Life Support

Supporting people with mental health problems in your community to overcome day-to-day challenges
Life Support

This briefing is for local authorities, Clinical Commissioning Groups (CCGs), Health and Wellbeing Boards and others who oversee, commission and deliver services at the local level in England.

It’s about the day-to-day challenges facing people with mental health problems in your community, and the support they need to overcome them. It aims to:

• help you think about the non-health support needs of local people with mental health problems
• inspire and support you to work together to develop creative solutions to meet these support needs.

We’re here to help and advise you.

Mental illness is as much a society problem as a clinical problem. You have to deal with it on a social level, in communities and by bringing people together.

Local Mind service user
What is Life Support?

To stay well and live a full life, people with mental health problems often need practical help with day-to-day living. In order to keep going and get through life’s challenges, they often need support for the additional social problems they are likely to face in connection with their mental health problems. We refer to this as ‘life support’.

This support generally comes, not only from the health system, but also from a patchwork of local community services that includes public bodies, the voluntary sector, and private firms. They help people manage life’s day-to-day challenges by providing advice, information and support, and helping people keep connected to other people and the wider community. Often they can be crucial in keeping people in the community and out of costly secondary care.

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Life should be more than just ‘getting by’. But for thousands of people living with a mental health problem that is all they can do. It doesn’t have to be this way. We want everyone living with a mental health problem to have a place they can call home, feel included in their community, and be supported to stay well and live a full life.

As local commissioners, you have a major role in making this happen – we want this briefing to inspire and support you to take action. Given the budget pressures you face, we hope the recommendations and case studies will help you make the case locally to protect community services that many people with mental health problems rely on.

Life can be challenging at times for all of us. When you’re living with a mental health problem the ups and downs of day-to-day life can be that much harder to manage. Staying well and living a full life depends on much more than the therapies and treatments people may receive through mental health services. These are crucial, of course, but they are only part of a much bigger picture.

Many people with mental health problems rely on a patchwork of local health and non-health services that provide advice, information and support. They help people to manage life’s day-to-day challenges, stay well and keep connected to other people and the wider community. Responsibility for commissioning and delivering these services is shared by a wide range of public bodies, covering both health and social support.

The types of support covered in this briefing may seem minor in isolation, but they amount to a fabric of support that is crucial to the health and wellbeing of many people with mental health problems. That’s why we call it ‘life support’.

When people aren’t able to get the ‘life support’ they need, their mental health can get worse. This has a huge cost – both in terms of damage caused to the lives of individuals and also significant financial costs to society. If we don’t get this right, too many people will remain isolated in their homes and communities and many will become more unwell.

Mental health and social problems that are closely linked to poor mental health can be very expensive and generate costs across a range of local public bodies. On the other hand, advice, information and support interventions are significantly cheaper than the cost of picking up the pieces after someone’s mental health has deteriorated. These type of services can generate significant savings by helping people to stay well.

We are deeply concerned that big changes to how public and voluntary services are funded, commissioned, delivered and evaluated mean essential ‘life support’ is being stripped away. Too often, people are excluded and isolated, and struggle to find day-to-day support where their mental health problems are understood. This has to change. We need to protect and improve the ‘life support’ people with mental health problems need to stay well and live a full life.
“I was in a really bad situation and I didn’t know what to do. My family breaking down was hard enough but I wasn’t working and there was no way I could afford the rent on my own. Everything got on top of me - my family situation, my health, and my finances. I didn’t know where to turn or who to talk to. I was left homeless, depressed and helpless. For me the prospect of having to sort it out alone was too much because I just didn’t know where to go and I was in no state to find out how.”

Support Wellingborough service user
The challenges of living with mental health problems

Low incomes, social problems and poor mental health go hand in hand. Debt, financial insecurity, housing problems, unemployment and family breakdown can all be both a cause and a consequence of mental health problems. The relationship flows in both directions – often one problem aggravates the other and this can easily spiral into crisis. Consequently, people who are socially excluded are more likely to have mental health problems, and likewise people with mental health problems are more likely to be socially excluded.

Poverty

People with mental health problems are more likely to experience poverty.

Debt

People with a mental health problem are three times as likely to be in debt as the general population. For people with severe mental illness this rises to four times.

Social Contact and Relationships

Loneliness increases stress levels and can contribute to mental health problems. Over half of people who have experienced depression or anxiety isolated themselves from friends and family.

Family breakdown is strongly associated with poor mental health.

People who find themselves in unmanageable debt are 33 per cent more likely than the general population to develop depression and anxiety.

People who are socially disadvantaged are more likely to experience common mental health problems.
This situation is made worse by stigma and discrimination. Nine out of 10 people with mental health problems report its negative impact on their lives. The fear or expectation of a negative response often makes people withdraw and isolate themselves, stops them doing everyday activities and makes them less likely to engage with mainstream services or talk to professionals. This impact can be particularly acute for certain groups, such as older people, people from BAME communities, or LGBT people, and these additional circumstances and needs also need to be responded to.

All of this means that it is crucial that people with mental health problems have access to ‘life support’ which understands their needs and circumstances, and can support them to overcome the day-to-day challenges they face, which are so closely connected to their mental health.
To stay well and live a full life, people with mental health problems often need practical help with day-to-day living. This support generally comes, not only from the health system, but also from a patchwork of local community services that provide a mixture of advice, information and social contact – what we refer to as ‘life support’. In each local area this mixture of services, which includes public bodies, the voluntary sector, and private firms is different. Many of these services will be paid for by local authorities and in some cases by CCGs too. They can be broadly grouped into four areas:

### Advice and support
For example, Law Centres, Citizens Advice, Age UK, local Minds, social enterprises and specialist social welfare advice services that provide information, advice and support on issues like debt, housing, benefits, social welfare and legal problems etc. and practical help with filling out complex forms such as benefit related forms.

### Home support and day-to-day living
Usually offered and run by voluntary organisations, housing associations and community outreach programmes. These services could include help with shopping, cooking, managing paperwork like bills and utilities, and keeping the home tidy. These services may overlap with social care support but are also provided to many people who may not qualify.

