states as one of its objectives for a healthy and positive society that they will "make sure that employment practices contribute fully to health and well-being". The following initiatives are working to modernise services to address the employment needs of people with mental health problems:

- Social Services Day Service Review

- Commission for Health Improvement (CHI) Review & Clinical Governance Action Plan for Leeds Mental Health Trust
- National Service Framework for Mental Health Local Implementation Plan

4.2.2 Leeds MH Employment Consortium

Leeds Mental Health Employment Consortium has been working since 1997 to take a multi-agency partnership approach to employment, training and education for people with mental health problems. It continues to bring together statutory, voluntary, private sector agencies and mental health service-user representation to reduce discrimination and promote new and increased opportunities around mental health and employment.

Despite this increased focus on mental health and employment and steady economic growth, there continues to be a significant difference between the provision and take-up of employment opportunities for people with mental health problems and the general population in Leeds.

4.3 Local initiatives

4.3.1 Improving access to employment

Action point 12 of the national report states that “to fully meet the employment and vocational needs of people with mental health problems, there needs to be a range of services available, including”:

- Confidence Building (pre-vocational),
- Training (vocational),
- Work experience / placements
- Support with applications / interviews / jobsearch
- Benefits advice, support and flexibility
- Paid employment opportunities
- Post-employment support
- Support and advice about employment rights and
- Employer liaison and support

In Leeds, there are currently a number of well-established and successful employment programmes across the city which, to some extent, cover this range of employment-related activities and services for people with mental health problems. However, in order to more fully meet the employment and vocational needs of people with mental health problems we need to work to ensure that this range continues to grow to support more people and offer increased choice and opportunities.

Pre-vocational (Confidence Building)

Organisations currently providing confidence building courses and other personal development programmes which work towards enabling people with mental health problems to approach the world of work include:

- Family Learning Centres (West, South and East Leeds)
- Leeds Mental Health Trust
- ‘Moving on’ group(Leeds Social Services Vocational Support Group)

- Park Lane (Stepping Out)
- Self Help Initiatives Project (SHIP)
- Swarthmore
- Open Learning Centre (St.Anne's)

In addition to this, there are a number of projects, including the Dove Centre, Community Arts and Prescription Arts projects, which work to build confidence with individuals who, having developed skills in a supportive group environment, may consider retraining for work or some other useful activity, which they may not otherwise have considered.

The main gap in these services is the lack of support available outside normal working hours. This sort of support, available as above or through Primary Care, can also be valuable in supporting people to remain in employment.

Job-search / CV / interview skills

This is currently provided by:

- A4E
- BEST
- Careers Service
- Community Alternatives Team Vocational Access Worker
- Dove Centre Outreach
- Job Centre Plus
- Remploy
- Shaw Trust
- Social Services' Employment Development Co-ordinator

The majority of these are mainstream organisations (often contracted by Job Centre Plus) providing support for people with mental health problems in looking for employment or training, making applications and preparing for interview. The key difference between these and the support provided by specialist mental health services, is the level of awareness of individuals' mental health needs and the impact that the process of moving into employment may have on their mental health. For this support to be most effective for people with mental health problems, there needs to be greater understanding of and support for unsuccessful candidates – identifying strengths and weaknesses, discussing future options in order to develop skills and improve chances with subsequent applications.

Post-employment support

Promoting job retention is action point 15 in the national report. This is the area in which there are most gaps at the moment in Leeds. There are some agencies providing support to people with mental health problems once they have returned to work:

- Dove Centre Outreach
- Shaw Trust
- BEST
- A4E
- LEODIS

Most of this is time-limited – Shaw Trust, BEST, A4E and LEODIS provide services through Job Centre Plus contracts and the majority of their post-employment support is within 3 months. These time scales are based on the assumption that support needs are temporary – after 3 months of support the person ‘should’ become independent at work. This model does not work for people with mental health problems whose needs fluctuate – support needs to be decreased and increased according to need rather than external time parameters. The other issue about post-employment support (see also Action 15: promoting job retention) is that for post-employment support to be most effective, it must be available quickly to help the individual identify issues / difficulties and deal with the situation appropriately.

In St George’s Mental Health Trust, a model of easy-access support led to a sickness rate for those employees with mental health problems who were supported by the scheme to have a sickness rate of 3.8%, 2% less than the sickness rate for the general direct care workforce. In Leeds, there is not a wide choice of post-employment support available and what there is tends to be available in the short-term for people returning to work via a specific employment programme, rather than available to anyone with mental health problems, even if they are doing this individually rather than via a specific programme.

Paid employment opportunities

Promoting enterprise and self-employment is action point 14 in the national report.

In addition to specific employment-related services noted above, some individual organisations also address these needs through their own employment policies and specific posts/initiatives for people with mental health problems. A number of organisations, including Leeds City Council (through LEODIS and its Corporate Employment Action Team on Disability) and Leeds Mental Health Trust have Recruitment policies / charters, which specifically work to encourage applications from people with mental health problems. A number of organisations have specific posts where experience of mental health problems is an essential criteria, including LMHT’s Service User Development Worker posts and SHIP’s 7 posts (management, admin and group workers, full-time, part-time and sessional). LMHT have recently also made an agreement to work with the NHSU and Job Centre Plus on the Health Learning Works Programme which will enable them to target a range of different marginalised groups and plan to target BME and Service Users groups for the first 2 recruitment drives.

The majority of paid employment opportunities for people with mental health problems are currently within the mental health field. For people wanting to return to work in other areas, there are far fewer opportunities. There is a need to create and promote opportunities in other areas of work so that people with mental health problems are able to follow their own career paths, rather than being ‘pigeon-holed’ into mental health-related roles. To do this, we need to work with employers to provide more opportunities outside the mental health field.

In Leeds, we need to ensure there is a greater focus on career progression, as defined by individuals themselves. To do this, we need more information about the career pathways of service users – examples of how people have progressed from ‘entry-level’ jobs. There is also a need to develop ways to work more closely with Information and Guidance providers (West Yorkshire IAG Partnership), including raising IAG providers’ awareness of the issues affecting people with mental health

problems. We also need to work with Leeds Initiative, who in the 'Vision for Leeds 2004 – 2020' states its aim to provide opportunities for those in work to increase their skills and will do this by increasing, every year, the number of people employed by companies which invest in developing skills. They have also stated their intention to provide new progression routes for adults in work, or running businesses who are entering or returning to higher education.

Recommendations 4 (a): Promote employment resources for Care Co-ordinators, increase links between employment / training providers and the CPA process. Strengthen employment and recovery component of CPA - consistency in how people's employment needs are addressed in CPA and organisational care / development plans.

Recommendation 4 (b): Map services and pathway in and out of employment to ascertain key agencies involved and opportunities that may need to be built in.

Recommendation 4 (c): Pre vocational support and post – employment support needs to be available outside normal working hours

Recommendation 4 (d): Address barriers to mainstream education and opportunities for people with mental health problems

Recommendation 4 (e): Increase supported work placement schemes shaped around individuals needs.

Recommendation 4 (f): Support and encourage more organisations (in the public sector) to consider experiences of using mental health services or direct experience of mental health problems as a criteria for selection to posts.

Recommendation 4 (g): To support and encourage more organisations to include positive statements about recruiting people with mental health problems in advertisements for posts.

