

Head Lines

Welcome!

In this, the second service user newsletter for mental health patients served by KMPT, we look at Advance Statements, describe schemes, courses and groups which are running and give some tips on benefits changes and money management in hard times.

When a Statement is not a Decision

To the confusion of many, within NHS jargon an Advance Statement may sometimes be known as an Advance Directive not Advance Decision. (For information on these, see the end of this article. If you are already confused, we hope that by the end of this article, things will become clearer!)

An Advance Statement – or Directive – identifies, while the service user is well, their views and preferences on both medical and personal issues, should they be admitted in crisis to an acute ward.

The Recovery and Access teams use forms which have two parts both of which are important if a person is admitted to hospital in crisis. Part 1 refers to psychiatric treatment and includes a section where the service user can state their wishes regarding medication and treatment (what has or has not worked for them in the past and why). Part 2 refers to the individual's personal and home life, and includes sections about who they would like to look after their children, their dependents or their pets; who they would want to be informed of their admission to hospital; and other more practical issues.

An audit undertaken in June 2010 found that statements were not being used widely but they are now being more actively promoted.

If you would like to make an Advanced Statement, talk to your care coordinator, who could be your psychiatrist, mental health nurse, social worker or occupational therapist. They can provide you with a form and offer to help you complete it if necessary or you could complete it with the help of your carer or a friend.

You must sign it and it should be signed at the same time by an independent witness to show that it is your own work. This cannot be your carer or friend but could be your GP, for example. Copies of it should be stored in as many places



as possible – with your Recovery or Access Team, your GP, your carer or a friend, for instance.

Previously it was not possible to look up an Advance Statement electronically on Trust records but with the introduction of RIO, this information can be stored and looked up quickly and easily by members of the Acute Care Service.

As noted above, Advanced Statements/ Directives, a name that is continually changing, should not be confused with Advance Decisions. An Advance Decision is a legally binding document, introduced by the Mental Capacity Act (2005), which makes it possible for someone over the age of 18 to refuse specific treatment. At the time of making the Advanced Decision, you must be able to show that you know and understand what you are doing (having capacity). You will be able to refuse certain treatments but if your mental health condition threatens your life, your decision can be overruled by two mental health doctors.

It is possible to complete both an Advance Statement/Directive and an Advance Decision & store these together. This is often referred to as an Advance Care Plan.

Recovery Star Starts

This summer, the South West Kent Recovery Service delivered the first Recovery Star therapeutic group for Recovery and Access clients. The group took place at Highlands House and the feedback from those clients who attended was very positive. The group is facilitated by occupational therapists and other mental health professionals with the following aims: to assist people in 'moving on' and building confidence that they can do so independently of services; to help clients to assess their recovery progress; to look at future goals and how these can be achieved; to identify local resources which can support recovery; and to work collaboratively through the Recovery Star in order to facilitate and plan change.

The Recovery Star is a self-assessment tool which helps clients to think about where they are in their recovery journey. During the group, participants are guided through one or two areas of the Recovery Star at each session, exploring the following areas of their lives: managing mental health; physical health and self-care; living skills; social networks; work; relationships; addictive behaviours; responsibilities; identity and self-esteem; trust and hope.

The Recovery Star is literally a graphic representation of a star. It has 10 points to represent the 10 areas of your life it helps you to consider. Each point has 10 circles which are numbered one to 10. In completing the Recovery Star, you are asked to rate where you are and plot yourself from one to 10 for each life area.

How to complete and use the Star is explained in more detail in the group but the numbers are based on a concept known as the 'ladder of change'. Although there are more detailed definitions for each area of life, in broad terms, the numbers represent the following stages of recovery: 1 to 2 – 'I'm stuck, leave me alone'; 3 to 4 – 'I'm starting to accept some help'; 5 to 6 – 'I'm believing I can make a difference myself'; 7 to 8 – 'I'm learning how to do things for myself'; 9 to 10 – 'I feel self-reliant and can manage without help'.