### Befriending and social interaction
These services keep people connected with each other and the wider community, providing opportunities for social interaction. They’re usually offered by charities and voluntary organisations and include activities like walking, gardening and art groups, coffee mornings, trips and outings, befriending services, peer support and mentoring schemes.

### Information and signposting services
These direct people towards other local services that can help them. Under the Care Act, local authorities now have a duty to provide this service.

Too often people with mental health problems don’t get all the support they need. They also often struggle to find day-to-day support where their mental health problems are understood. This has to change. Providers of these services – public, voluntary and private – need to understand mental health and the needs of people with mental health problems.
Person-centred services

‘Person-centred’ is a term we hear often in the context of health care. But ‘life support’, at its best, is also person centred because it’s about services taking a holistic approach, listening to the person’s health and social support needs and working together to empower them and find solutions. Good ‘life support’ recognises people are experts about their own needs, responds to the whole person and tries to be flexible and meet their needs in a way that is best for them.

Good quality ‘life support’ also often includes a strong element of emotional support, delivered by staff who understand mental health and are well trained in communication.

Many community organisations provide a mixture of these essential services with limited resources. Often this support is delivered over and above contracted service level agreements or targets.

By providing a rich mix of practical and emotional support and advice, alongside a safe place for people to be with other people, these organisations work for the whole person and are able to meet a wide range of complex needs all in one place. Local services that understand mental health will often go the extra mile because they understand people’s needs and the difference that extra ‘life support’ makes to their lives. Support can include:

- signposting people to other specialist services (e.g. debt advice) and accompanying them when they need support and encouragement to go and speak to these services
- helping people with complicated forms or dealing with bills and utilities
- offering reassurance and practical advice to reduce stressful situations, for example, coaching people to manage relationships with difficult neighbours or family members
- helping people to understand and reflect on their mental health outside of more formal NHS mental health services.

“One person has a problem with ‘official’ brown envelopes. His anxiety levels become overwhelming just thinking about opening them, so he just wouldn’t. But this put his benefits, housing and utilities at risk. He’s missed appointments and failed to respond to requests from the DWP and the local authority. But now he brings his envelopes into the local Mind and our receptionist opens them for him, as simple as that. Two or three times a month, he comes in, has a chat and gets his envelopes opened. It’s a very informal arrangement, but it’s essential for this man to maintain his independence and his mental wellbeing.”

Local Mind support worker

Services need that extra compassion and understanding.

Local Mind service user
Impact and cost savings of Life Support

Early and effective advice and support provision can reduce demand on the NHS by helping people manage their own lives.\textsuperscript{24,25,26} For example, people who receive welfare advice experience lower anxiety, better general health, better relationships and housing stability.\textsuperscript{27}

‘Life support’ also helps build people’s resilience and support them to be better able to deal with problems themselves through improved confidence and self-awareness. For example, developing an ability to manage money, plan for the future and better cope with financial challenges will lead to an improved personal financial situation whereby people are more in control and able to experience a better standard of living.\textsuperscript{28} This in turn helps to prevent mild mental health problems from progressing into more significant issues.

Early identification and intervention helps people access the right support at the right time. This helps people avoid the need for mental health treatment but it also reduces wider social problems such as fuel poverty, reliance on food banks or homelessness. For example, at Citizens Advice the cost of advice per client is £123.\textsuperscript{29} So each time advice mitigates the need for primary care mental health treatment, there’s a significant saving to public services.\textsuperscript{30}

People come with housing problems, family problems, personal problems or documents they can’t understand. The staff and volunteers bend over backwards to help. Either by giving you directions to another charity, by patiently going over the document with you, by listening to you in private or by simply putting their arms around you and letting you cry on their shoulder.

Local Mind service user
“Life had become so difficult and I’d reached breaking point. Trying to hold down a job and care for my husband took such a physical and mental toll on me. The house wasn’t suitable – I was having to carry him around, and the boiler broke too, so we were living without heating. On top of that our finances started to become pressured. I wasn’t working as much because I needed to look after my husband, so I couldn’t afford the rent. We had to sell some of our furniture just to be able to pay.

But when I contacted the local Mind things started to get easier. There was no stress of calling a load of 0845 numbers, or having to arrange appointments with ten different organisations. I only had to tell my story once and I got the help I needed to turn my life around. Support was coordinated for our finances, housing - even simple things like filling out application forms, it all makes a huge difference. Our lives are so much better now. The house is ideal for my husband because it is adapted for his disabilities and I still know I can call on support when I need it.”

Support Wellingborough service user
What happens when you can’t get Life Support?

Attendance by adults of working age (2012/13): 1 million
Annual cost of mental health care: £6,600 per head
Average cost to the NHS of services for adults experiencing anxiety and/or depression, per person, per year: £880
Average cost of an inpatient stay: £330 per person per day nationally

When people aren’t able to get the ‘life support’ they need, their mental health can get worse. This has a huge cost – both in terms of damage caused to the lives of individuals and also significant financial costs to society.

Without ‘life support’ individuals and families can go into crisis, with one problem triggering another. People may lose jobs, homes, get into debt, and their children’s lives and education are affected. This is a terrible cost to people and families.

There is also a terrible cost to public services. Mental health and the social problems that are closely linked to it are expensive. When they aren’t resolved, this simply creates more demand across a range of local public bodies and spiralling costs for limited services.

‘Life support’ interventions are significantly cheaper than the cost of picking up the pieces after someone’s mental health has deteriorated. These types of services can generate significant savings by helping people to stay well.

Social problems can cause health problems. Health inequalities can only be improved through identifying and tackling the social inequalities that lie hidden beneath them. If stressful social problems like unmanageable debt, financial insecurity, difficulties with housing and benefits or the threat of homelessness aren’t addressed, they can easily exacerbate mental health problems.
Merry-go-round of services

When community support services are cut, other services and professionals such as GPs or A&E are often left picking up the pieces. GPs in England report spending almost a fifth of their time on social issues that are not principally about health. The cost to the health service of GPs’ time spent on non-health issues is almost £400 million a year. Demand is also rising – almost three-quarters of GPs surveyed said non-health demand had risen in the last year.