Recommendation 4 (h): To develop and get city-wide sign-up to a statement of intent for good practice for recruiting and employing of people with mental health problems. (see also 3f)

4.3.2 Easing the transition from benefits to work

Action point 13 for the national report focuses on this area of work. Flexibility in the approach to people moving from benefits to paid employment is absolutely essential if employment is to be a realistic and sustainable option

Job Centre Plus has brought in a number of initiatives that relates more directly to reintroducing people into employment. These schemes include Job Introduction Scheme and Access to Work (both supporting the employer financially to employ someone with a disability) and Work Preparation Programme. These initiatives have proved popular with employers since they often deal with entry-level jobs, which although are far more readily available, can be harder posts to fill. Using these schemes has also helped to address employment targets of individual employers and Job Centre Plus, with the additional benefit to the employer that they can reduce recruitment costs to posts. The drawback to these schemes is that careful attention needs to be paid to ensuring that the focus is not weighted to the needs of the organisation, to the detriment to the needs of the individual.

One of the barriers to employment is a lack of understanding of benefits rules and the impact that work (paid or unpaid) can have on different benefits. There is a need for widespread, easy-to-understand information about 'permitted work' and return to benefits rules. Job Centre Plus currently has a role of Mental Health Liaison Officer, designed to help people with mental health problems access the benefits system and maintain appropriate benefits. This role is not secure and the remit may change within Job Centre Plus restructuring. This is an important role to back-up the Disability Employment Advisors with specific mental health knowledge / expertise.

Due to inconsistent levels of mental health awareness, national initiatives are not always backed up ground-level practice, for example with permitted work rules – that voluntary work or part-time work will not automatically trigger a review of benefits. Benefit reviews undertaken by general medical practitioners who do not necessarily have mental health expertise, so the level of understanding and support varies greatly between individual practitioners.

Because of this, although voluntary work should not automatically trigger a benefits review, there is sometimes a view held that if an individual is doing voluntary work that they are therefore able to do paid work. We need to work with the Benefits agency (and medical examiners performing reviews) to ensure they understand the difference between voluntary work and paid work – the organisation can be more flexible and understanding about taking time off at short notice if someone's health is deteriorating / they are going through a 'bad patch', avoiding aspects that are stressful / arranging work that suits fluctuating needs.

Recommendation 4 (i): Provision of mental health training for benefits and work preparation advisors and decision makers.

Recommendation 4 (j): Clear and accessible information made available to services users and staff

4.3.3 Promoting enterprise and self-employment

The recent development of Social Enterprises in Leeds is a way forward in relation addressing this area of need. Social Enterprises are businesses where all the profits are put back into the business, rather than being given to shareholders or owners. 'Mental Wealth' is a partnership between service users, Social Services, Health and the voluntary sector to develop social enterprises in Leeds that will provide employment opportunities for people with mental health problems.

An important aspect of 'Mental Wealth' is that service-users have been integral to its development from the beginning. The employment opportunities that are being developed within 'Mental Wealth' are all opportunities that service users have identified as areas they would like to develop and to work in.

Leeds City Council's 'Best Value' agenda in procurement is also contributing to the support for the development of social firms.

Recommendation 4 (k): Incorporate the development of social enterprises within the implementation plan for 'Vision for Leeds 2'. Provide funding to sustain and develop current social enterprises.

4.3.4. Supporting and engaging employers of all sizes and promoting job retention

Leeds Initiative in its 'Vision for Leeds', states a need to make sure employment practices contribute fully to health and well-being. It will also ensure that health agencies follow policies and practices that promote social responsibility. By engaging with employers and addressing mental health in the workplace, we can undertake valuable mental health promotion work, promote job retention for people with mental health problems and reduce discrimination for the recruitment of people with mental health problems.

Currently, Leeds Mental Health Employment Consortium is working with employer groups (West Yorkshire Employer Coalition, Leeds Chamber of Commerce) to find ways of engaging with and meeting the needs of employers. We are particularly aware of addressing the fears and needs of small to medium enterprises (SMEs), which have fewer resources.

One of the issues to address with employers is their awareness of the numbers of people already employed by them with mental health problems. There is generally a lack of information / statistics available about employment of people with mental health problems within individual organisations, because monitoring tends to be of employment levels of people with all disabilities. This is partly because of the difficulties of definition of mental health problems as a disability. (DDA definition or self-defined). The Employment Consortium is beginning to develop an online resource for employers and by working with representative groups, we aim to ensure widespread distribution.

Key posts within the city that are involved in engaging employers are the Senior Mental Health Promotion Specialist (post vacant, pending funding decision) and Mental Health Media Officer (funding currently secured until September 2005). It is particularly important that these posts are filled and secured since they form a key link between the mental health field and mainstream services / employers.

A project called 'Experts by Experience' was providing an extensive service to employers until funding ran out in 2004. The key aspects that were provided by Experts by Experience which are not currently resourced are making links with employers, supporting them to address the support needs of existing staff to prevent mental health problems, working with them to promote job retention of existing staff with mental health problems.

In addition to the role of employers in promoting job retention, it is important to address the role of GPs and primary care in supporting people to remain in work. "GPs can have a crucial role in facilitating job retention, through suggesting work adjustments or referring to a vocational advisor" (SEU, 2004) Vocational advisors based in primary care can be accessible source of information on managing the return to work or finding a new job. CBT and specific work counselling can be useful in the first months of sickness absence. At present GPs often issue sickness certificates without discussion of other options because of constraints on their time. DWP has produced on-line learning packages for GPs on medical certification and health at work that have been approved for post-graduate accreditation. We need to find ways of working with primary care to examine these issues more thoroughly. A gap in the provision of primary care services is the lack of extended opening to enable people who are in work to access the support available through Primary Care

Mental Health Workers and Graduate Mental Health Workers outside normal working hours.

Recommendation 4 (k): Secure funding for posts of Senior Mental Health Promotion officer so that activity in this area can be taken further.

Recommendation 4 (l): Provide training and support to employers to improve job retention mechanisms

Recommendation 4 (m): Set up a mental health and employment website as a resource for employees and employers.

Recommendation 4 (n): Increase awareness of employment rights for people with mental health problems

5. HEALTH AND SOCIAL CARE IN SOCIAL EXCLUSION / INCLUSION

5.1 National context

The national report states that health and social care services invest £140 million each year in vocational and day services for adults with mental health problems. They suggest that this investment could be used more effectively to implement international evidence on what works. In primary care there are examples of PCT funded services that provide advice on benefits, debt, housing, employment and immigration rights in primary care settings. There also examples of 'prescriptions for learning' that is supported by Adult Continued Education, exercise on prescription and arts on prescription. In secondary care examples are mostly from the work done Community Mental Health Teams and the delivery of the Care Programme Approach (CPA). So for example in some areas an occupational Needs assessment forms part of the CPA process. Day Centres have been challenged to change their focus and approach and provide services that are geared to individual needs and provide vocational educational opportunities.

5.2 Local context and initiatives

5.2.1 Support with employment for those with severe mental health problems

Support with employment and social issues is recognised as a key component in the process of the Care Programme Approach which underpins the delivery of services in secondary mental health care settings within Leeds.

