

Mapping Services for People with Mental Ill-Health and Carers

February 2013

A report for LINK Merton by Jennie Chapman Consultancy and Training Ltd

Contents

EXECUTIVE SUMMARY	3
EXECUTIVE SUMMARY – KEY POINTS.....	4
BACKGROUND.....	7
THE SCOPE OF THIS REPORT	7
MENTAL HEALTH SERVICES – THE BIGGER PICTURE	9
NATIONAL POLICY.....	9
LOCAL PICTURE.....	12
BOROUGH STATISTICS.....	13
POPULATION	13
MENTAL HEALTH SPEND DATA.....	14
MAPPING DAY SERVICES	15
INTRODUCTION	15
DAY SERVICES MAPPING	16
SUMMARY- DAY SERVICES.....	24
MAPPING OUT OF HOURS SERVICES	26
INTRODUCTION	26
OUT OF HOURS SERVICES MAPPING.....	27
SUMMARY – OUT OF HOURS SERVICES	29
MAPPING SPECIALIST CARERS SERVICES.....	30
INTRODUCTION	30
SPECIALIST CARERS SERVICES MAPPING	31
SUMMARY – SPECIALIST CARERS SERVICES.....	34
APPENDIX 1.....	35

EXECUTIVE SUMMARY

This research has mapped a selected group of services for adults with mental ill health and their carers across five South West London boroughs. Three types of services in particular have been considered – day services, out of hours services and specialist services for carers, each of which are fully explained and mapped in greater detail in their respective sections of this report. A broad summary of the services mapped is shown in the table below. Later in the document there is greater detail giving an indication of the scale of each service and more details about what each offers –

	ORGANISATION NAME	AREA OF SERVICE - (see mapping categories later in document)	SOURCE OF FUNDING
MERTON	St Mark's Family Centre	Day services	PCT, charitable trust
	Volunteer Centre Merton	Day services	Local Authority
	Merton Mind	Day services, out of hours services	fundraising
	Imagine Merton	Day services, out of hours services,	Local Authority, client contributions.
	Fanon Resource Centre	Day services	Local Authority
	Carers Support Merton	Specialist carers services	PCT, charitable trust
SUTTON	Sutton Mental Health Foundation	Day services, out of hours services	Local Authority, client contributions
	Imagine – Sutton / Mainstream	Day services	Local Authority - unable to confirm if any other sources.
	Sutton Carers Centre	Specialist carers services	Local Authority / PCT
	Prospect Housing and Support Service	Specialist carers services	Local Authority / self funders
KINGSTON	Eco-op	Day services	Some NHS then will be personal budgets and social enterprise.
	The Fircroft Trust / The Fircroft Centre	Day services, out of hours services	Local Authority, charity shops and fundraising, client contributions
	Mind in Kingston	Out of hours services	Local Authority, client contributions
	Kingston Carers Network	Specialist carers services	Local Authority

WANDSWORTH	Seagull Print	Day services	Some PCT funding, personal budgets, income from social enterprise
	Wandsworth Mind / Resource Centre	Day services, out of hours services	Personal budgets or self-funders
	Family Action	Day services	Local Authority and NHS Trust - currently transitioning so longer term services from personal budgets
	Wandsworth Your Way / Going Forward	Day services	Local Authority- short term services, Personal Budgets- longer term services.
	Share Community	Day services	Personal funding as part of care package, personal budgets, fundraising, social enterprise
	Sound Minds	Day services	Personal budgets, some NHS funding, Comic Relief, education sources, small grants, social enterprise
	Wandsworth Carers Centre	Specialist carers services	PCT
	Katherine Lowe Settlement	Specialist carers services	Fundraising / general
RICHMOND	Richmond Borough Mind	Day services, out of hours services, Specialist carers services	Local Authority, PCT, Charitable Trusts, Lottery, small client contributions
MERTON AND SUTTON	Rethink Mental Illness Merton and Sutton	Out of hours services, Specialist carers services	Non-statutory grants, fundraising, client contributions and in kind
MERTON AND WANDSWORTH	Crossroads Care South Thames	Specialist carers services	Local Authority or self-funders

It is clear that there are more organisations providing services in some boroughs than others but very often where there are fewer organisations, each is providing a larger scale service.

EXECUTIVE SUMMARY – KEY POINTS

Each section of mapping later in the document contains a summary of findings. Broad key findings are as follows -

1. **Inconsistent picture of services** - Among the services mapped it is clear that there is a range of services but there is no particular pattern or consistency of service model, scale or access criteria across boroughs. The development of services in each borough appears to depend on a number of factors, including the services that have been seen as priority and commissioned or given grant funding by the Local Authority or Primary Care Trust (PCT) and the resourcefulness and creativity of the

local voluntary sector. While the picture in Merton is different from the picture in surrounding boroughs, the same could be said for each borough as there is no particular pattern that emerges.

- 2. Sustainability of services and diversification of funding** - Some of the most established organisations researched mentioned the importance of consistency of funding for this type of work and it is noted that many of the activities listed here are being supported by short term funding, including funding from Charitable Trusts. However there are organisations developing a more diverse funding base using social enterprise models where the enterprise activity itself has beneficial effects for the client group. For example a number of organisations are developing horticultural, craft or service industry training and skills and then selling the resultant services or goods. Most of these organisations agreed that due to the intensive support required by some clients these activities themselves were not ever likely to be able to raise all of the resources required to maintain the whole project but they could help support sustainability. They also were clear that this sort of approach would not be right for all potential clients, including those in a period of particular instability.

There have been considerable challenges where areas have begun to focus more on personal budgets as a means of paying for mental health services. Reasons for this include the low take up of personal budgets in the field of mental health, and arguably the unsuitability of personal budgets for some potential service users.

- 3. Importance of breadth of service** - A mix of services that take account of the breadth of mental health needs of service users, rather than a one-size-fits-all approach, was advocated by most people interviewed. There was much positive feeling about services that support recovery, community involvement and skills development. The researcher also gained a sense from those interviewed of the importance of an easily accessed safe and unpressured place without so much structure to help support those who were unable to take advantage of more structured services.
- 4. Low availability of out of hours services** - The number and scale of out of hours services for people with mental ill health is low in most boroughs surveyed. This is perhaps surprising as it is known that evenings and weekends can be particularly isolating and difficult times when most services are closed. Those services that are available all appeared to be well used.
- 5. Inconsistent data** – There is inconsistent data around levels of investment by Local Authorities in mental health services which makes it difficult to be totally clear about

what the available figures include. This is mirrored by inconsistency in the way that organisations delivering services measure their data. It was therefore not possible to accurately and confidently compare capacity between services. For example some measured how many individuals accessed their service in a given period, others how many received a newsletter and others how many times a service was accessed but not how many unique individuals this represented. Also, while the researcher was extremely grateful for the time of many who were willing to openly discuss their service, this was sadly not the case for all services. There is therefore real scope for increased transparency and consistency of data to help inform strategic thinking about how to develop services in the best interests of those with mental ill health and their carers.