The longer people’s problems go unresolved, the greater their needs often become. Many continue to seek help, until they find the right support – in the process they often generate multiple requests and significant costs to public services. There is a risk that, as community support services are cut, GPs and other services have to spend time attempting to address wider social concerns in ways that are not meeting people’s needs.

Rotherham CCG Social Prescribing scheme

Rotherham CCG runs a ‘Social Prescribing’ scheme, whereby GPs are able to prescribe sources of support within the community. GPs who identify people at risk of loneliness are able to refer people to the programme. Home visits are then carried out by an advisor from Voluntary Action Rotherham to link people with voluntary and community services, such as befriending, community groups, carers’ respite or sensory services. Rotherham found 83 per cent of participants experienced positive change, reducing inpatient admissions by 21 per cent and A&E attendances by 20 per cent. The scheme brings together health, social care and voluntary sector professionals who plan care for people with long-term conditions.

Implications for commissioners

We can’t separate mental health and social problems. If services don’t effectively address underlying social issues, people’s mental health will often become worse. Equally, when underlying poor mental health isn’t addressed, people’s social problems are unlikely to significantly improve.

Commissioners need to work closely together and jointly commission services that understand this context and treat a person’s benefit problem, housing problem, mental health problem and other needs in a cohesive, joined up way. By recognising that these problems are inextricably linked and effectively working together to commission services that support the whole person, commissioners and local services will improve the lives of local people with mental health problems and save money at the same time. This can bring you significant benefits in the current climate of austerity.
Unless I push myself to get out there and do things, I can become isolated. So it’s really beneficial to have a place to meet people – it’s about interaction, communication, self-esteem and security. If I didn’t have that place, I can become reclusive and blinkered – everything becomes more difficult. And the longer that goes on, the harder it is to persuade myself to go out of the front door.

Local Mind service user
Why isn’t Life Support always there for people?

We know budgets face significant pressures at the moment and commissioners must make difficult choices. There can also be a lack of clarity around who should take a lead on commissioning and coordinating ‘life support’ services, and too often, no one does.

In many areas essential services are not being prioritised, protected and funded. People are struggling to find ‘life support’ where their mental health problems are understood.\textsuperscript{43,44,45} Funding and commissioning led by different bodies can also lead to duplication between services – or gaps between support. But when people’s problems go unresolved, they often become more unwell and their health and support needs increase as a result. This leads to greater costs for everyone as any short term savings are likely to be undermined by longer term costs to public services. While funding has dried up, demand has also risen,\textsuperscript{52,53} heaping more pressure on services. Since the 2008 recession, we’ve seen stagnant wages, more people in insecure employment, benefit cuts, pressure on housing, rising homelessness, cuts to public services, rising demand for mental health services and greater pressure on the wellbeing and resilience of communities.\textsuperscript{54} Many services that are creaking under the weight of this demand still face significant further cuts.

The impact of austerity

Local authority budgets have been cut by £18bn in real terms since 2010 – twice the rate of cuts to UK public spending as a whole.\textsuperscript{46}

Cuts in legal aid have seen the number of not-for-profit legal advice centres decline by more than half – from 3,226 centres in 2005 to 1,462 in 2015.\textsuperscript{47,48,49}

Between 2010-11 and 2014-15, budgets for mental health trusts were cut, in real terms, by 8.25 per cent – almost £600m.\textsuperscript{50}

“Austerity dictates that scarce resources are dedicated to the ongoing crisis, thereby directing resources away from preventative services... This means that increasingly people are being allowed to drift towards crisis before qualifying for services.”\textsuperscript{51}

Greater Manchester State of the Voluntary Sector 2013
Impact on the voluntary sector

“Small and medium-sized charities provide the ultimate ‘you don’t know what you’ve got ’til it’s gone’ services. Their care, compassion and unique local knowledge is tricky to measure objectively, yet their absence can be keenly felt by communities if these groups close down. And in the current climate, that’s a real worry.”

Ed Cox, Director of IPPR North

Small and medium-sized charities are a key part of the fabric of local support. They often have local expertise, understand the needs of their service users and are prepared to go the extra mile to help people. But they’ve been hit hard by big reductions in local and central government funding since the 2008 financial downturn. Many have been forced to close and others are fighting for survival. Essential non-statutory ‘life support’ has become harder to find in many areas as a result.

These organisations have struggled not just because of the difficult economic climate but also due to big changes to how services are commissioned, funded, delivered and evaluated. There has been a shift towards competitive contracting and payment by results (PBR). This standardisation of services has meant a move away from the personalised approach – too often people “are provided with what has been commissioned rather than what they need.”

At the same time many smaller community organisations that provide more tailored, personalised support have been squeezed out because they struggle to take on the financial risks associated with PBR contracts and the costly administrative burdens of tendering, compliance and monitoring. For example, many ‘life support’ services provided by the voluntary sector rely heavily on volunteers, which can lead to problems with rigid contracting structures.

‘Life support’ often isn’t recognised as a formal service or funded because it may not fit the outcome framework services are measured against. ‘Life support’ is just something many charities do because they know it’s what their service users need – for example helping someone to fill out a complicated form, manage bills and utilities, gathering paperwork or providing emotional support and accompanying them to another service.

Part of the challenge is that these type of services have often not been able to adequately measure and report on their impact. Effectively measuring the impact of ‘life support’ is difficult and it is often offered by default because of the nature of the organisation, rather than a service for which specific funding is sought. It can also be difficult to measure the impact of these interventions in terms of outcomes and health impacts.

Local Minds talk of ‘toxic contracts’ where the service specifications are financially unviable and could only be met by delivering a service that would not meet their high quality standards. Many have walked away from these types of contracts because they refuse to compromise their values by delivering a sub-par service which won’t meet people’s needs. Many also rely on short-term grants which makes future legacy planning impossible and means good work is too often short-lived and lost.

£££

Between 2008/09 and 2012/13, charities with annual incomes under £1m have lost at least 40 per cent of their income from local government.

Charities with incomes of £100,000-£500,000 have lost 26 per cent of their central government funding and those in the £500,000-£1m bracket have lost 32 per cent of their central government funding and those in the £500,000-£1m bracket have lost 32 per cent.