The 'Effective Care Co-ordination - Policy & Guidelines' document outlines the role of Care Co-ordinators working with service users about employment, housing and welfare benefits to identify need. Within care planning clinicians are expected to formulate plans to address any identified issues.

A recent audit (2004) of the application of the Care Programme Approach, within Leeds Mental Health Trust, found that an increasing number of service users received assistance with difficulties identified in relation to employment and welfare benefits. It is recommended that future audits continue to enquire about these issues and seek information about the implementation of planned action and service user satisfaction with the same.

Leeds Mental Health Trust now has all users of its service registered on CPA. With improved implementation of CPA across the city, the next step will be to improve the recognition and inclusion of social issues in care packages. This will necessitate more regular involvement of non-health professionals in delivering aspects of support.

The Dove Centre (a Leeds Mind Project) provides skills development course for people wishing to return to work, and employment support for people in the first stages of their return to work, and employment support for people in the first stages of their return to employment.

In the past People Count project, a joint venture between the Mental Health Matters and Leeds Mental Health Trust, provided employment support for people with mental health problems to work in the Mental Health Trust and other agencies. This project is no longer operational however, the Mental Health Trust is developing an employment strategy for people with mental health problems, Voluntary Support Services supported 4 people into employment and is currently developing a work preparation programme for service users.

A major initiative considering the social needs of service users is Bridging the Gap Project, registered as a service improvement project in April 2004; its objective was to improve access to advice that in turn will improve inclusion for people using mental health services. Specifically the project has considered specific work streams of education, employment, welfare and benefits, legal and financial advice and housing to understand the current provision and identify gaps. Working with providers and users of mental health services, Leeds Mental Health Trust has sought to identify solutions to said gaps. The desired outcome of this work is to provide straightforward, accessible advisory services to meet the needs of individual and promote independence and recovery for mental health service users.

The Citizens Advice Bureau provides 'drop-in' to sessions at a range of inpatient and community based facilities in both the statutory and voluntary sector. Research has shown that access to welfare rights and welfare benefits advice are vital to many service users facing financial, housing, employment or benefit issues. Increased access to advice, often with resultant changes in their personal circumstances, can have a significant impact on an individual's mental health. Advocates, from Leeds Mental Health Advocacy Group, visit wards weekly in order to offer information and signpost people in the direction of appropriate services.

It is recognised that an increase in resources would result in earlier access to advice. It is suggested that consideration be given to the use of advisors who can visit service users whilst they are inpatients, offering appointments on wards, in order to ensure prompt provision of advice in relation to employment, housing and welfare benefits.

Recommendation 5 (a): Implement the findings of 'Bridging the Gap' project

5.2.2 Transform day services into community resources that promote social inclusion through improved access to mainstream opportunities

Leeds has a range of day services, including; day centres, drop in centres, some mental health support groups in the community, self help groups and befriending schemes, provided by both voluntary and statutory sectors. Some parts of the city

are better provided for than others, and service take up varies in terms of age, gender and type of client. There are notable absences in current user groups in some areas, particularly young men.

In 2004 a working group reviewed existing services, and in their report recommended a redesign of day services in line with government expectations for modernisation. This included the principles of social inclusion, recovery and user empowerment. It represented a move away from building based, mental health specific services towards a community focussed resource service, encouraging increased involvement in non-mental health specific services.

In order to deliver the recommendations of the report, a Project Manager post has been created to drive forward what is now known as the Day Service Modernisation Project. This two-year project (2005-2207) will create a new vision for community based services and drive forward agreed changes. The project has the support of existing providers and commissioners.

The challenge is not only for day service providers to change their focus but also for all community based services to better inform themselves of, and the encourage service users to take up, options in communities, and not assume that only mental health specific services will meet their needs. This will demand a more outward looking approach by mental health practitioners. For many service users, however, the take up of generic services presents particular challenges. To effectively support them the development of more befriending and buddying schemes to provide the bridge for service users will need to be considered.

Recommendation 5 (b): Implement the Day Service Modernisation Programme

Recommendation 5 (c): Improve the information provided by mental health professionals on other community resources

5.2.3 Advice on employment and social issues in primary care

In Leeds current provision in primary care is limited. Citizens Advice Bureau offers advice on welfare benefits and welfare rights into a number of GP practices across the city and also into PCT clinics. The North East PCT is currently funding a one-year project providing a home visiting scheme for African and African Caribbean people living in the Chapeltown area. Graduate workers working within the 5 PCTs have a remit for the provision of information regarding resources.

One-stop shops provide advice on a range of issues including housing and welfare advice and social services. Park Lane College also holds day and evening classes at some centres.

There are areas of good practice within secondary care; inclusive initiatives around exercise and the arts; gym facilities are available within Leeds Mental Health Trust; and the Community Alternatives Team has gym sessions at the Forum. Other initiatives include a walking group and a number of art forums. These have been successful and welcomed by service users. Early discussions have been held between primary and secondary care services with the aim of introducing similar schemes in primary and community care settings.

Leeds has a range of well-established voluntary agencies providing drop in support, self-help, home support and housing support. Many of the staff providing these services are well informed about local areas and provide day to day support to service users to enable them to take up a range of non mental health service options. These staff are a valuable resource to other mental health colleagues and their expertise could be shared with colleagues in other parts of the system.

Gateway workers employed by Leeds Social Services are the first point of contact for many service users, and they provide a valuable signpost both into and away from mainstream mental health services. Their expertise is well used by other Social Services colleagues but needs to continue to be well integrated with other services.

Recommendation 5 (d): Improve early access to a range of information and advice through the increased availability of advisors in primary and community care settings, e.g. CAB

Recommendation 5 (e): Develop systems which give access to current information for primary care staff supporting people in addressing their employment and social needs.

Recommendation 5 (f): Find ways of sharing the expertise of staff and ensuring that agencies work closely together to maximise experience and knowledge of community based agencies

5.2.4 Strengthen training on vocational and social issues for health and social care professionals

Good practice has included offering joint training to teams from different agencies working in the same locality. The eight-day introductory training programme considers interventions in relation to the social needs of service users, promoting a structured approach to social needs assessment, including the use of Social Functioning Scales and Social Network Mapping. PSI approaches promoting consideration of social needs are further supported by team supervision for clinicians and awareness raising sessions for managers.

Psychosocial intervention (PSI) training has elements in it which focus on vocational and social issues. There are a number of people working within the field that are trained in PSI, both in the voluntary and statutory sectors. Leeds Mental Health NHS Trust has plans to expand PSI skills across their organisation and providers within the voluntary sector.

A PSI Training and Development Project Co-ordinator post has been funded for two years, in order to assist the implementation of PSI approaches across the mental health community in Leeds. Introductory training is offered to staff in order to increase awareness and support for these approaches. Following an evaluation of the first year with implementation across Continuing Treatment & Recovery services in Leeds Mental Health Trust, the outcome of the second year of the project, integrating approaches within Working Aged Adult services and Social Services, will be evaluated and reported in August 2006.

New Support Time and Recovery roles advocate a holistic approach. Training in the future will include a module on recovery.

Voluntary sector staff undertake a range of training and take up places on the Certificate for Mental Health Course at LMU, the Social Services Foundation Skills training course, and other tailor made, or course based training, offering the opportunity to consider vocational, employment and social needs of service users. There has been an increased interest in recovery-focussed training. Leeds Accommodation Forum run courses specifically for housing providers on navigating the benefits system. This component needs to be strengthened within all training courses. This would include training courses at all levels and across all disciplines. The contribution of service users and carers in such training is recognised and needs to be ensured in future developments.