The group is most relevant to clients who may be planning for discharge from services and for clients who want to consider how to manage their recovery more independently. Access or Recovery service users who are interested in attending the next group should discuss it with their care-coordinator or consultant in the first instance.

You and your money



Having money troubles? There is a friendly professional Debt Advisory Service in Tunbridge Wells, Sevenoaks, Tonbridge and surrounding areas.

Appointments can be made at any of these venues by calling (01732) 300425. This is an answerphone but calls will always be returned promptly and you will be directed to the most convenient meeting place for you. The service is available by appointment only. There are usually two professionals available to help with advice.

The service is run by the Union of Churches in the area and all advisors are trained especially to help with money issues, debt advice and even how to create a personal budget.

Another useful source of advice can be found at <http://www.moneysavingexpert.com/cards/mental-health-guide>. This is a free 40-page PDF booklet supported by Mind, Rethink, CAPUK and others, for people with mental health problems and those caring for them. It covers how to handle debts when unwell, work with banks, free debt counselling, and gives specific tips for bipolar or depression sufferers. (It describes bipolar and debt as 'a marriage made in hell'.) It is written sympathetically with mental health issues in mind. It covers how to deal with debt and also the reasons why we might get in to debt such as impulse buying for that 'feel good factor' and the realisation that it may not cover the cracks. This free booklet gives excellent information and support from suitable professionals. The source is *Martin's Money Tips*, a publication from a regulated advisor who regularly appears on TV.



ESA: crucial 15 points

As most of us are already only too aware, the benefits system is currently being streamlined and the reforms are both extensive and radical. One of the developments which is affecting mental health patients is the replacement of Incapacity Benefit by Employment Support Allowance or ESA.

By April 2014, all ESA assessments will have taken place.

Having completed the paperwork, anyone being assessed for ESA is likely to be asked to attend a medical, both initially and then at six-monthly intervals. In this area, the assessment usually takes place in Hastings or Croydon. Travelling expenses are paid.

It is crucial that would-be claimers of ESA seek as much advice as possible before filling in form ESA50 which, along with the medical, will constitute the basis of the outcome of the claim.

Anyone in secondary care, ie anyone with a care plan who currently sees a psychiatrist on a regular basis, has access to Ray Perry, an experienced benefits adviser, who holds appointments at Highlands House.

Those in primary care, ie anyone under the care of their GP, should seek help from the local Citizens Advice Bureau. Additionally, anyone with a learning disability can get help from Social Services.

Based on form ESA50 questions, applicants must score a total number of 15 points or more if they are to receive ESA.

It is vital to provide evidence from your GP and/or psychiatry team to go with the ESA50 and it is wise to take copies to the medical assessment interview.

The assessment itself is carried out by a nurse, an occupational therapist or a GP – ie someone who is not a specialist in mental health – so the challenge is to convey how our mental and physical health would be affected by returning to work too early (if this is the case).

Try to take a friend, relative, support worker or advocate with you. They can be present while you are being assessed.

If you pass the criteria for receiving ESA, you will be placed in one of two categories: the Support Group or the Work-Related Activity Group. If you are placed within the Support Group, you will receive enhanced benefit and you do not have to attend work-related interviews.

Those in the Work-Related Activity Group receive some enhanced benefit and will be invited to attend a meeting once a month with an RNLB work placement officer. This does not mean you have to find paid work immediately but you are encouraged to do some voluntary work in order to gain experience intended to help a return to paid work.

After six months, you will be asked to attend another medical assessment. If you do not pass the criteria this time and are advised that you have been placed on Jobseeker's Allowance, you have one month in which to appeal, if you feel the decision is wrong. As soon as you appeal, benefits which would otherwise have been cut or reduced will be reinstated while the appeal runs its course. If you appeal, you will receive a basic level of ESA, housing benefit and council tax.