Life Support
Changes to the configuration of mental health services

In recent years there has been a move in the mental health sector towards recovery-based funding and away from the day-care model. This has been a positive development, but, due to austerity, many of the mainstream community services expected to pick up the slack were also cut. This left a big gap for people with mental health problems. For example, mainstream services can struggle to understand and support people with mental health problems and ‘life support’ needs such as social contact or someone to answer questions and help with forms are not always readily available.62

Budgets are tighter than ever and, in some cases, previous funders of ‘life support’ are no longer able to fund them. But the role played by these services is essential to the fabric of the community. Services and commissioners need to think long term and continue to fund services that help people manage their day-to-day lives, stay well, stay connected and avoid isolation.

There have been times I’ve really needed the group - it’s been a life support. People have helped me through traumatic emotions. Once I came with no specific group to go to but I just needed to be around people. Somebody took the time to talk to me and half an hour later I was fine – I was able to get myself together and go home.

Local Mind service user
Delivering Life Support - ten approaches and good practice

Every public body commissioning and delivering local services spends money on people with mental health problems, whether they are aware of it or not. This includes local authorities, CCGs, public health teams and others. Health and Wellbeing Boards also have an important role in bringing services and commissioners together and providing oversight and leadership for the system as a whole.

Too often this spending is not coordinated and focused in a way that responds to the whole person and effectively meets people’s needs. This means people’s problems don’t get fixed and commissioners don’t get a good return on their investment. Given the current financial challenges, getting this right can be really beneficial for you and your communities.

We need a smarter approach. We’re here to help commissioners and services work together and shape a more person-centred response - one that better meets people’s needs. We need commissioners of all types to work together to prioritise services that help people with mental health problems manage their daily lives, stay well and keep connected. These types of interventions help keep people’s lives on track and save public money by nipping health and social problems in the bud.

There are a number of ways you can increase integration and joint working. Services have been working together locally through Joint Strategic Needs Assessments (JSNAs) and joint health and wellbeing strategies for years. This has been given fresh impetus by the Care Act 2014 and the movement towards personalising services.

More recently, the Better Care Fund has sought to shift resources from the NHS budget into social care and community services. NHS leaders have also encouraged commissioners to plan health and care services by place rather than around individual institutions.

The ‘Five Year Forward View for Mental Health’ provides guidance and recommendations, to a range of health and government agencies, which build a clear case for better planning, joint working and evaluation, to ensure people with mental health problems are supported to stay well in all aspects of their lives. This includes specific recommendations around public health, housing, employment, inequalities and suicide prevention.

It’s vital that these levers are used effectively to assess the mental health needs of the local population and to shape joined-up services that meet these needs.

This section outlines ten approaches for getting ‘life support’ right and showcases good practice being delivered across the country. Commissioners in these areas are prioritising ‘life support’ services that people with mental health problems need to stay well and live a full life – and these areas are reaping the benefits.
1. Work together across services to make them person centred

“Services are most efficient when they are designed around how people behave. We know from our work that people don’t divide up their problems into boxes – they often just turn to the nearest professional for help. If services are not designed for this fact, they can be unresponsive and inefficient.”

Citizens Advice

Good ‘life support’ services respond flexibly and meet the needs of the whole person in a way that’s best for them. But too often services aren’t organised to deliver person-centred support and instead only respond to one part of people’s needs. This undermines the effectiveness of the intervention and leads to further costs across a range of local public bodies as the individual continues to seek help elsewhere.

By working together and coordinating across services, you can assess the range of health and social needs in the community and respond holistically. Developing a comprehensive overview of the local picture helps you to answer key questions like who needs services, what is being provided currently and whether current provision meets local people’s needs.

By collaborating in this way you can develop solutions that address people’s needs in a cohesive way. This will improve the lives of local people with mental health problems, reduce duplication and unmet need and save money.

Health and Wellbeing Boards have a key role to play in shaping local ‘life support’ too. Their role in setting local health priorities through a needs assessment and the resulting health and wellbeing strategy means they can ensure ‘life support’ is a core feature of the local health economy and community sector.

Key principles for getting it right at the local level:

- consult with people to understand the local context and need
- look at needs and support from the person perspective, not the service perspective
- map out what support is available, how well services meet needs and identify any gaps, duplication and unmet needs
- work together with other local commissioners and services
- involve the voluntary sector as both the community voice and service providers
- develop a strategic response to meet these challenges.

Support Wellingborough

Support Wellingborough is a consortium of over 30 local support services that work together, taking a preventative approach, to help people tackle their problems and prevent them getting to crisis point. It includes housing, care and support providers, general and specialist agencies, including mental health specialists, that work closely with voluntary sector organisations and local communities. People only need to tell the service their story once, through a single point of access. They then take a joined-up, holistic approach to provide a tailored package of support to meet the individual’s needs. This is helped by a single, shared database. The service also provides practical and informal social support to help people with medium or higher level needs in their daily living. The team carries out a single needs assessment and agrees a support plan for a set period of time.
2. Pool budgets / joint fund Life Support services

We can’t separate mental health and social problems and this thinking needs to be central to the services people rely on. As commissioners, you need to look at need and provision with the person in mind, rather than the service. When you do this, it’s clear that many people need support services that treat their benefits, housing, mental health and other needs in a cohesive way.

One practical way for you to make services more person-centred is for health commissioners and local authorities to pool budgets or jointly commission ‘life support’ services. By recognising that these problems are linked and by collaboratively commissioning person-centred services, you will improve the lives of local people with mental health problems and save money at the same time. This approach can also help ensure services are sustainable and build in more robust evaluation.

For example, when the advice and health sectors work closely and strategically to meet advice needs, this contributes to reducing health inequalities.\(^{66}\) CCGs such as Wirral and Liverpool are commissioning advice services, while local authorities such as Bradford are using a combination of adult social care and public health funding to commission advice services.\(^{67}\) Some areas are pooling budgets between the local authority and CCG to commission public mental health interventions that contribute to the aims of both health and social care services.

Commissioning in partnership for better mental health in Camden

“In Camden we take a joined up approach to mental health and we work closely across the Council and the CCG to develop the service landscape. All local commissioners recognise the need for investment in support that builds social capital, supports people to make sustainable connections and enables people to address challenges early.