Recommendation 5 (g): Establish standards with training institutions regarding the delivery of training in relation to social issues and employment.

Recommendation 5 (h): To develop more cross sector, inter agency training that draws on the experience of existing staff.

Recommendation 5 (i): To exploit joint training opportunities between mental health and non-mental health professionals, with users of service and their carers, with the aim of reducing stigma

5.2.5 Tackle inequalities in access to health care

There are a number of positive initiatives throughout the city which help to tackle inequalities to health care. These include the No Fixed Abode Team, Health Access Team, MEMHO (Minority Ethnic Mental Health Opportunities in Mental Health, Healthy Living Centre) and CHOICE (Creative Health Options in Community Environments).

MEMHO is a city-wide partnership of community, voluntary and statutory organisations who are working together to improve the health and well-being of minority ethnic communities. A Healthy Living Centre, operated by Touchstone, with a focus on mental health, MEMHO aims to develop healthy living partnerships which support the health and well-being of minority ethnic communities and impact more effectively upon the mental health needs of service users. In future, it is envisaged that MEMHO will provide the foundation for development in relation to mental health promotion in line with objectives of Standard 1 of the National Service Framework for Mental Health.

CHOICE is a service which operates in North West Leeds and brings together specialist mental health services from the statutory and voluntary sectors who share a unified approach which includes a shared assessment process. CHOICE aims to promote recovery and growth within a positive, people centred service, which is easily accessible, comprehensive and flexible. Services currently under the CHOICE banner which support social inclusion include; an Advice Service, Befriending Scheme, Volunteers scheme and Day Care options.

Advocacy services play an important role in helping people access services. The development of registers for people with serious mental illness will enhance their access to good physical health care. We need to expand pockets of good practice to ensure access for all.

However there are some examples of situations where people with mental health problems have difficulty when approaching mainstream services. One user of mental health services described how it took four weeks to diagnose she had a broken foot even though she was complaining of pain and was having problems with mobility.

To meet these gaps we need to develop services where what ever its emphasis, the person is though to as a whole so that if the person is presenting with physical problems we consider their mental health and visa versa. For mental health this could be achieved by providing more information to non- mental health professionals. It is acknowledged that access and equity to psychological therapies is varied across the city. The Mental Health Modernisation Team is supporting a scoping exercise to consider these issues. The aim of the exercise is to establish who is providing services, what are they doing, how much of it are they doing, does it work. This will enable us to provide a comprehensive picture of what is being provided and where the gaps are.

We await the outcomes of work to be conducted by the Disability Rights Commission which aims to undertake a formal investigation of the physical health inequalities experienced by people with mental health problems. The Health Care Commission are considering the introduction of targets for waiting times for psychological therapy. The National Treatment Agency are conducting a review of access to and effectiveness of care for adults with co-morbid drug use and mild to moderate mental health problems. The Department the Environment, Food and Rural Affairs are developing a rural stress action plan addressing mental health and social exclusion issues.

We should be developing services where people are as far as possible kept in the mainstream. One suggestion to facilitate this idea is to for non-mental health professionals to be supported by mental health workers. This would work well in for example youth services.

As part of 'Choosing Health' there will be a new workforce including 'personal health trainers'. The Mental Health Foundation recommend that people with severe and enduring mental health problems (and those with learning difficulties) should be a priority group for receiving support from personal health trainers.

Recommendation 5 (j): Explore opportunities for joint working between mental health professionals and others to reduce stigma, improve access and support people in non mental health settings.

Recommendation 5 (k): Support the current proposal to review the provision of psychological therapies across the city and consider how the recommendation maybe implemented.

5.2.6 Promote greater uptake of direct payments by service users

Progress has been made with relation to physical health care and direct payments. Direct payments to facilitate social participation for people with mental health problems is in its infancy.

The NIMHE Regional Development Centre is appointing a regional lead to develop this work, and we expect to draw on their work to assist us locally.

Volition, Leeds Involvement Project and Social Services have met to discuss current take up levels, and plan a workshop in September to raise the profile amongst mental health professionals, service users and carers. It is clear that for take up to increase, it needs to be better understood by not only Social Services staff who have responsibility for developing the scheme, but by staff involved in CPA.

Recommendation 5 (I): Raise profile of direct payments locally through conducting local workshops.

5.2.7 Criminal justice and mental health

There are examples of good practice in Leeds in relation to criminal justice and mental health. These include the Court Diversion Team, the Jigsaw project which provides a Family Support Worker within Armley Prison and the Mental Health Prison In-reach Team. The In Reach team work into HMP Leeds, HMP Wealstun, and 4 probation hostels providing court assessment and diversion.

Close links have been forged with the police, in particular, with regard to enhancing the services for people detained under Section 136 of the Mental Health Act (1983). Work is ongoing to consider the establishment of a nursing team to support the police in meeting the needs of clients being assessed under Section 136 at Police Stations. In addition to this work discussions are on going with regard to the most appropriate place to offer assessments for this users group in the future.

The Leeds Probation Service, Leeds MH Trust, Police and Housing Department have established a joint approach in relation to public protection. This panel reviews individuals who present a potential risk to the community on either leaving prison or hospital, or when there is a need to share information concerning risk management. This provides a planning forum to meet the needs of mentally disordered offenders.

From April 2005 PCTs became responsible for providing health services to prisons. The aim is to provide a service for prisoners that reflects equity and accessibility of services received by the wider population.

Wealstun, a category C prison has 2 mental health clinician and access to a psychiatrist twice a month. There are no in-patient facilities so people have to be transferred to other prisons when they need hospital care.

HMP Wetherby is a young offenders institute taking 360 young men between the ages of 15-18 years, with a maximum of 60 on remand. The prison has a counselling service and a six bedded residential hospital. There is a skill mix within the staff including mental health specific nurses. A screening tool has been developed using a points system which all staff use.

There are currently problems referring on to agencies for support when people are discharged. This is further complicated by the fact that people can be transferred quickly from one prison to another without any official communication between health care professionals.

As part of 'Choosing Health' the suggestion from the Mental Health foundation is the creation of a public mental health action plan which would seek to reduce inequalities in mental health; support for families of offenders is included in this.

Recommendation 5(m): Increase provision of in reach services

Recommendation 5(n): Develop protocols around care pathways for prison Health Informatics Service

Recommendation 5 (o): Increase training for prison staff in relation to mental health awareness

Recommendation 5 (p): Agree a model of practice for people subject to Section 136 of the Mental Health Act

6. SUPPORTING FAMILIES AND COMMUNITY PARTICIPATION IN MENTAL HEALTH AND SOCIAL EXCLUSION / INCLUSION

6.1 National context

The national report stresses the importance of family support in increasing social inclusion. Family, friends, social networks and support to participate in community life are seen as crucial in social inclusion work. Examples of quoted in the national report are 'Time Banks', Circles of friends, faith and religious groups.