Buddying: Two's company

The Buddy Scheme started in Medway where community mental health nurse Belinda Garnett recognised the benefits to students of using the mental health experiences of service users as part of their training. After the award of a grant, the scheme has recently expanded to all of Kent and some service users have been trained to work through booklets containing a series of questions aimed at providing an insight into what it means to have mental health difficulties. At the moment junior doctors, social work students, student nurses, midwifery students and occupational therapists all benefit from this scheme.

Two service users from South West Kent have already buddied a midwifery student and a junior doctor.

Service users are paid £15 an hour for their input (£20 an hour for their own training sessions) and a student nurse will typically require five one-hour sessions while junior doctors only have two hours allocated to them. The £15 rate has been specially selected to reflect the value placed upon service users' input, while not interfering with benefits earnings rules.

Anyone interested in joining the Buddying Scheme should in the first instance contact Warwick Owen, Project Co-ordinator, The Buddying Scheme, Rivendell, Mill Lane, Eastry, Sandwich, Kent, CT13 0JY or at warwickowen@hotmail.com

A delay between interest being expressed and a suitable student being found is not unusual.

Have your say

Ever fancied having an input into patient services? Why not think about joining the Service User Involvement Group which meets at Highlands monthly for two hours. Contact Debra Martin at Highlands in the first instance if you are interested on (01892) 709211.



Another forum for your views

The Patient Advice and Liaison Service (PALS), part of the Kent and Medway Partnership Trust, exists to help communication in the mental health world, be it a question of providing information, resolving a concern or pursuing a complaint or suggestion.

PALS provides free, confidential and on-the-spot advice.

The service is available from 9.30am – 4.30pm Monday to Friday and is supported by an answerphone. Any missed calls will be returned within the day or, at the latest, during the following working day.

PALS can be contacted at: Trust Headquarters, Freepost SEA5463, West Malling, Kent, ME19 4BR or on 0800 5876757. Its email address is pals@kmpt.nhs.uk and its fax number is (01622) 725390

Paid peer support work: using all that you are

In summer 2011, Kent and Medway Partnership Trust (KMPT) hosted a conference to look at the exciting concept of peer support workers (PSWs) – patients who are quite a long way down the path of recovery being paid to support service users who are less far advanced.

Key speakers came from Nottinghamshire Healthcare Trust and Cambridgeshire and Peterborough Partnership Trust, both of whom are pioneers in the field. One PSW, Claudia Price, described the work as the most satisfying in which she has ever been engaged. Her definition of recovery? 'Using all that you are and all that you remain to be.' She says that when she initially considered working as a PSW, she was not sure about 'unpacking all her stuff', but says she feels that she is 'using my dark times as a force for other people'.

Internationally, the pioneers of peer support work are to be found in Arizona, and Cambridgeshire and Peterborough started off by sending some staff to the US back in 2009 on a fact-finding mission. This led to getting in ('exorbitantly expensive') consultants Recovery Innovations Arizona over a period of five months to train up people who could become trainers in their turn,

peers with a degree and a teaching qualification.

The training, agree Price and Sharon Gilfoyle project manager and PSW, is pretty gruelling – 166 hours over five weeks with homework on top, all followed by an exam which it is possible to fail.

Cambridge and Peterborough currently employs 41 PSWs, mostly on a part-time basis. Pay has been carefully calculated so that benefits are maximised. 'No-one is worse off working, says' Gilfoyle, 'but one person is receiving exactly the same amount of money as when uniquely on benefits.'

CRB checks and a lack of employment references can prove a slight headache, she says, but creativity and flexibility are the key here.

Both Gilfoyle and Price, and Dr Julie Repper from Nottinghamshire, make plain that the receptiveness of the team in which the PSW works make a huge difference to the success of their efforts.

As one step towards to further peer involvement, KMPT ran a 'telling Your Story' course at the end of November.



Coffee in the Park

Fancy meeting some other service users for coffee (cheapest in town!) and a chat? We shall be meeting at the café in Calverley Park, Tunbridge Wells, on the first Wednesday of every month, starting in December. 1.30- 3.30pm