We make a number of joint investments across health, public health and social care and have regular conversations about ensuring the service landscape is coordinated and efficient; this is facilitated by having a number of shared governance arrangements.

This has helped us to increase local investment in areas such as our short term prevention service; employment support for people with mental health needs; increased peer support and social prescribing within primary care.

This support is building individual resilience and promoting recovery on people’s own terms and will, in time, improve outcomes for individuals and reduce the demand for more costly statutory services.

This year this support is enabling around 120 Camden residents to gain employment and over 1000 residents to get earlier support for increasing mental health needs.

We are looking to build capacity in future years through a new joint £750k investment on prevention and early intervention initiatives funded equally by the Camden CCG, Camden Council and Camden and Islington Foundation Trust.”

Richard Elphick, Strategic Commissioner Mental Health, Camden Council
3. Engage people with mental health problems

The commissioning of local services should be underpinned by data about the needs of your local community. The best way to ensure services in your area meet local need is to listen to people with mental health problems. Engagement helps you assess need, develop a picture of how people access services and take action to make those services better. It helps you communicate better with people who have mental health problems and ensure your services are accessible for them. It can also help you decide if it is cost-effective to offer targeted services.

The Equality Act encourages public bodies to engage with service users. It also encourages service users to scrutinise the quality of the services they use. Local mental health needs should be assessed in Joint Strategic Needs Assessments (JSNAs). However, generic consultation activities may not fully reflect the needs of people with mental health problems.

People with mental health problems are one of the most disadvantaged and socially excluded groups in society. Too often, their voices aren’t heard and their needs are not reflected in engagement and consultation. This in turn can impact negatively on the planning and commissioning process, and also undermines the priority given to these people’s needs.

We can help you reach out to people in your area who have lived experience of mental health problems by working in partnership with local voluntary organisations, including local Minds. This can help you to access people with mental health problems and better understand their needs, helping you to shape services accordingly and prioritise the needs of people.

With the wellbeing centre I feel as though I have a support network and the peer support group makes me feel less isolated and lonely.

Local Mind service user
Brighton and Hove LiVE project

LiVE is a service user engagement project funded by Brighton and Hove CCG and Brighton and Hove Council. Run by Mind in Brighton, the project supports people with mental health problems to communicate directly with local commissioners and services. This enables their voices to be heard in the improvement and development of local services.

A core of project members develop and deliver the service, and the project engages with a wider network of interested service users. LiVE helps services to plan evaluation and engagement and runs consultation events, surveys and focus groups on a range of topics to provide feedback to commissioners and service managers.

Recent involvement has included:

- a consultation event to shape a citywide Health and Wellbeing Strategy
- consulting on GP and primary care mental health services
- a survey on access to mental health care at A&E
- working with local statutory Children’s Services on how to involve parents and children in service evaluation.

LiVE provides members with training and support on how to use their expertise and lived experience to improve local services. The service publishes a regular newsletter with details of local participation events and has a social media group which guides the development of the mindlive.co.uk website and online resources.

The peer support and social activity I have experienced through service user participation has been a key element in my own recovery.

LiVE project member
Effective partnership with the voluntary sector is key to addressing local needs. As commissioners you need to think long-term and continue to fund local organisations that help people manage their day-to-day lives, stay well, stay connected and avoid isolation. Capacity-building for local voluntary sector organisations – to help them demonstrate impact, compete for funding and participate in consortia – is also crucial.

Charities are a key part of the fabric of local ‘life support’ and often fill in the gaps public services may miss. They can provide a great return on investment because they help keep people well and prevent them needing more expensive services. They have local expertise, understand the needs of their service users and are prepared to go the extra mile to help people. By providing a rich mix of practical and emotional support and advice, alongside a safe place for people to be with other people, these organisations work for the whole person and often meet a range of complex needs all in one place.

But they’ve been hit hard by reductions in local and central government funding since the 2008 global financial crisis. Many are also struggling to cope with a combination of huge changes to commissioning structures and significantly increased demand for their services. It’s really important that, in this challenging context, the expertise of the voluntary sector is not lost and continues to be valued and funded by commissioners.

### Advocacy for All Hackney

Established in 2012 and commissioned by the London Borough of Hackney, Advocacy for All Hackney is a partnership of local services, managed by City and Hackney Mind, providing advocacy to vulnerable people in the area. There is a single point of entry and rigorous service standards delivered across the specialist community organisations involved.

Advocacy for All Hackney supports clients to engage effectively with services, exercise independence and control over their lives, take an active role in their care and treatment, access information and make choices that keep them well. By helping people rebuild their lives, connect with services and opportunities, and avoid the need for crisis interventions, the scheme delivers significant cost savings for local services. A University of Bristol study found that for every £1 invested in City and Hackney Mind, there is a social return of £6.07.69

Advocates also support clients to address the underlying social factors that contribute to their health problems, including:

- complex issues relating to poor housing
- lack of access to education and employment opportunities
- need for welfare benefits
- lack of adequate childcare facilities
- wide ranging debt issues, including multiple and complex cases
- unreasonable practices by payday lenders
- unfair consumer contracts
- debts incurred due to phobias and anxieties about opening mail
- debts incurred due to changes to the benefit rules.

A range of community organisations provide support under the management of City and Hackney Mind. The partnership includes Age UK, local disability, carers and HIV support organisations, and those working specifically with the Jewish, Vietnamese and Muslim communities. This diversity of provision provides local people choice and accessibility, as they are able to seek support from specialists who understand their individual needs.
5. Support community organisations to measure impact

Many organisations who provide 'life support', particularly the smaller ones, can often struggle to demonstrate the full impact of the support they provide. This may be because they are not clear as to what outcomes the relevant commissioners would like to see demonstrated, or because they lack the capacity or expertise to measure these outcomes. It can also be because the type of impact these services have is particularly hard to measure.

However, this does not mean the services being delivered are not playing an important role in the lives of the people they support.

As commissioners, rather than simply looking for services to describe and evidence their impact, you should be supporting organisations to demonstrate their impact by the best means possible. This might be in terms of traditional measures used by commissioners, but you should also look to develop easy tools and metrics and measures that better reflect the nature of the support provided.