6.2 Better support for parents and their children

6.2.1 The following are examples of support for parents with mental health problems who have parenting needs

- Sure Start (projects across Leeds)
- Homestart – Leeds
- Post-natal depression
- Broom Hill Family Centre
- Carr-Gomm Leeds Floating Support Service for Vulnerable Families
- Family Psychology and Therapy Service
- Browning House

6.2.2 Support for children of parents with mental health problems

Read and Baker's (Mind) survey in 1996 shows evidence from parents of children with mental health problems, that they have experienced bullying.

- Education Leeds led an anti-bullying campaign in summer 2004, 'sticks and stones' and is currently preparing a new anti-bullying policy for schools.
- Level 3 of the Leeds Healthy School's Award PSHCE (personal, social, health and citizenship education) curriculum, schools offer specific modules on prevention of harassment (of any type, and including harassment associated with disability).
- Broom Hill Family Centre
- Castle Project Serious Illness Team (Barnardos)
- Sad Events Team (Department of Education - multi-disciplinary team comprising of school doctors, school nurses, other education service officers, education psychologists and the voluntary sector)
- Willow Young Carers Project

6.3 Promote access to adult learning, further and higher education

6.3.1 Qualifications gap

Education and learning opportunities are key to improving access to employment for people with mental health problems. However, the qualifications gap between disabled and non-disabled people is particularly wide in relation to people with mental health problems. (Disability Rights Commission Education Qualifications Briefing 2002).

Leeds Initiative (Vision for Leeds 2004 – 2020) states its aim to make sure that every young person succeeds at 16, whether in employment, training or education and achieves their full potential, and increase involvement and achievement in further and higher education. To do this they will increase the number of people under 30 who have successfully progressed to higher education through academic and vocational programmes and increasing the number of adults in lifelong learning.

6.3.2 Opportunities and barriers to access

In Leeds, there is a good deal of provision of education and training at a wide range of levels:

- Dove Centre
- Touchstone Training and Employment Zone (TEZ)
- Park Lane (Stepping Out)
- Swarthmore
- West Leeds Family Learning Centre
- South Leeds Family Learning Centre
- East Leeds Family Learning Centre
- Park Lane
- Thomas Danby
- Trinity and All Saints
- Joseph Priestley
- University of Leeds
- Leeds Metropolitan University

People with mental health problems should, in theory, be able to access all these opportunities. The reality is however that there are barriers to people doing so, including lack of confidence and fear of new situations.

To increase take-up of mainstream education and training opportunities by people with mental health problems, we need to work with educational establishments to increase mental health awareness and ensure DDA compliance.

Within mental health services most training either addresses basic literacy or numeracy, or is computer-based (word processing, graphic design). This is important in addressing the employability of people with mental health problems, especially when many people with severe and enduring mental health problems have missed education opportunities earlier in life. The difficulty lies where training courses provide basic learning and qualifications, but that this is not backed up by access to a wider range of training that provides a platform for moving into employment.

6.3.3 Audit and report on adult education provision

Leeds Mental Health Employment Consortium Training and Education sub-group carried out an audit of adult education provision in May 2000, culminating in a report in which they made recommendations which would adopt a partnership approach, change attitudes and improve access.

Recommendation 6(a): Provision of mental health awareness training for front-line staff in mainstream education / training and adult guidance

Recommendation 6 (b): Increase links with guidance agencies and provision of guidance in mental health and education settings

Recommendation 6 (c): Work with mainstream education / training providers to address the barriers to access, in particular flexibility in length and structure of courses and assessment.

6.4 Promote access to volunteering and arts opportunities

6.4.1 Voluntary work and work placements

Volunteering provides an important way for people with mental health problems to gain experience of a work environment, learn new skills and get recent references, all of which can help improve access to employment. There are many volunteer opportunities in Leeds, across the voluntary sector and within statutory services. The Volunteer Bureau (Voluntary Action–Leeds) has a searchable database of volunteer opportunities, but this does not include information on mental health awareness or support available from the organisations with prospective opportunities for volunteers.

Some organisations are developing specific volunteering opportunities for people with mental health problems, but these tend not to be co-ordinated between organisations and there is little shared knowledge of services in this area:

- Leeds Mental Health Trust
- Leeds Mind
- Touchstone
- Stocks Hill Catering
- Vale Gardening Project
- Roseville
- Remploy
- LEODIS
- Mental Wealth

One of the challenges in arranging placements /work experience for people with mental health problems is the on-going need to address the prejudice and fears of staff, especially the erroneous perceptions that people with mental health problems will be unreliable, have high rates of sickness or may be unable to cope with the pressures of work. In doing this we must also address the fear of staff and managers whether the staff themselves have enough time to give an appropriate level of support to the individual on placement.

'People Count' has been working to support people with mental health problems into employment with NHS, providing variety of pre-vocational and employment-related support and supporting individuals on placement. They have ceased providing a service (April 2005) partly due to difficulties in staffing a project with insecure/short-term funding. Since this project has stopped, there is a need to ensure we build on their work with NHS staff in finding placements for people with mental health problems.

Organisations currently working with people with mental health problems to set-up supported placements and voluntary positions:

- Dove Centre
- Leeds Mental Health Trust
- Access to Community and Employment (Joseph Priestley)

Recommendation 6 (d): Set up city-wide volunteering and mental health network to increase awareness of supported volunteering opportunities across the city for people with mental health problems.

6.4.2 Arts opportunities (see also 4.3.1)

In Leeds, there is a range of mental health projects providing access to arts opportunities. Projects that offer access to arts opportunities often work to engage service users who often do not access other opportunities and works with them to develop skills in a variety of media (pottery, painting). This works to build confidence with individuals who, having developed skills in a supportive group environment, may consider retraining for work or some other useful activity, which they may not otherwise have considered.

- Community Arts (Leeds Mind)
- Prescription Art (user led art group which does loads of art groups in lots of inpatient and community settings)
- Leeds Survivors Poetry
- Local Voices (published 'Doorways in the Night' book of service users experiences)
- One in four Theatre Company
- Sound Health (Ashwood Day Centre)
- Mind Odyssey is an annual event celebrating arts and mental health. This year the 'Creative Minds' conference will be in November. The planning group is made up of service users, artists, art therapists, mental health workers etc.
- Art Forum (based at St Mary's House acute day hospital)

Mainstream arts opportunities (that have differing levels of mental health awareness and additional support for people with mental health problems - see also 7.4.2) include:

- Swarthmore Centre
- Yorkshire Women Theatre Company
- Artlink West Yorkshire
- Skipkko Arts Team
- Oblong (art and music facilities)

A vision for a City-wide Arts & Mental Health Network was widely supported at a consultation event in November 2003. A further consultation event with service

users and carers took place in November 2004 at the Playhouse. A working group was established to set up the network of organisations and individuals. The working group has been working to undertake the initial steps to establish a city-wide arts and mental health network with related co-ordinator and development worker posts.