6. **Specialist mental health carers support services** - The level of resources in Merton to support mental health carers is particularly low and even those boroughs with higher resources all commented that they needed more resources in the area of specialist support for carers of mental ill health as the reported demand for the service is so high and the outcomes so positive.
7. **Voluntary sector innovation and creativity** – Where voluntary sector leaders are taking a positive and innovative approach to service development there are interesting examples of successful projects. Often these projects receive some statutory funding but are supplemented by a more diverse resource base.
8. **Opportunities in Merton** – There is considerable scope in a climate where there is such an inconsistency of approach to mental health services across South West London for Merton to take a proactive and strategic approach to the development of mental health services and even to strive to become a borough against which others could benchmark their own services. One such opportunity would be to explore the scope to more closely align mental health commissioning from adults and children’s services.

BACKGROUND

This research was commissioned by LINK Merton to identify a range of services that are available for adults with mental ill health and their carers and how they might differ across local boroughs. It was commissioned largely due to recognition that for some years there have been local concerns, especially among those in the voluntary and community sector, that there has been a lack of local authority investment in mental health services in Merton when compared with neighbouring boroughs.

This report therefore aims to map the available services in the community to identify areas where there may potential to develop services in Merton or learn from services in other boroughs.

During the period in which this report was produced the London Borough of Merton started a tendering process for day services for people with mental ill health and it is hoped that this research will be helpful in informing commissioning decisions.

In particular it is hoped that this report will provide a helpful foundation for on-going and constructive conversations across the voluntary and statutory sectors around strategic development of mental health services in Merton to provide the best possible picture for those with mental health problems and their carers.

THE SCOPE OF THIS REPORT

This research has been commissioned as a mapping exercise to quantify the scope and scale of services that are available in Merton and surrounding boroughs. It does not set out to make any qualitative judgement or particular recommendations. The report can only offer a snapshot in time of services and due to the diverse range of services that support people with mental ill health, whether as the primary focus or incidentally in their work, the report cannot claim to be a definitive list of all mental health services.

The report focusses on those London boroughs in which the local Mental Health Trust (South West London and St Georges Mental Health NHS Trust – “The Trust”) works – Merton, Sutton, Wandsworth, Kingston upon Thames and Richmond upon Thames.

The services mapped in this report are those for adults with a wide range of mental health problems such as depression, anxiety, bipolar disorder, schizophrenia, personality disorders and eating disorders and their carers. The report does not focus on any specialist services for people with dementia or substance misuse problems or their carers, or for children, although some services mapped do include support for these groups as well as or as part of the services listed. It is also worth noting that many people receive a “dual diagnosis” of a mental health problem and a substance misuse problem, and it has been recognised that people with a dual diagnosis may not be as likely to try to get help, and they may have more complex needs than people with either mental health problems or substance misuse problems alone.

Mental health services are wide ranging and this report concentrates on particular aspects of services only. The report covers the following areas –

- Day opportunities for people with mental ill-health, including specialist services that offer regular activities and those that help service users to access universal services
- Out of office hours services available in the community for those with mental ill-health
- Community-based specialist services for carers of people with mental ill health

This report does not consider services that are directly provided by The Trust, most of which are common to all boroughs. Therefore, for example, Community Mental Health Teams and hospital based services are among those excluded from this report. A notable exception is that there is employment support for people with mental health problems delivered by the Trust that is commissioned by London Borough of Merton. This is not understood to be replicated in the other boroughs.

The services outlined in this report are, as far as can be ascertained, correct at September 2012. However many have short term or uncertain funding arrangements and so this report can only provide a snapshot in time of the services available.

Every effort has been made to ensure that the information about services is accurate but this cannot be guaranteed in all cases. Information about services available has been gained by speaking to individuals working in the organisations concerned in most cases. Many thanks are due to those who gave their time to talk to the researcher. Where this has not been possible, despite repeated attempts, information has been drawn from that available on the organisation's website or elsewhere on the internet.

MENTAL HEALTH SERVICES – THE BIGGER PICTURE

NATIONAL POLICY

There has been significant refocusing nationally of mental health services. “No Health Without Mental Health” – (Department of Health 2011) makes it clear that care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people’s human rights are protected. Through this approach the Government wants to achieve:

- greater choice, control and personalisation;
- improved experience for children and young people and improved transition from children’s to adults’ services; and
- improved mental health outcomes for all: promoting equality and reducing inequalities.

The 2012-13 Adult Social Care Outcomes Framework¹ sets out outcome measures that are agreed to be of value both nationally and locally for demonstrating the achievements of adult social care. It has four key areas of focus, each of which has significance for those with mental ill health and their carers.

- Enhancing quality of life for people with care and support needs – outcomes measured are-
 - i) Carers can balance their caring roles and maintain their desired quality of life.
 - ii) People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
 - iii) People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.
- Delaying and reducing the need for care and support
 - i) Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
 - ii) Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services.
 - iii) When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.
- Ensuring that people have a positive experience of care and support

¹ Transparency in Outcomes: A Framework for Quality In Adult Social Care. The 2012/13 Adult Social Care Outcomes Framework” Department of Health 30.3.2012