If these services are able to measure and demonstrate their impact more effectively, it will not only help commissioners to understand the value of these services to people with mental health problems, but also help these services to improve the support they provide. Crucially, it will also help you ensure you are spending public money in the right places.

Islington Council Realising the Value project

Islington Council has commissioned their local Age UK to work with other organisations across the local voluntary sector in order to co-produce a framework for measuring and demonstrating the impact of their work.

The framework will focus on services that broadly sit within the council’s definition of ‘preventative’ support. These services are those that help people to maintain their wellbeing and resilience in the face of the day-to-day challenges they face - the type of services we refer to as ‘life support’.

The intention is that this will lead to a framework which:

- is common across services (so can be compared like-for-like by commissioners)
- has the flexibility to cover a range of services, styles and approaches
- accounts for the particular outcomes that services and service users identify
- articulates the ‘value’ of that service for the person receiving the service, the provider and for the commissioner
- is intuitive and practical for services to use, because they helped to develop it
- provides clear evidence of what works and where further investment is needed.
6. Integrate and co-locate Life Support with health services

When social problems such as debt, financial insecurity, the threat of homelessness or difficulties with housing and benefits aren’t addressed, they can exacerbate people’s mental health problems, incurring greater costs across a range of local public bodies.

Advice and information services that help people to manage and fix these problems are significantly cheaper than the cost of picking up the pieces. Early, effective advice and the right support can help people to stay well and manage their own lives, generating significant savings and reducing demand on services.

For example, people who receive welfare advice experience lower anxiety, better general health, better relationships and housing stability. This type of support also helps to build people’s resilience, supporting them to deal with problems themselves through improved confidence and self-awareness.

Commissioning advice services within health settings supports people in need within settings they trust and where their specific health needs are understood. Welfare advice provision in primary health settings can reduce, by an estimated 15 per cent, the time GPs spend on benefits issues, and leads to fewer repeat appointments and fewer prescriptions.

As commissioners, you should consider integrating and co-locating ‘life support’ with local health services. Commissioners and services across the country have done so already and are now reaping the benefits.

Wirral CCG and Citizens Advice partnership

Wirral CCG has invested in primary care so that all GP practices now have Citizens Advice services. This includes the Primary Care Advice Liaison service, which gives welfare advice to patients with mental health and long-term conditions. Clients in need of advocacy services are referred to the Bureau’s commissioned partner, Advocacy in Wirral Health.

The service has grown to serve all of the 60+ GP surgeries and medical centres in the area and is now commissioned by the CCG.

This project has been recognised as an example of good commissioning by NHS clinical commissioners. Outcomes include:

- patients report lower anxiety and depression
- fewer referrals to specialist services
- fewer repeat GP appointments.
7. Ensure services are accessible to people with mental health problems

Providers of services – public, voluntary and private – need to understand the needs of people with mental health problems and the barriers they can often face. This allows you to communicate better with people and tailor support that is inclusive, accessible and appropriate. Speaking directly to people with lived experience of mental health problems and involving them in shaping services is the best way to do this.

The majority of ‘life support’ services in the community are not exclusively for people with mental health problems. However, this group are disproportionately represented among those needing support, so if your services are not inclusive and understanding, you’ll be missing a significant portion of local need. If people have a bad experience with your service, they are unlikely to return, so you need to get it right first time.

Good quality ‘life support’ often includes a strong element of emotional support, delivered by staff who understand mental health and are well trained in communication. Communicating with people can be a challenge, and often this is compounded by stigma and discrimination. Nine out of ten people with mental health problems report its negative impact on their lives. Fear or expectation of a negative response can also make people less likely to engage with mainstream services or talk to professionals.

In some cases a specific targeted service, designed for people with mental health problems, may be necessary. But more often than not the solution is simply about tweaking the way your existing service is delivered so that it’s inclusive for people with mental health problems.

A simple solution is to train frontline staff on mental health awareness and how to engage with customers e.g. the Every Contact Counts initiative funded by public health.

Hertfordshire County Council Mental Health and Benefits project

Funded through the Council’s mainstream budget from April 2014, the project supports three community-based advisers. These advisers work alongside multi-disciplinary mental health staff to resolve the issues with benefits and money that impact on people’s mental health. These issues include: fitness for work assessments, anxiety caused by high-cost loans, debt, disability benefit claims and benefit sanctions.

The project aims to improve both individuals’ financial position and their mental health. There is a view to benefiting the NHS in terms of reduced hospital admissions, fewer GP visits, reduced medications and other interventions.

Staff – who are managed by the Money Advice Unit – are mainly community-based within mental health teams. They provide advice, support, training and expertise as well as taking on casework.

Referrals can be made by any health or social care professional such as GPs, support workers and psychiatrists. The majority of referrals come from health professionals within mental health.
8. Support social relationships and interaction

Social contact is essential to recovery, prevention and helping people to stay well and live a full life. As commissioners you need to fund and develop local services that support and encourage people with mental health problems to connect with each other and the wider community.

Many local charities and voluntary organisations already provide opportunities for social relationships and interaction both informally and through services. These include activities like walking, gardening and art groups, coffee mornings, trips and outings, befriending services, peer support and mentoring schemes.

These services aren’t expensive but they transform people’s lives. By helping people rebuild their lives and their confidence to manage life’s challenges, they offer an excellent return on investment. If people with mental health problems don’t get this type of support, too many will remain isolated in their homes and communities and are likely to become more unwell.

It helped me meet new people and gets me out of the house because I am normally stuck indoors. The Hub made me feel safe and if I had any problems I can speak to staff. Everyone got involved in the activities. You learn new things from other service users.

The Hub service user
“In 2014 we were experiencing high demand on psychiatric inpatient beds. We needed a community response to help alleviate this. We asked Mind in Croydon to develop a service co-produced with service users. Hundreds of people have benefitted. Mental health, as measured by recognised scales, has improved, and there’s been a reduction in use of statutory services. This includes visits to GPs, secondary mental health services and hospital admissions. The Hub is an excellent example of how community interventions can achieve clinical outcomes, keep people well and prevent the need for expensive statutory services.”