Recommendation 6 (e): Support development of a co-ordinator post and a programme of activity for Arts and Mental Health Network

6.5 Effective interventions for young people

6.5.1 Advice / support

- Archway Resource Centre
- Bramley and Rodley Community Action (advice project for young people, including 'Time-out' psychotherapy service)
- Market Place

6.5.2 Mental Health services

- Aspire (Early Interventions in Psychosis)
- Belmont House Child and Family Resource Unit (CAMHS)
- Blue Door Project FSU – East Leeds (individual and group therapy for children who have been abused)
- 0-16 Services (CAMHS - by PCT areas)
- Child and Adolescent Mental Health Teams (by PCT areas)
- Little Woodhouse Hall (CAMHS)

The Disability Rights Commission Education Qualifications Briefing 2002 (see also 7.4) identified that the qualifications gap is particularly wide where young people have developed early onset psychosis in teenage years, have accessed psychiatric services, but have not been offered support to stay in education and maintain that important role and potential for achievement. The new 'Aspire' service has a strong vocational element to it and there is a need to ensure access to vocational / employment support is consistent through other services.

Recommendation 6 (f): Develop closer links with Information and Guidance providers in young people's services.

6.5.3 Accommodation / Housing

- GIPSIL (Gipton Supported Independent Living)
- The Grove (Foundation Housing formerly Leeds Independent Living Team)
- Prospect House (accommodation for young homeless men)
- South Leeds Health for All Cupboard Project

6.5.4 Health promotion (see also 4.2)

- The Leeds PSHCE (personal, social, health and citizenship education) curriculum audit asks schools how they promote skills to listen, develop empathy, resolve conflict, manage anger, manage and maintain good mental health, knowing when/how and where to seek help.
- Youth on Health (YOH)'s have produced a leaflet on how to look after emotional wellbeing in school, which was sent to all schools in Leeds.
- Health Education Youth Service (Leeds City Council)

Recommendation 6 (g): Build stronger links between Education Leeds and mental health services, including Health Promotion.

6.6 Remove barriers to community roles

6.6.1 School governors

DfES, in partnership with Local Education Authority disseminated and clarified the school governors' regulations.

Recommendation 6 (h): Ensure that all schools are aware of and acting on the DfES clarification on school governors' regulations.

6.6.2 Service user consultation and involvement

Leeds Mental Health Modernisation Team Service User and Carer Reference Group published Good Practice Guidance (May 2003, reviewed May 2004) on paying service users and carers for their involvement in developing mental health services.

Recommendation 6 (i): Ensure consistent implementation of service user and carer involvement payments.

There are a variety of mechanisms and group to support service user consultation in mental health and community services:

- Community Engagement Framework (Leeds Initiative)
- www.isayleeds.net (Leeds Social Services consultation website)
- ALMOs , apart from their regular Tenant forums also hold focus groups (East), People`s panel Services(South)community safety workshops (West) and all have appointed Equality and Diversity Workers whose role is to develop better BME contacts and are also focusing on people with mental health issues.
- PCTs across the city do an annual patient survey
- Patient Advice and Liaison Services
- 'Listening Events'

7 GETTING THE BASIC RIGHT IN MENTAL HEALTH AND SOCIAL EXCLUSION / INCLUSION

7.1 National perspective

The national report says that issues of finance, housing and transport need to be fully integrated into any implementations of local strategies. It suggests that people with mental health problems will find it difficult to access activities if the following issues were not addressed-

- Decent and stable housing
- Access to basic financial and transport services
- Access to practical information and advice.

7.2 Decent Homes – local perspective

With the introduction of Arms Length Management Organisations (ALMOs) in Leeds it was generally believed that some progress had been made in moving towards achieving decency.

Housing Associations had contributed to this upward trend also although some work was still needed to address environmental issues such as graffiti, litter and nuisance. The increase of Anti-Social Behaviour is a real threat to achieve decency in its widest sense.

Private landlords too have some way to go. Pockets of work with private landlords have taken place, e.g. Beeston Hill, but this had not gone far enough. The issue of private landlords is also compounded by the rising numbers of buy-to-lets (as well as right to buy for Council tenants) which is taking more and more 'affordable' stock out of the system. It was agreed that all new private housing should incorporate an element of affordable housing.

Council housing tends to be concentrated in socially deprived areas and this can exacerbate mental ill health. It was agreed that these less popular areas also suffered from other social problems such as drugs and crime and this impacted negatively on mental health.

Support for Service Users in social housing in particular was needed, although all sufferers would benefit from appropriate housing related support. The Social Services PFI bid was seen as a positive move forward in the delivery of quality supported accommodation for users of mental health services. It is important to note that the PFI bid would benefit a small number of people overall and the real emphasis ought to be on supporting people in their own homes. Supporting people should look to fund more floating support and that the priority should be on prevention not support after the crisis has happened.

Choice based letting is a complex system which few service users found accessible. The problem of bidding without 'priority' is recognised by many. Young people in particular, struggle to be awarded 'priority' or 'priority extra' which they need to have if they bare to stand a chance of being successful under the CBL arrangements. The voluntary sector is struggling to access accommodation for emergency placements as a result of CBL this situation would worsen with the closure of 2 hostels in Leeds. There is a general lack of emergency accommodation and respite for mental health.

The issue of hidden homelessness needs to be explored and data collection needs to be improved to ensure that the most needy do not fall through the gap through lack of planning and information.

One solution identified for the above is the development of area-based partnerships with ALMOs, voluntary sector and other relevant partners. This would help to ensure that the mental health agenda was part of generic housing as of right and not by accident. The Supporting People Team needs to encompass this in the strategy for Leeds.

Recommendation 7(a): Increase housing support to vulnerable people

Recommendation 7 (b): Simplify CBL and/or develop a system of access outside this arrangement

Recommendation 7 (c): Prioritise affordable housing as part of all new developments

Recommendation 7 (d): Set up Area-Based Partnerships

Recommendation 7 (e): Improve access to emergency (non B&B) accommodation
Improve data collection

7.3 Access to Transport – local perspective

Transport is an enormous issue which impacts on access at all levels. Access to work, education and social activities are all affected by transport, or lack of it as was access to hospital or GP support.

Leeds is the only large city without some sort of high speed tram system. It is acknowledged that the provision of a tram is currently being explored but nothing would be in place for several years.

The bus system focused on the city centre and outer areas are badly served with many destinations requiring at least 2 bus journeys. Cost was also prohibitive for many. There is an access bus but this meets only partial need and service users find them uncomfortable.

Taxi's are very expensive and there is currently a 'no go' policy applied to the Chapeltown and Harehills area, although this is being denied by operators. The Leeds Hospital Trust is required to have a transport plan but this is not widely known about and so has limited effectiveness.

Suggestions to the solving the problem of transport are many and included:

- Car sharing
- Penalties for taxi operators not servicing all areas
- The development of a discount system between West Yorkshire Passenger Transport and the Local Authority (above and beyond the current system)
- More information needed on the cheaper fares for pensioners announced in the latest budget.
- Raising awareness amongst transport providers of the need for cheap and accessible transport.
- Support for people accessing transport via;
 - buddying system
 - direct payments
 - flexi-fund
 - car sharing
 - volunteering

The impact of medication on users accessing transport is further exacerbated by poor transport links which require changeovers. Drivers could also fall foul of this and more information on the dangers of medication for drivers needs to be given. An integrated, holistic transport system with good disabled access should be the objective of a transport policy, but getting it relies on a series of partners and funding coming together.

Train services tend to be problematic and the closure of local stations has compounded this.

Recommendation 7 (f): Address taxi's use of 'no go areas' by removing licences

Recommendation 7 (g): Promote existing travel discounts and campaign for more

Recommendation 7 (h): Support users to access transport via Direct Payments etc.