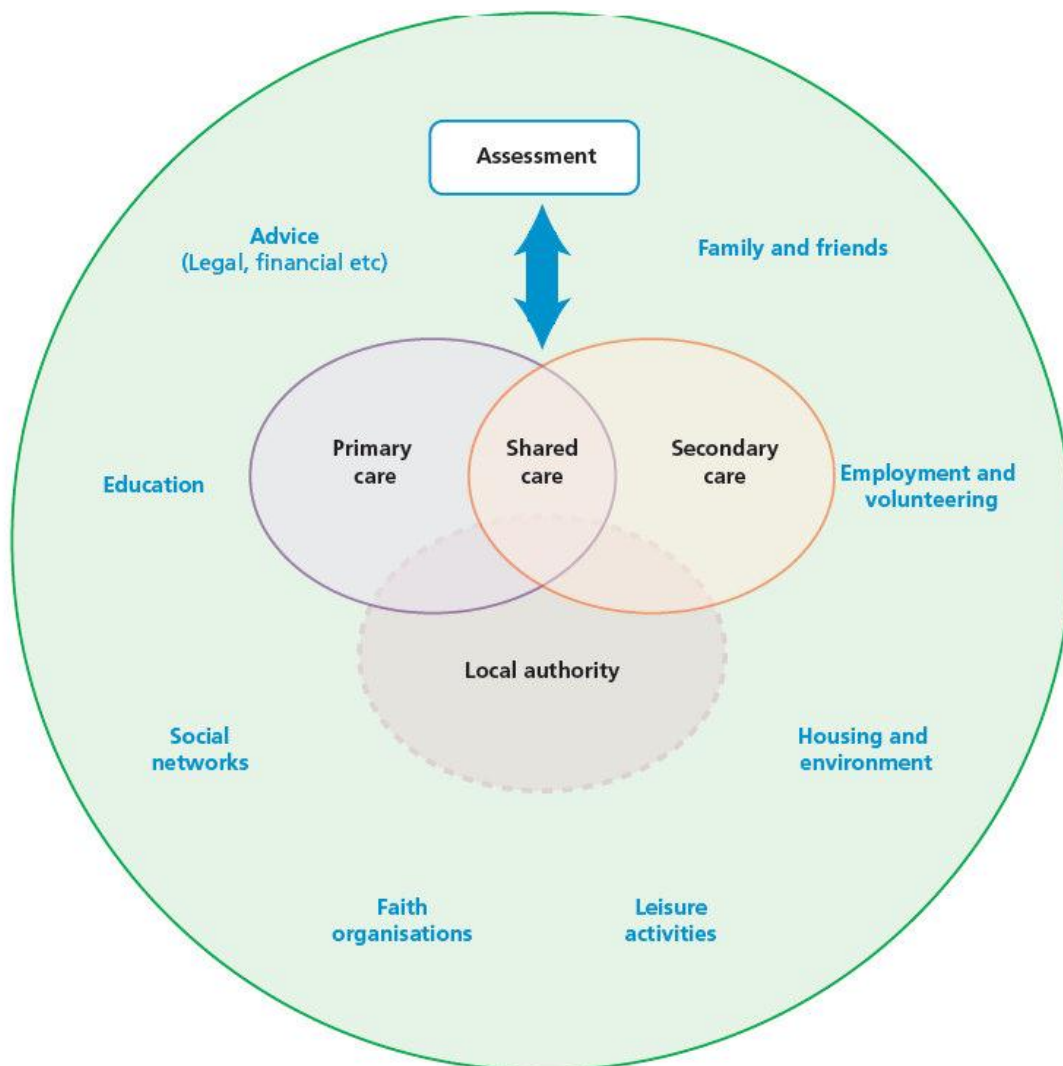
- i) People who use social care and their carers are satisfied with their experience of care and support services.
 - ii) Carers feel that they are respected as equal partners throughout the care process.
 - iii) People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
 - iv) People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.
- Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm
 - i) Everyone enjoys physical safety and feels secure.
 - ii) People are free from physical and emotional abuse, harassment, neglect and self-harm.
 - iii) People are protected as far as possible from avoidable harm, disease and injury.
 - iv) People are supported to plan ahead and have the freedom to manage risks in the way that they wish.

The Health and Social Care Act 2012 has resulted in a changing commissioning landscape for health services with a particular emphasis on GP commissioning. This is overlaid by a national economic picture that has meant public services are facing significant challenges to improve productivity and to deliver services in a more personalised way more efficiently and cost effectively. The introduction of Payment by Results for mental health services in 2012 is a further influence on planning and commissioning.

The London Mental Health Models of Care Project² considered the case for change for mental health services in London. The resultant models of care, launched in June 2011, include a model for those with long term mental health conditions (Long term mental health conditions were defined as schizophrenia, bipolar disorder, schizoaffective disorder, recurrent depression, and chronic neurotic, stress related and somatoform disorders.) Those with long term mental health conditions are those most likely to be using services such as those mapped in this document. The model below demonstrates the importance of a wide range of social care and community based factors working together with primary and secondary care settings to achieve the best outcomes.

² London Health Programmes Models of Care Project 2011

Fig 1 – Long Term Mental Health Conditions – London Model of Care



Underpinning factors:
Primary care competence and confidence; communication (inc information sharing and IT systems); physical health care (CQUIN); evidence based practice; workforce (skills & training); assessment, outcome measurement and diversity.

Several significant factors that are within the key policy drivers above have affected mental health services such as those mapped here. These include the advent of personalisation, and in particular personal budgets. There is also an increased emphasis on social inclusion and in particular supporting people into or in maintaining employment. There is more emphasis on support in universal community settings rather than traditional day centre settings, which have been seen as segregating and stigmatising those with mental ill health. An increased recognition of carers as expert partners in the care of the person with mental ill health has also been highlighted, leading to work to improve carer involvement across mental health services.

LOCAL PICTURE

Each of the services mapped by this report take their place as part of a wider picture of mental health services, including those provided by The Trust. Partnership between all services in contact with service users and carers is vital to ensure that people can easily find out about and access all appropriate support. Not only is choice important but also different services may be appropriate at different times in a person's journey.

Within the local community are many examples of groups whose primary function is peer support, many of which are diagnosis-specific. Some of these also organise outings and social events e.g. the "No Panic" peer support group or Kingston Bipolar Support Group. Some people will find that accessing support groups such as these is more appropriate for them instead of or as well as the sort of services that are mapped in this report.

The Recovery College run by the Trust has been a national demonstrator site and provides a wide range of courses and resources for service users, families, friends, carers and staff. The college aims to support people to become experts in their own self-care and for families, friends, carers and staff to better understand mental health conditions and support people in their recovery journey.

Another important area is counselling and therapy – alongside such services provided by health services there are a number of voluntary organisations providing counselling, including Wimbledon Guild in Merton. Many Improving Access to Psychological Therapies (IAPT) services are run in partnership between health services and voluntary organisations, with partners in Merton including Age UK, Carers Support Merton and Fanon.

In line with the aspirations of "No Health Without Mental Health", work is being done locally to ensure that carers of people with mental ill health are respected as partners in the care of the person with mental ill health alongside mental health services and considerable work is being done to implement good practice using the national "Triangle of Care" model locally.

Children's Services in Merton do commission some services for parents with mental ill health as part of a preventative whole family approach to their work. For example St Mark's Family Centre offer support for parents with mental ill health in Merton that is commissioned by Children's Services. Across Sutton and Merton there is also Big Lottery funding for young carers of parents with mental ill health, led by Carers Support Merton that focuses on a whole family approach.