Stephen Warren, Director of Commissioning, Croydon CCG

The Hub provides a safe place for lonely and isolated people to socialise and get practical help and advice with life’s challenges. It has a simple referral process and a wide range of referrers, which includes GPs. Referrals get support from a key worker from Monday to Friday and a drop-in every Saturday, with a reasonably-priced hot meal at lunchtime.

When consulted, people were clear they needed services that tackle the root causes of becoming unwell such as loneliness and isolation, money problems and form filling. In response the Hub developed a service to provide opportunities for social relationships and interaction, and to assist with practical tasks including:

- practical advice and help with form-filling, bills, debts and benefits
- Help with community issues (e.g. problem neighbours)
- Help with understanding and managing mental and physical health
- A place to have a meal in the company of other people
- Somewhere to go to prevent loneliness and isolation particularly at evenings and weekends.

Impact on local services and cost savings

The Hub helps people stay well and reduces reliance on statutory services. In the year prior to attending the Hub, service users made 1,117 visits to their GP. In the first year of the Hub this reduced to 486 visits. The number of people visiting their GP more than 24 times in a year decreased from 23 to five. The number of people making no visits increased from seven to 23. This equates to a financial saving of £28,395 (631 visits at a cost of £45).

In the year prior to attending the Hub, there were 42 hospital admissions among Hub service users. In the first year of the Hub, this reduced to three. This equates to a financial saving of £418,509 (based on median length of hospital stay in Croydon). The total cost savings - including reduction in hospital admissions - for 118 people was £468,618, giving an average annual cost saving of £3,971 per person who attends the Hub.
9. Support people with day-to-day living

When you’re living with a mental health problem the ups and downs of day-to-day life can be hard to manage. To stay well and live a full, independent life, people with mental health problems can often need practical help to manage their daily lives.

As commissioners, it’s important that you prioritise and fund services that support people with day-to-day living. These services may overlap with social care support but are also provided to many people who may not qualify. This can include practical support with:

- building and regaining daily living skills like shopping, cooking, budgeting, self-care and keeping the home tidy
- paperwork, bills and utilities, financial, housing and other day-to-day barriers to recovery
- promoting choice and control in people’s lives, taking responsibility and restoring hope
- helping people to access community facilities such as social networks, education and work opportunities.

This type of support is usually offered by voluntary organisations, housing associations and community outreach programmes. It is crucial that people with mental health problems have access to this type of ‘life support’ which understands their needs and circumstances. This can support them to overcome the day-to-day challenges they face, which are so closely connected to their mental health.

If I was unable to come here I would be lonely – it would be another catastrophe happening to me. If I couldn’t talk to staff or get help with documents I’d be lost. I wouldn’t know what to do because some of the paperwork we have to fill in is terrible to understand.

Local Mind service user
Birmingham City Council fund Birmingham Mind to provide everyday support to help people experiencing mental health problems live as independently as possible. For people living in their own homes or those in properties managed by the charity, staff help service users with everyday tasks associated with living independently and with learning how to manage their mental health.

Home Support offers an alternative to residential care, as service users can access support throughout the week while living in their own home, and people can use it for as long as they feel necessary. Every service user is allocated a key worker who works with them to design a person-centred support plan focused on their needs, aims and ambitions. This is regularly reviewed to ensure it works in the best interests of the individual. It can include:

- help with essential routine tasks, such as cooking and shopping
- support with accessing social or community facilities
- ongoing support with medical services
- advice for how best to manage mental health problems.

The service takes self-referrals, applications from friends, family and GPs, as well as statutory, community and voluntary services. Staff are available between 9am-9pm, seven days a week. Support can also be provided, when there is a planned need, outside of these hours.

I’ve found it different to living in care homes – having my independence, in my own flat. Staff can help and support me. I like having company from them and I know they are always nearby.

Birmingham Mind service user

The Floating Support Service focuses on housing-related support for people living in their own homes, including:

- maintaining your tenancy / sourcing accommodation
- help with developing daily living skills
- advice for how to keep your home safe and secure
- help in dealing with benefits and paperwork
- help with accessing community facilities, including public transport
- adopting a healthier lifestyle, including advice on healthy cooking
- assistance in dealing with neighbourly disputes
- support to overcome isolation.

“Our focus is to ensure all our service users are in control of their lives and that all support helps them to improve their situation however they see fit.”

Staff member
People with mental health problems can have complex lives and they may be in touch with a number of services and public bodies in the local community. As commissioners it’s therefore important that you prioritise and fund services that support and empower people to:

- establish and manage relationships with services
- access local resources/facilities
- link up services and navigate complex bureaucracy
- signpost and refer people to other support
- exercise choice and control in relationships with services and in their wider lives
- improve resilience to problems, cope better and be able to help themselves.

These services are sometimes funded by statutory bodies but are generally run by local charities, and often staffed by volunteers.

They are described variously as advocacy, mentoring, befriending, buddying, navigators, life coaches, case managers, key workers, community connectors and by many other titles. For example, many projects use key workers to link advice services with a range of health settings and professionals.

Five years ago I was lonely, fed up, and lacking confidence. Coming here helps me get back into the world. I felt a weight lift because I felt less lonely, more useful and more confident. Because we were among staff who were interested in us and there to help. And we were there to help each other too. I felt a lot better.

Local Mind service user
Launched in March 2014, the Milton Keynes Advice Network Partnership (MKANP) was designed to strengthen and coordinate existing advice and support services and enable more effective use of resources in Milton Keynes. The project was awarded £250,000 from the Big Lottery Fund over two years – with an aim to be sustained beyond this funded period. Milton Keynes Citizen’s Advice Bureau was responsible for coordinating the project and the case management of the referral process. They also provide independent guidance, advice and support to local people on a range of social, personal and legal issues. Initially there were 13 partner services - this later reduced to nine.

A key aim was to identify and enable clients with complex needs to access a wider range of services. Individual cases would be tracked and followed-up, and potential problems would be proactively addressed before they escalated. Clients accessing the service would be assessed and referred to other partners, with information shared securely through a dedicated confidential database to reduce repetition.