Recommendation 7 (i): Better bus services to outer areas

Recommendation 7 (j): Raise awareness amongst users of impact of medication whilst driving

7.4 Access to Financial and Legal Advice – local perspective

There is generally a lack of understanding of mental health issues amongst employers and agencies assisting people into employment. For example, Job Centre Plus and the Shaw Employment Trust emphasise physical disabilities in their literature but not mental health problems. MIND's Expert by Experience Project also highlighted the lack of understanding of mental health as a disability amongst employers, although with support, it is evident that employers are keen to consider employing people with mental health problems. Employment is the key way to lead service users out of poverty and debt.

Unemployment is a major contributory factor to service users getting into debt and relying on loan sharks to access monies in an emergency. People not in employment struggle to access bank accounts and therefore loans. Their credit rating is often high leading to higher interest rates being charged than for people in employment. The lack of a Credit Union across estates is a problem, though it is acknowledged that there is a city-wide Credit Union and several smaller ones such as in Bramley etc. Access to this service is however difficult for people at the bottom of the socio-economic spectrum and something which is a layer below credit unions might be more appropriate.

There is a lack of financial advocacy for people with mental health problems. The Archway Model is cited as an example of good practice where workers with benefits experience work alongside mental health support workers to enhance the quality and relevance of the service offered.

People in debt are also unlikely to have insurance especially for home contents and this too makes them more vulnerable to the effects of poverty, debt, loan sharks and so on. Debt counselling was seen as a key contributor to managing and escaping debt.

The closure of post offices and the new reliance on back accounts is a growing issue as some people are now relying more and more on third parties, usually money lending institutions, to 'cash' giro's because of lack of access to even basic bank accounts. This is exacerbated by mental illness when users need more support to access basic services.

Asylum Seekers and Refugees are also more likely to suffer debt and hardship. This is made worse by the lack of interpreting services and the withdrawal of basic service

provision once the application to remain is refused (asylum seekers only). Asylum Seekers and Refugees are very likely to have suffered trauma in their countries of origin and so mental health for them is a key issue which needs addressing.

Similarly, the current benefits system is cumbersome and oppressive, especially for access to sickness benefits and this needs to be addressed at a government level. Mental health scores very low on the system currently in use and again, this impacts on people's access and can even mean people struggling for several weeks or months with no income at all.

Solutions to these problems starts with improved information to employers and agencies assisting service users into employment. Better debt counselling and advocacy once people have got into difficulties and a new loan system which operates at a local level.

Recommendation 7 (k): More financial advocacy is needed as part of housing and other support

Recommendation 7 (l): Improve awareness of employers and agencies like Shaw Trust of mental health issues

Recommendation 7 (m): Increase knowledge of basic bank accounts amongst users

Recommendation 7 (n): Develop a new loan service for high risk groups

Recommendation 7 (o): Support implementation of recent Leeds Financial Exclusion research "Exclusion to Inclusion" undertaken by Salford University on behalf of Leeds City Council.

8 LEEDS IN CONTEXT OF THE REPORT

8.1 In Leeds the implementation of the recommendations contained in the report will meet many of the requirements emerging out of recent NHS and Social Care strategies as well as strands of 'Vision for Leeds 2'. The NHS public health white paper 'Choosing Health' has explicit targets around mental health which the recommendations in this report will meet. The Social Care green paper 'Independence Wellbeing and Choice' sets out the approach to service delivery and social care outcomes for people in the community which some of the recommendations in this report will meet.

8.2 The Health and Wellbeing Strategy Under 'Visions for Leeds 2' has 5 priority areas, the recommendations in this report address aspects in each of these areas as is demonstrated below:

Make sure that social, economic and environmental conditions promote a healthy and positive society

One of the actions in this area is to provide "benefit advice and training in health and social care". Sections 3.3, 4.3.2, in this report cover this action in full and suggest further action to be taken to improve services. Another action is to improve housing and implement the Supporting People Housing Strategy. Section 7 in this report covers this area and recommends further action. Actions around transport are also covered in section 7 of this report.

Protect people's health, support people to stay healthy and promote equal chances of good health.

Actions around mental health promotion in this priority area are covered in this report under sections 3 and 4 with further recommendations that will increase social inclusion for people.

Provide high quality sustainable and accessible services for those who need them.....

One of the key actions are about improving information giving by partner agencies, this is covered in this report in sections 4 and 5.

Establish effective partnership working to improve health

Providing a framework for District Partnerships is a key action. One of the key ways of taking forward the recommendations in this report would be through District Partnerships.

9. A FRAMEWORK FOR ACTION

9.1 The aim of a Leeds framework

The aim of a Leeds framework is 'to create ways in which adults with mental health problems can secure the same opportunities for social participation and access to services as the general population'. This framework will need to be jointly worked up into an action plan that can be implemented across the city and across agencies.

9.2 Objectives of the framework

There are five key objectives that this framework is based on, each of the recommendations contained in the report relate to one of these objectives as is demonstrated below.

9.2.1 Consider strategic interventions to meet stated aim

These are actions that need to be taken at a strategic level to ensure that key recommendations are implemented effectively

Recommendations: 5f, 5g, 5k, 5a, 5b, 5k, 6d, 6h, 7a, 7c, 7d, 7l, 7p, 7f

9.2.2 Combat stigma and discrimination and raise awareness of mental health and social inclusion issues

Recommendations: 4e, 4d, 4o, 5j, 5l, 7g, 7m,

9.2.3 Support users of services and others in need to navigate through an array of mental health and non mental health services

Recommendations: 4b, 4c, 4e, 4j, 5c, 5d, 5k, 6i, 7b, 7e, 7h, 7j, 7k, 7m,7n

9.2.4 Develop new partnerships outside of mental health service settings to ensure that all services are responsive to the needs of people with mental health problems

Recommendations: 3f, 4m, 6b, 6c, 5h, 5l, 5j, 6f, 6g,

9.2.5 Build in organisational and staff capacity to deliver the agenda of mental health and social inclusion

Recommendations: 3a, 3b, 3c, 3d, 4a, 4i, 4l, 4n, 5e, 5f, 5g, 6a, 6e

10. **NEXT STEPS**

This report outlines the readiness status of Leeds in implementing the national Mental Health and Social Exclusion Report. It also goes beyond some of the reports recommendation. This is entirely justified as it is based on evidence of need and service user recommendations for the delivery of better services. Some good practices and services are already being provided by Leeds as is evident in the report, however the recommendations suggest that Leeds still has a long way to go to achieve social inclusion for people with mental health problems.

The report is being presented to the Modernisation Executive (NHS CEs and the Director of Social Services) as it was commissioned by them. However the Mental Health Modernisation Team believe that the report needs to be shared with the Local Strategic Partnership. It is recommended that the report is presented to relevant sub groups of the LSP for consideration.

Implementation of the agreed recommendations needs commitment and delivery from different partners, for this to happen the LSP needs to consider it and be willing to promote it. The action plan which is still to be drawn up needs to be shaped by agencies outside of mental health services, as is clear from the report. This could be done once CEs and the LSP agree the framework for action proposed in this paper and acknowledge the work within the context of wider priorities being taken forward in the city.