Of course, mental health services also form part of a wider picture of general services and activities that are available in the community, including healthcare, leisure and social opportunities. In particular the role of GP practices in identifying and supporting both those with mental ill health and their carers cannot be underestimated. However, some mental health service users will be disadvantaged in accessing many universal services. Some of the day opportunities services outlined in this report focus heavily on enabling access to universal services.

Housing is also a key concern, especially for those with severe mental health needs – a useful report was undertaken in March 2011 “Report and Recommendations arising from the scrutiny review of supported housing for people with mental health problems.” - Healthier Communities and Older People Overview and Scrutiny Panel – London Borough of Merton.

Sutton LINK’s Mental Health Working Group’s “First report on severe and enduring mental health problems in Sutton” produced in October 2010 showed that when service users surveyed were asked when they most needed support there was very strong feedback that as well as services during weekdays, people also wanted support at weekends and in the evenings. It is reasonable to assume that this feedback is not exclusive to Sutton and so out of office hours services have been included in this mapping work.

BOROUGH STATISTICS

Each of the boroughs included in this mapping has its own unique characteristics. Comparative data to give a context for this mapping is detailed below –

POPULATION

BOROUGH	MID 2010 POPULATION ESTIMATES
Merton	208,800
Sutton	194,200
Kingston	169,000
Wandsworth	289,600
Richmond	190,900

Source – Office of National Statistics – 30/6/2011

Merton has the second largest population of the 5 boroughs in this mapping exercise, although it is closer in population size to those 3 boroughs with smaller populations than it is to the largest – Wandsworth.

MENTAL HEALTH SPEND DATA

“Lost in Localism”, a report by Rethink in May 2012 found real challenges in collecting consistent data about local authority spend on mental health in their area. In particular they found marked inconsistencies between data that was supplied as a result of a Freedom of Information Act (FOI) request and that supplied by the Department for Communities and Local Government (DCLG) data. The data gathered by Rethink for the 5 boroughs included in this report is included in Appendix 1, along with a calculation of spend per head of population for each figure using the population numbers given earlier.

It is very difficult to draw definite conclusions from the Rethink data with no concrete spend figure for each borough. However, even allowing for this, the overall picture strongly suggests that Merton has a significantly lower local authority spend per head on mental health services than its neighbouring boroughs, with the possible exception of Richmond. When asked about these figures Merton Council commented that the figures are published figures and that Merton's total spend on adult social care per head is the lowest in London, so these numbers reflect that fact.

A draft benchmarking report by the Mental Health Strategies Agency in August 2005 showed the average expenditure specifically on mental health day services was much lower in Merton than the other 4 boroughs. However this data is now 7 years old and there have been considerable day services changes in each borough since then so this data is perhaps less useful than the overall spend data in the table above.

Community Mental Health Data exists but forms a complex set of statistics that cannot be read in isolation in a report such as this. The Health Promotion department within the Local Authority hold such data.

CASELOAD IN THE MENTAL HEALTH TRUST BY TEAM TYPE

BOROUGH	ADULT CMHT	OLDER PEOPLE	ADDICTIONS	CAMHS Tier 3
Merton	744	733	346	571
Sutton	752	712	295	583
Kingston	1140	938	140	465
Wandsworth	1597	554		585
Richmond	1145	923	124	600

Source – SW London and St Georges Mental Health NHS Trust – at end August 2012

The above table gives a snapshot of those accessing secondary healthcare services within the Trust across the 5 boroughs.

MAPPING DAY SERVICES

Day opportunities for people with mental ill-health, including specialist services that offer regular activities and those that help service users to access universal services

INTRODUCTION

Nationally, day services for people with mental ill health of working age have undergone a period of significant refocusing over the last few years. While there is no single universally accepted model for day services, guidance for commissioners of mental health services³ emphasises community resources that promote social inclusion and recovery and reduce social isolation and those that support people to enter or maintain employment and gain skills.

There is less emphasis on unstructured building-based services. However much value is placed on centre-based services by both service users and carers, especially those with long term serious mental ill health, who are perhaps less likely to be able to benefit from such services as support into employment⁴. The reasons for this are varied but include the fact that behaving differently or being seen as having psychiatric symptoms is not stigmatised, as it still often is in the wider world. There is no pressure to spend money in such centres, compared with public facilities like cafes or restaurants, which put a strain on a low income.. Such day services have been a refuge, and being with other people with shared experience and understanding is often a desirable feature for people with mental ill health. Many users find that this helps them to maintain stability and avoid crisis. In one locality, where people had the chance to express their feelings about day services through poetry, one person's contribution reflected much wider views:

I've been here now
for quite sometime
And made a friend or two
Happy faces all around
That say I like you too.
Please don't tell me - go away
As being here just makes my day.

Perhaps most important is the need for a range of services that offer meaningful support that reflects the significant variety of needs of different individuals. This will range from services for those with short term and less severe conditions, requiring minimal intervention, to those with the most severe and enduring problems requiring more intensive help. Services will also need the flexibility to be able to respond to the needs of those whose conditions are fluctuating and unpredictable in nature.

³ "From segregation to inclusion: Commissioning guidance on day services for people with mental health problems" – Care Services Improvement Partnership – DoH 2006

⁴ Facts and poem from article by Peter Beresford and Wendy Bryant, The Guardian, 11th June 2008

DAY SERVICES MAPPING

	ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
MERTON	St Mark's Family Centre	1 day per week - Drop in for adults with mental health problems – offer activities, Also have parent group with crèche for those who are parents with mental ill health.	By referral (usually CM/HT, GP). Can self refer - Drop in service users usually those with chronic mental ill health known to statutory services. Most parents are managed in primary care.	Drop –In c. 20-30 people, 40-50 on parent caseload,	PCT for Drop-in, charitable trust for parent work
	Volunteer Centre Merton	Support for people with mental ill health into volunteering - negotiating placement, helping with adaptations, ongoing support and follow-up - currently also developing support from volunteer peer mentors.	Most referred by the Trust or other agencies. Self referrals. Most in secondary care but people under primary care or who self declare can also use service.	130 a year – about 100 with main issue as mental ill health. Others with learning disability.	London Borough of Merton

ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
Merton Mind	Weekly gym group. Local walks group - peer led Write Afresh creative writing and poetry group Computer Group Small drop in for former users of Fair Green Centre.	Those who are under the care of Community Mental Health teams CMHTs - there are some self referrals of people who have been under CMHTs but are now discharged.	Gym group has about 100 unique members with up to 20 at any one session. Other groups are smaller in number.	All from own fundraising. Some services dependant on availability of suitable volunteers.
Imagine Merton	Drop in - 3 days a week - some single-sex and some mixed-gender. Activities include workshops, massage, alternative therapies. Social inclusion project helps people to access education, training, leisure or cultural activities. Employment project supports people into or to retain employment.	Merton residents over 18 using primary or secondary mental health services - referral via professional or can self refer	70-90 use employment services each quarter and 50-70 use drop ins each quarter. 5 staff and 10-15 volunteers.	London Borough of Merton plus some client contributions.
Fanon Resource Centre	Resource centre offering activities and support - eg IT and English classes, crafts, creative writing, alternative therapies. Also activities in the community such as bowling, gym, gardening. Some activities are user led.	Merton residents aged 18-65 with mental ill health and of African, African Caribbean or Asian origin. In need of short-term (up to two years) practical and emotional support.	80-85	London Borough of Merton

MERTON

	ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
SUTTON	Sutton Mental Health Foundation / "Connect, Learn, Support"	Drop-in 4 mornings a week and subsidised lunch available. Organised groups (not on a drop-in basis) in the afternoons. Activities include cooking, budgeting, yoga, computer and English classes. User led weekly walking group. Music and art therapy and some alternative therapies. User-led newsletter produced.	Can self refer or be referred from other services. Sutton residents over age of 18 with mental health problems - focus on preventative work.	500 get newsletter, around 120 regular service users. Average - 35 a day.	London Borough of Sutton. Service users make contribution towards refreshments and lunches and small payment for classes (eg £10 registration then £10 a term for computer classes)
	Imagine – Sutton / Mainstream	Support to access employment, education and training, volunteering and community and social activities. Not time limited	Self-referral or from another organisation. Adults from Sutton Borough with mental health needs using primary or secondary care services	Unable to confirm	London Borough of Sutton - unable to confirm if any other sources.

	ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
	Eco-op	Social enterprise working in partnership with local community services to provide a learning environment and employment opportunities - giving work skills and supporting service users into volunteering or work placements. Opportunities include carpentry, bike recycling, office services, packaging, producing snack boxes.	All referrals - from care managers.	7 full and part time staff. 40 service users – average 10-15 per day.	Some core funded at present by NHS then will be personal budgets (£25-£50 a day) and earned income from social enterprise - eg bike sales, packaging. Service users who are care managed need funding - if no longer care managed can come as a volunteer.
KINGSTON	The Fircroft Trust / The Fircroft Centre	Centre providing occupational, therapeutic, educational, social and leisure activities. Part planned use and part drop-in. Term time activity programme (eg photography, music) for those that want it. Service users can also freely use facilities eg art room, games room, computers. No set time limits or short term restrictions. Also run a gardening project offering horticultural workshops and work experience.	Referral only. If people self refer then Fircroft help get a GP referral. If people are self funding they can self refer. Aged over 18 with mental health problems - also dual diagnosis including learning disabilities or drug and alcohol problems.	23-30 service users a day . About 75 unique service users. 3 full time staff, 2 part time. Plus volunteers and work experience , student placements.	Royal Borough of Kingston part fund. Charity shops and fundraising efforts raise c. £130,000 pa. Service users make small daily contribution and pay for tea, coffee and lunches. Part of larger charity that includes residential services.

	ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
WANDSWORTH	Seagull Print	Work based training in working print social enterprise, aim to build structure, develop confidence, transferable skills, work life balance.	Those with mental health problems - must be stable and want to get into work. Mainly people with care plan. Most referrals from CMHTs and OTs. All must come with a personal budget to pay towards their support.	35-40 people a year	Some core PCT funding, income from personal budgets of service users (around £40 each includes up to 4 sessions a week) Also approx. 40% of income from sales.
	Wandsworth Mind / Resource Centre	Resource centre - open Mon-Fri activities include French, current affairs, IT, history, outings, brain games eg crosswords, sudoku, wellbeing and nutrition, relaxation, exercise, creative newsletter group, computer, crafts, speakers, outings, 18-35 club, service user involvement, community volunteers run some groups, 1-1 support with workers, breakfast, lunch, garden.	CMHT referral only- all have to be on personal budget. Severe and enduring mental health problems.	28 a day - 50 unique users.	Personal budgets or self-funded service users. 2 full time staff, 2 sessional staff.

ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
Family Action	Support with getting back into employment, Also mentoring support to help users access universal community facilities with volunteer mentors. Run a service-user led cafe - food is sold and users are trained in food hygiene and work skills. Also run a Living Skills course teaching people skills around shopping, preparing meals etc.	Referral from other agencies – eg CMHTs, GPs. Can self refer but only access 6 weeks support - if require more support will be helped to access personal budgets where possible.	12 staff - 2 trainees who are former service users. 100 service users on books.	Local Authority and NHS Trust - currently transitioning so anyone joining service has to apply for a personal budget. Core funding will remain for first 6 weeks of support but will be personal budgets for anything further.
WANDSWORTH Your Way / Going Forward and Your Way	<p>1. Going Forward -All new referrals offered time-limited (up to 8 weeks) support e.g. help with housing issues, benefits or debt, social networks and accessing activities in the community, support to self-manage and stay well, return to work or enter voluntary work, or enter education or training, applying for a personal budget, signpost, information, advice and guidance and help people access services available to them, link people up with peer support networks</p> <p>2. Your Way - Provides costed, outcome-based, tailored packages of longer term support. This could include any of the things that Going Forward offers on a longer term basis, including supporting someone to 'stay steady'.</p> <p>3. Small volunteer-led drop in facility</p>	<p>1. Universal community-based early intervention suitable for people unwell for the first time or not having previously accessed services, or individuals coming out of hospital requiring support in the community.</p> <p>2. For those with a personal budget - tailored packages of support.</p> <p>3. No specific criteria.</p>	3-4 regular workers - each case load of about 25-30 people	Wandsworth council - only for Going Forward services. Personal Budgets for longer term services. Drop in is volunteer led and in existing premises so inexpensive.

	ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
WANDSWORTH	Share Community	Self-help, training, personal development and educational opportunities for disabled people and those facing health-related barriers to employment. Support to achieve goals, participation in the community and employment. Individual Placement Service to help people get and keep employment. Accredited training includes horticulture, catering, life skills, basic skills, arts and crafts, yoga. Open all year - not just term times.	No specific criteria - very individual. Many students have long term illness. Age over 16. Can come from any borough if funded by their borough or mental health team or self. Approx 43% have mental health problems.	Approx 65 full time equivalent students but more individuals as many are part time.	Students come with funding from social services or mental health team or few with personal budgets. Share Community also undertake additional fundraising. Horticulture and catering also social enterprise that bring in funds from goods produced.
	Sound Minds	User-led social enterprise for people with mental ill health offering participation in wide range of arts activities eg music, film, visual art, DJing. Accredited courses.	Under the care of CMHT and able to access personal budgets or self funding. No geographical boundary.	unwilling to share	Diverse - personal budgets, some NHS funding, Comic Relief, Education sources, small grants, earned income from social enterprise activities - eg film editing.

ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
<p>Richmond Borough Mind - Wellbeing Centre / Peer Led Groups / Ecotherapy</p>	<p>1. Wellbeing Centre include: art classes, creative writing, tutor led relaxation, Reiki, assertiveness classes, nutrition/healthy-cooking activities, and massage. Focus on recovery. Low cost freshly cooked lunches. Emotional support, and one - to-one help –work together with the service user to consider most appropriate length and type of support. Open 3 days pw- 10am-4pm.</p> <p>2. Peer-Led Groups - Train and run peer leaders - 10 days training - minimum of 2 volunteers working in each group with coordinator at end of phone as back up Current groups are Art, Craft x2, readers, creative writing, baking, problem shared, women’s, to start soon music / exercise, LGBT</p> <p>3. Ecotherapy – 2 days per week. Keep an allotment. Garden maintenance for customers - all money earned is reinvested in the project - also starting to plant up seeds etc to sell on.</p>	<p>1. Must be under CMHT and stable enough to access service - eg in control of aggression. CMHT referral only and only while still under CMHT</p> <p>2. Mainly self referral - anyone with mental ill health from Richmond.</p> <p>3. Referral or can self refer - anyone with MH problem.</p>	<p>1. 100 people a week 3 staff, 10 volunteers</p> <p>2. av 40 people a week 1x part time (24 hrs pw) staff member</p> <p>3. Max on any day of 10 individuals.</p>	<p>1. Local Authority plus some funding from local grant making trust. Considering personal budgets for future. No current charge to service users.</p> <p>2. Mainly Lloyds TSB Foundation funded. Some PCT funding. Service users pay towards refreshments.</p> <p>3. Lottery funding with some earned income. Lottery funding coming to an end so seeking further grant funding</p>

RICHMOND

SUMMARY- DAY SERVICES

There are a range of options available but the picture in each borough is very dependent both on the services supported by the local statutory sector and the creativity of the local voluntary sector in sourcing other funding and developing social enterprise opportunities. There are several interesting examples of enterprising charities developing new means of raising at least part of their income, and some mentioned that this was something that they valued as it gave them more freedom to develop services as they saw fit for their clients rather than being totally tied to the requirements of a particular funder. There may be room in Merton for some more social enterprise development.

There is a move in all boroughs to more structured day activities and programmes that might have been the case some years ago. These are many and varied but common features across the area mapped are training programmes and support with life skills such as cooking as well as physical activities such as walking or yoga and creative activities and complementary therapies.

In Merton there is currently some availability of free drop-in day services to which people who are at least receiving mental health care in primary care can self-refer and that do not set time limits on use. This is not true in every borough mapped. In some areas such facilities are only available to those with personal budgets or by CMHT referral. Many people interviewed, whether they were running such a service or not, commented on the fact that there was real value in services that were not time limited or very restricted in terms of access criteria or totally structured. They felt that these sort of lower-key and unpressured services were important to help people to maintain stability and be able to access them when they felt they needed to do so. These services also were seen to act as a stepping stone to more structured services when people were ready. This option, as part of a selection of services alongside those that are more structured allows for people at different points in their journey to be able to access support that is relevant to their needs. Most felt that arbitrary time limits on services were less helpful than the ability to work with people in different situations at their own pace, with some mentioning that they felt this actually helped people to progress more quickly than they might if faced with the pressure of time limits. This was especially true for those service users with severe and enduring mental ill health.

In some boroughs the use of personal budgets is becoming more embedded in the way that such services are paid for. However the researcher found that almost every service that is wholly or partly dependent on their clients accessing personal budgets said that this was proving problematic to various degrees. In the worst case scenario in another borough an organisation said that it found out that the way one service user had paid to access the service was by resorting to begging when they found the route of going down personal budgets too complex and unresponsive to their particular needs. Another service user had

to wait 9 months for the process of agreeing personal budgets to be completed before they could access a service. Some services commented on the fact that their very existence was currently under threat, not because they did not have service users who were entitled to personal budgets, but because the payment from those budgets had been so held up that it severely threatened their cashflow. In some cases this was resulting in services choosing to take clients with learning disabilities more than those with mental ill health because they found that personal budget systems were more developed for this client group. Several people commented that the route to receive personal budgets seemed more complex and lengthy for those with mental health problems and that this was often exacerbated by the fact that the person themselves had a condition that is unpredictable and at times felt totally unable to cope with the process.

In some places there is universal access at the point of need to a time limited service that is supplemented by longer term support that is only available through a personal budget. This has created some challenges for those with conditions that are stable perhaps for some time and then become worse if they do not have easy access to relatively low level support to help keep their condition stable.

Many services are very dependent on the services of volunteers and there are some notable examples of quite sizeable projects that are developing volunteering opportunities, especially for those who themselves are in recovery. This appears to be working most sustainably and effectively where there is a rigorous system in place of training, mentoring and on-going support and supervision for volunteers. The involvement of service users and former service users as volunteers was mentioned by many organisations and there were particular benefits mentioned both for the volunteer in supporting their recovery and for other users, who valued the input of others who had lived experience of similar issues. The resource implications of meaningful and effective support, training and supervision should be considered by any organisation seeking to develop this area further.

There are a range of services that seek to help people to access community activities and in particular several projects that focus on supporting people into employment or supporting people to maintain employment. Most appear to be following similar models of individual support and mentoring and reporting considerable success in their work. There are also a number of social-enterprise organisations that are offering supportive volunteering and work placements where specific support is given to help develop a working routine and workplace skills. Providing appropriate support for those who are not yet in a position to move into employment was also recognised as important, including by those organisations which had employment support as their main focus.

MAPPING OUT OF HOURS SERVICES

Out of office hours services available in the community for those with mental ill-health

INTRODUCTION

It is clear that services outside usual office hours are important for people with mental ill health who may otherwise find evenings and weekends to be particularly difficult or isolated times. Many such services tend to be less formal in nature to the services that are available in office hours and often they particularly focus on social interaction and support.

Outside the scope of this research, but worth mentioning, is the fact that there is an out of hours crisis line available for service users and carers living in Sutton, Merton and Wandsworth operated by the Trust.