Mind BLMK (Bedfordshire, Luton and Milton Keynes) was a referral partner, specialising in promoting mental health recovery, wellbeing and independence. Mind BLMK also managed the mentoring partnership, working with clients experiencing mild to moderate mental health problems. The partnership helped to provide goal-orientated support on a one-to-one basis to enhance people’s quality of life, build their self-confidence, improve mental wellbeing and aid recovery.

Clients were assessed using ‘Recovery Star’ - a person-centred tool widely used to measure and track individuals’ mental wellbeing - during which a goal was agreed. Support from volunteer mentors was offered for 12 sessions and clients were assessed again at six and 12 weeks. This allowed people to monitor their progress and identify additional needs, such as signposting to other organisations. The service supported clients who, because of their mental health problem, may otherwise not have been able to access the services of other organisations within the partnership. The partnership also helped the local Mind to work more closely with other local services including Citizens Advice, carers and domestic violence support agencies, a local solicitors firm and more.

“The idea behind linking with other organisations was that people often face multiple issues. They might have mental health problems, but also need advice on things like housing, debt, employment and a lack of access to services.

Through this partnership, we established a collaborative approach, sharing information to ensure people could receive support from multiple services – rather than having to tell their story to 17 different organisations. In many ways it’s so simple: a multi-agency approach, supporting individuals to develop the skills they need to deal with issues on their own, so they’re less likely to need social care or health care support in the future.”

Services Manager, Mind BLMK (Bedfordshire, Luton and Milton Keynes)
How Mind can help

We want everyone living with a mental health problem to have a place they can call home. We want people to feel included in their community and be supported to stay well and live life to the full, rather than just getting by.

To make this happen, we want to help local services and commissioners think about the support needs of local people with mental health problems. We’re here to help you work together and develop creative ways to protect and improve ‘life support’ services.

We know budgets are tight, but getting this right is essential and will save money in the long term. If those of us with mental health problems don’t get the ‘life support’ we need, we’ll remain isolated in our homes and communities and are likely to become more unwell. We can’t ignore this and with your support we can make things better. We’re here to help and advise you with this.

Clearly ‘life support’ is not yet an established priority in many areas but the key role played by these services is often more essential to the fabric of the community than commissioners might realise. As the previous section showed, across the country there are already many innovative, inexpensive projects working to ensure people with mental health problems get the ‘life support’ they need. This allows people to manage their daily lives, keep connected, stay well and live a full life. We want to build on this foundation.

Everyone commissioning and delivering services at the local level spends money on people with mental health problems so it makes sense for you to work together.

We’re here to help you shape services that understand people’s needs and support the whole person. Doing so will improve the lives of local people with mental health problems and save money at the same time. As commissioners you’re able to bring together key local agencies and encourage joint working. We’re here to help you work in partnership to commission and co-ordinate appropriate local ‘life support’ services.

If you recognise what an important issue this is, already provide great ‘life support’ in your area, or want to improve the support you offer for people with mental health problems, we want to hear from you. Please get in touch and tell us what you’re doing already in your local area, how we can help you and what things you’re struggling with. We also want to monitor and evaluate these efforts so that we can disseminate and promote best practice and look to secure backing for ‘life support’ services across the country.

We look forward to hearing from you to discuss how we can support you in this important area.
4 Case study from Support Wellingborough http://www.supportwellingborough.org/
6 Centre for Mental Health (2013)
13 Mental Health Foundation (2010) The Lonely Society? Data from a survey completed by a nationally representative, quota-controlled sample of 2,256 people carried out by Opinium Research LLP.
16 Mind and Victim Support (2014)
17 Figures calculated using the Department for Work and Pensions tabulation tool: http://tabulation-tool.dwp.gov.uk/
18 Figures calculated using the Department for Work and Pensions tabulation tool
19 OECD (2014) Mental Health and Work
20 Shaw Trust (2010) Mental Health: Still The Last Workplace Taboo?
21 Social Exclusion Unit (2004), Mental health and social exclusion
22 Social Exclusion Unit (2004)
24 Consilium (2015)
26 Centre for Mental Health (2013)
27 Consilium (2015)
28 Consilium (2015)
29 Citizens Advice (2015a)
31 Case study from Support Wellingborough http://www.supportwellingborough.org/
32 King’s Fund – cited in Citizens Advice (2015b)
33 Centre for Mental Health (2013)
34 Centre for Mental Health (2013)
36 Centre for Mental Health (2013)
37 Consilium (2015)

39 Locality (2014)

40 Case study taken from Consilium (2015)

41 Localities (2014)

42 Consilium (2015)

43 Citizens Advice (2015c)

44 The Low Commission (2014)

45 Austerity’s £18bn impact on local services, Financial Times, July 19, 2015 http://www.ft.com/cms/s/2/5fcbd0c4-2948-11e5-8db8-c033edba86e6.html#axzz3zZrmASts

46 The Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 has resulted in a reduction of £89m per annum in legal aid on social welfare law, as well as reductions in local authority funding of advice and legal support, estimated to be at least £48 million per annum by 2015. The Low Commission (2014)


48 The National Audit Office and Commons Public Accounts and Justice Committees have questioned whether the cuts to legal aid have increased costs elsewhere in the legal system and have drawn attention to the increased difficulties that people may face in obtaining help with legal problems.


51 Citizens Advice (2015c)

52 Consilium (2015)

53 Consilium (2015)

54 The National Audit Office and Commons Public Accounts and Justice Committees have questioned whether the cuts to legal aid have increased costs elsewhere in the legal system and have drawn attention to the increased difficulties that people may face in obtaining help with legal problems.


57 NCVO (2015)

58 Locality (2014)


60 Consilium (2015)


64 Consilium (2015)

65 Locality (2014)

66 Consilium (2015)

67 Consilium (2015)

68 NHS England (2014)

69 In 2014, a team from University of Bristol with expertise in Social Return on Investment impact studies analysed client satisfaction and measures of wellbeing and recovery and found that for every £1 invested in City & Hackney Mind, there is a social return of £6.87 to beneficiaries and the wider community.

70 Consilium (2015)

71 Consilium (2015)

72 Case study taken from Consilium (2015)


74 Case study taken from Consilium (2015)