Once the Modernisation Executive, Narrowing the Gap Executive and Health and Wellbeing Partnership have seen the report, an action plan can be jointly drawn up with collective ownership across agencies. The mental health and Social Exclusion Group under guidance from the Modernisation Executive and reporting to the Mental Health Modernisation Team is in a position to co-ordinate the implementation of an action plan when it is drawn up.

The Mental Health and Social (Exclusion) Inclusion Group
On behalf of the Leeds Mental Health Modernisation Team
July 2005

APPENDIX 1

Social Exclusion Group

<i>Members</i>	Representing
Alison Lowe	Director of Touchstone
Ann Richards	Primary Care Mental Health Support Manager city-wide - NW PCT
Barbara Bentley	Service user & carer reference group
Cath Peach	Practice Development Lead-CMHTs
Chris Collins	Head of CMHTs - Mental Health Trust
Clare Humphries	MH Lead East PCT
Diana Towler	Business Development Manager, Job Centre Plus
Emily Brown	Convenor - Mental Health Employment Consortium
Ian Cameron	Director of Public Health - NW PCT
Ian Needham	Supporting People
Jane Williams	Volition
Jenny Savage	Leeds Involvement Project
Linda Tingle	Service user & carer reference group
Lisa Hollingworth	MH Lead South PCT
Mark Gallacher	MH Lead West PCT
Nick Wood	MH Lead North West PCT
Pauline Bispham	Media Officer for positive mental health - NW PCT
Richard Norton	Voluntary Sector Rep 'Narrowing the Gap' sub group - Archway
Richard Smith	Chief Executive - Connexions
Ron Sweeney	Service user & carer reference group
Ruth Bell	MH Lead East PCT
Simon Cluderay	MH Lead North East PCT
Tabitha Arulampalam	Head of Strategic Planning (MH) - NW PCT
Ursula Klingel	MH Development Officer, Social Services

APPENDIX 2

SE Report Recommendation from final version

Stigma and social inclusion

Recommendation 3 (a): Build on the development work of the media officer for positive mental health. Ensure the post is secured for future years.

Recommendation 3 (b): Pockets of good practice need to be universal as well as adequately resourced and effectively co-ordinated not only in schools but also other places young people attend including youth clubs and leisure facilities.

Recommendation 3 (c): Mental health promotion work requires higher level of staffing across the city.

Recommendation 3 (d): Leeds Community Legal Services Partnership organisations need to be adequately resourced to respond to increased demand for advice following increased publicity of the rights of those with mental health problems.

Recommendation 3 (e): Pan Leeds 'mystery shopper' exercise, together with spot checks in service delivery to vulnerable groups (similar to OFSTED scrutiny).

Recommendation 3 (f): Link Leeds City Council Equality and Diversity scheme to those being developed by PCTs, Leeds Mental Health Trust and other public bodies so that these are universally accepted locally.

Role of employment in mental health & social inclusion

Recommendations 4 (a): Promote employment resources for Care Co-ordinators, increase links between employment / training providers and the CPA process. Strengthen employment and recovery component of CPA - consistency in how people's employment needs are addressed in CPA and organisational care / development plans.

Recommendation 4 (b): Map services and pathway in and out of employment to ascertain key agencies involved and opportunities that may need to be built in.

Recommendation 4 (c): Pre vocational support and post – employment support needs to be available outside normal working hours

Recommendation 4 (d): Address barriers to mainstream education and opportunities for people with mental health problems

Recommendation 4 (e): Increase supported work placement schemes shaped around individuals needs.

Recommendation 4 (f): Support and encourage more organisations (in the public sector) to consider experiences of using mental health services or direct experience of mental health problems as a criteria for selection to posts.

Recommendation 4 (g): To support and encourage more organisations to include positive statements about recruiting people with mental health problems in advertisements for posts.

Recommendation 4 (h): To develop and get city wide sign up of intent for good practice in recruiting and employing people with mental health problems (see also 3f).

Recommendation 4 (i): Provision of benefits training for all mainstream mental health works

Recommendation 4 (j): Clear and accessible information made available to services users and staff

Recommendation 4 (k): Incorporate the development of social enterprises within the implementation plan for 'Vision for Leeds 2'. Provide funding to sustain and develop current social enterprises

Recommendation 4 (l): Secure funding for posts of Senior Mental Health Promotion officer and the Media Officer posts.

Recommendation 4 (m): Provide training and support to employers to improve job retention mechanisms

Recommendation 4 (n): Set up a mental health and employment website as a resource for employees and employers.

Recommendation 4 (o): Increase awareness of employment rights for people with mental health problems

Health and Social Care in social inclusion

Recommendation 5 (a): Implement the findings of 'Bridging the Gap' project

Recommendation 5 (b): Implement the Day Service Modernisation Programme

Recommendation 5 (c): Improve the information provided by mental health professionals on other community resources

Recommendation 5 (d): Improve early access to a range of information and advice through the increased availability of advisors in primary and community care settings, e.g. CAB

Recommendation 5 (e): Develop systems which give access to current information for primary care staff supporting people in addressing their employment and social needs.

Recommendation 5 (f): Find ways of sharing the expertise of staff and ensuring that agencies work closely together to maximise experience and knowledge of community based agencies

Recommendation 5 (g): Establish standards with training institutions regarding the delivery of training in relation to social issues and employment.

Recommendation 5 (h): To develop more cross sector, inter agency training that draws on the experience of existing staff.

Recommendation 5 (i): To exploit joint training opportunities between mental health and non-mental health professionals, with users of service and their carers, with the aim of reducing stigma.

Recommendation 5 (j): Exploring opportunities for joint work and training between mental health professionals and others to reduce stigma, improve access and support people in non mental health settings.

Recommendation 5 (k): Support the current proposal to review the provision of psychological therapies across the city and consider how the recommendation maybe implemented.

Recommendation 5 (l): Raise profile of direct payments locally through conducting local workshops

Recommendation 5 (m): Increase provision of in reach services to prisons as appropriate.

Recommendation 5 (n): Develop protocols for care pathways for prison health informatics services.

Recommendation 5 (o): Increase training for prison staff in relation to mental health awareness training

Recommendation 5 (p): Agree a model of practice for people subject to Section 136 of the Mental Health Act.

Supporting families and community participation

Recommendation 6(a): Provision of mental health awareness training for front-line staff in mainstream education / training and adult guidance

Recommendation 6 (b): Increase links with guidance agencies and provision of guidance in mental health and education settings

Recommendation 6 (c): Work with mainstream education / training providers to address the barriers to access, in particular flexibility in length and structure of courses and assessment.

Recommendation 6 (d): Set up city-wide volunteering and mental health network to increase awareness of supported volunteering opportunities across the city for people with mental health problems.

Recommendation 6 (e): Support development of a co-ordinator post and a programme of activity for Arts and Mental Health Network

Recommendation 6 (f): Develop closer links with Information and Guidance providers in young people's services.

Recommendation 6 (g): Build stronger links between Education Leeds and mental health services, including Health Promotion.

Recommendation 6 (h): Ensure that all schools are aware of and acting on the DfES clarification on school governors' regulations.

Recommendation 6 (i): Ensure consistent implementation of service user and carer involvement payments.

Getting the basics right in mental Health

Recommendation 7(a): Increase housing support to vulnerable people

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Recommendation 7 (c): Prioritise affordable housing as part of all new developments

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