OUT OF HOURS SERVICES MAPPING

	ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
MERTON	Imagine Merton	Drop in open one evening a week, Saturdays and Sundays. Weekends offer a less formally structured session than during the week, and Sundays are user-led.	Anyone over 18 using primary or secondary mental health services - referral via professional or can self refer	50-70 use drop in a quarter	London Borough of Merton plus some client contributions.
	Merton Mind	Music Group – Friday evenings. Have done public concerts.	Those who are under the care of Community Mental Health teams CMHTs - there are some self referrals of people who have been under CMHTs but are now discharged.		All from own fundraising. Some services dependant on availability of suitable volunteers.
SUTTON	Sutton Mental Health Foundation	Wednesday evening and Saturday drop in resource centre. Benefits advice is available at drop ins. Also user-run drop in on Sundays.	Sutton residents over age of 18 with mental health problems - focus on preventative work. Can self refer or be referred from other services.	500 get newsletter, around 120 regular service users. Average - 35 a day.	London Borough of Sutton. Service users make contribution towards refreshments and lunches and small payment for classes (eg £10 registration then £10 a term for computer classes)

	ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
KINGSTON	Mind in Kingston	Drop in café - evenings and weekends - 6-9pm Mon-Fri and Sat and Sun afternoons. No booking required except Wednesday where course is being run. Also variety of groups - eg-music group, football team.	CMHT and self referrals. Open to all but particularly welcome those with a mental ill health diagnosis. Music group referral via Adult Access team. Waiting list for some activities – eg football team.	Average 4-15 attendees per group. 8 staff – mainly part time.	Local Authority. Service users make contribution for subsidised food at cafes.
	The Fircroft Trust / The Fircroft Centre	Tuesday evenings social group - offer activities such as bowling, cinema, snooker, quiz nights film etc. No set time limits or short term restrictions.	Referral only. If people self refer then Fircroft help get a GP referral. If people are self funding they can self refer. Aged over 18 with mental health problems - also dual diagnosis including learning disabilities or drug and alcohol problems.	23-30 service users a day . About 75 unique service users. 3 full time staff, 2 part time. Plus volunteers and work experience, student placements.	Royal Borough of Kingston part fund. Charity shops and fundraising efforts raise c. £130,000 pa. Service users make small daily contribution and pay for tea, coffee and lunches.
WANDSWORTH	Wandsworth Mind	Resource centre - Open Wednesday evenings, also organise some outings on Saturdays and annual holidays.	CMHT referral only- all have to be on personal budget. Severe and enduring mental health problems.	28 a day - 50 unique users.	Personal budgets or self-funded service users. 2 full time staff, 2 sessional staff.

	ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
RICHMOND	Richmond Borough Mind – Peer Led Groups	Train and run peer leaders - 10 days training - minimum of 2 volunteers working in each group with coordinator at end of phone as back up. Current evening karaoke group. Other evening groups may be added.	Mainly self referral - anyone with mental ill health from Richmond.		Mainly Lloyds TSB Foundation funded. Some PCT funding. Service users pay towards refreshments.
MERTON AND SUTTON	Rethink Mental Illness Merton and Sutton	Wimbledon Wednesday group - 5-8pm. Includes food provided at cost price- mutual support and friendship group. Activities include board games, quiz etc. Also organise outings and a holiday every year. Bi-monthly talks for carers and users.	No referral needed. No geographical boundary. For people who have been seriously mentally ill.	20+ a week for Wednesday group – around 60 unique service users in a quarter.	Merton Priory Homes, Trinity Church, Synagogue and own fundraising activities, small user contributions. Premises donated by Wimbledon Guild.

SUMMARY – OUT OF HOURS SERVICES

In most boroughs, including Merton, there is some form of self-referred access available to at least some out of hours services, although in some cases these are very limited in scope or hours. They are also not always funded by statutory sources, with some operating with fundraised money or other grants.

This seems to be an area with considerable scope for further capacity and creativity in most areas but does not currently appear to be a high funding priority. Further work could be done to scope the demand for more out of hours services and to research creative and successful models that are working elsewhere.

MAPPING SPECIALIST CARERS SERVICES

Community-based specialist services for carers of people with mental ill health

INTRODUCTION

This mapping work has considered specialist services for the support of carers of people with mental ill health rather than more general support services for carers, although some of these may also be useful to mental health carers. However it does also list respite services that indicate specifically that they are open to carers of people with mental ill health as these services would be personalised to the needs of each individual. The researcher contacted a number of organisations offering respite for carers but most said that they did not offer a service for mental health carers.

There is considerable evidence to show the importance of specialist resources for carers of people with mental ill health for reasons such as –

- Mental health services are delivered through different structures and using a different language than most social care services that tend to apply more to other care groups. Dealing with these different systems requires a working knowledge of specific legislation such as the Mental Health Act and particular support to ensure that carers are treated as expert partners in care.
- Carers can experience aggressive, risky and sometimes violent behaviour and can need to be aware of how to respond to high levels of risk, contact with the police is not uncommon.
- Carers often have to adapt to unpredictable and fluctuating conditions
- Unlike most other caring situations, it is not uncommon for mental health carers to be supporting someone who refuses to engage with treatment.
- Carers need to understand the recovery approach used by mental health services in order to effectively support the recovery of the person for whom they care
- Carers can find that they experience particular isolation due to stigma and also difficulties in speaking freely about their caring role because of the stigma associated with mental ill health and the need to protect the identity of the person they support. Such isolation can further reduce a carer's ability to cope.

SPECIALIST CARERS SERVICES MAPPING

	ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
MERTON	Carers Support Merton / Mental Health Carers Support Worker	Carers cafes x 2 (inc. 1 evening), other peer support, learning/training about mental health conditions and carers issues inc. through IAPT/ Recovery College, information and advice, emotional support, supportive casework, financial support, advocacy, facilitate carer involvement and voice, co-produce training with carers, help manage caring role and crisis planning, weekly hospital ward carers surgery and development work.	Self referral and from other organisations, including Mental Health Trust and social services All carers of people with mental ill health who live or care for someone in Merton	Around 380 carers. 1 x full time post plus small amount of other part time support to cover cafes and some meetings	PCT funds 3 days a week, Loyds TSB Foundation funds 2 days a week.
SUTTON	Sutton Carers Centre / Mental Health Carers Service	Advice, information, mental health specific bulletin as well as general carers newsletter, psychosocial interventions - 6 week rolling course. Activities eg- relaxation courses, IAPT specialist courses, recreational and social activities, workshops - eg photography. Advice re benefits. Host a Rethink group, monthly support group, monthly Saturday morning drop in for info and advice, speaker and social.	Referrals via Carers assessments, CMHTs, Social services, self. Any carer of anyone with functional mental health problem- living, working or caring for someone in Sutton.	Over 500 carers on books. 3 full time equivalent staff	Funding split c. 50/50 between PCT and Local Authority
	Prospect Housing and Support service	Respite care service. Can offer respite at home or a service that takes the cared-for out to give the carer respite.	Referrals with funding agreed from Sutton Mental Health Team. Self-referrals for self-funders.	Low numbers of mental health carers	Local authority funding for individuals referred or self-funded individuals.

	ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
KINGSTON	Kingston Carers Network / Mental Health Carers Support Worker	Support worker - trained as family skills practitioner to facilitate family meetings, emotional support with carers, advocacy, practical advice, accessing carers assessments - work with Mental Health Trust to encourage more carers assessments. Monthly evening support group with speakers and peer support. Also host peer run carers forum.	Self referrals or from CMHTs, Social Services or other agencies. Any carer of anyone with a mental health problem in Kingston.	About 230 carers on books- about 150 are carers of people with functional mental health problems and around 80 are carers of people with dementia or substance misuse problems all supported by 1 full time worker.	Local Authority
WANDSWORTH	Wandsworth Carers Centre / Mental Health Carers Support	1-1 support – daytime and out of hours for working carers. Advice and information, navigation, advocacy and emotional support. Responsive to carer need. Monthly support group co-facilitated with Retink. Evening information session bi-monthly. Mental Health Carers forum – allows space for 2 way conversation between professionals and carers.	All carers of people with functional mental ill health but not carers of older adults with new mental health problems. Can be waiting list for 1-1.	Average 120 referrals a year. 2 full time posts but includes substance misuse/ dual diagnosis as element of one of these posts	PCT
	Katherine Lowe Settlement – Mental Health Carers Group	Group meets monthly to provide mutual support and advice to people caring for family members with mental health problems. Members are also involved in other aspects of our work as volunteers.	Self referred or referred by another agency. Any carer of people with mental ill health.	average 5 per week	no specific funds for this group - takes place within the centre alongside other community activities.

	ORGANISATION NAME / SERVICE NAME	SERVICE DESCRIPTION	REFERRAL ROUTE / CRITERIA	CAPACITY / SERVICE USERS	SOURCE OF FUNDING
RICHMOND	Richmond Mind / Carers in Mind Project	Advice and information. Process starts with two 1-1 meetings. Also run group activities, workshops through recovery college, longer term support groups, work on hospital ward to identify and support carers, 6 other groups.	Self referral or from other organisations, especially following carers assessments from Mental Health Trust. Carers of people with functional mental ill health, including older adults.	280 people – around 110 contacts a month. 2 x 4 day a week staff. Groups each have 5 to 24 members.	Local Authority
MERTON AND SUTTON	Rethink Mental Illness Merton and Sutton	Monthly newsletter. Also monthly evening carers and users support group - talks bi-monthly for carers and users and other bimonthly is for carers only - support group. Also local campaigning and do give information to callers with enquiries - including National Rethink telephone advice service and info sheets.	Self refer / from other organisations. Mostly carers of people with long term serious mental illness – mainly schizophrenia, bipolar and few with severe depression. No geographical boundary.	270 get newsletter - mainly carers. Volunteer / sessional staff led.	Merton Priory Homes, Trinity Church, Synagogue, variety of fundraising and donations, some user contributions
MERTON AND WANDSWORTH	Crossroads Care South Thames	Respite care service. Can offer respite at home or a service that takes the cared-for out to give the carer respite.	Referrals with funding agreed from Social Services or Mental Health teams in Merton and Wandsworth. Self referrals for self-funders.	Low numbers of mental health carers	Local authority funding for individuals referred or self-funded individuals.

SUMMARY – SPECIALIST CARERS SERVICES

There are some specialist support services in each borough mapped that are not dissimilar in nature. However the capacity in each borough varies considerably in terms of the number of workers available in each borough, and this is not always aligned with the relative size of each borough. Merton fares particularly poorly in terms of the level of statutory funding made available for specialist carers services in terms of its size, although attempt has been made to go some way towards addressing some of the shortfall by bringing in extra charitable trust funding. All specialist mental health carers services particularly commented on how stretched their resources were, without prompting by the researcher. This appeared to be linked to the very positive outcome that more mental health carers are being identified within the Trust and offered Carers Assessments than has been the case in the past. These carers are then offered support and frequently referred to the specialist voluntary sector services. This is resulting in better outcomes for these carers but also an increasing pressure of growing numbers referred to voluntary sector services.

Although numbers of mental health carers using respite services are currently small this may be at least in part because this is not a service that is often thought about for this group of carers by professionals. Where organisations are offering respite for carers of people with mental ill health this may be quite different in nature from more usually understood respite services. It may be, for example, that the care support worker is able to take the person with mental ill health out to help them access community facilities such as shopping or sports facilities, thus giving the carer a break. Other examples include a carer who wouldn't normally use respite feeling able to go away for a short holiday because the respite service provided a care support worker to go briefly each day just to check the person with mental ill health was alright and ensure they had a hot meal. Respite services commented on the particular importance of continuity of care support worker for this client group and also the need to ensure that care support workers were well trained and understood mental health issues and the particular needs of the client.

APPENDIX 1

Data from "Lost in Localism" – report by Rethink in May 2012.

BOROUGH	Total 2010-11 spend from FOI request (£000)	Total 2011-12 spend from FOI request (£000)	Total 2010-11 spend from DCLG data (£000)	Total 2011-12 data from DCLG data (£000)	Average spend per head of population 2010-11 from FOI request	Average spend per head of population 2011-12 from FOI request	Average spend per head of population 2010-11 from DCLG data	Average spend per head of population 2011-12 from DCLG data
Merton	3749	3487	3803	3487	£17.95	£16.70	£18.21	£16.70
Sutton	4111	6731	4547	4924	£21.17	£34.66	£23.41	£25.36
Kingston	4243	3838	4186	3751	£25.11	£22.71	£24.77	£22.20
Wandsworth	9845	9005	8115	8582	£34.00	£31.09	£28.02	£29.63
Richmond	2618	2573	5066	5236	£13.71	£13.48	£26.54	£27.43



With many thanks to all those who took time to speak to the researcher, South West London and St Georges Mental Health NHS Trust and Sutton LINK.

Jennie Chapman Consultancy and Training Ltd

February 2013.