



Rethink Mental Illness.

North West London Carer Support Service

Hillingdon Service Report

Service Lead's Six Monthly Report

October 2011 – March 2012

Rethink North West London Carer Support Service works to support families and friends of adults experiencing mental illness in the London Boroughs of Hillingdon and Ealing. During October 2011 the Hillingdon and Ealing Rethink Carer Support Services were joined to form Rethink North West London Carers Support Service. This merger occurred for a number of reasons and with the aim of enabling our service to become as cost effective as possible and flexible enough to adapt to changes in the wider environment.

This report is an opportunity to find out the extent of the work being carried out by the Rethink North West London Carer Support Service in the London Borough of Hillingdon. The report outlines our objectives and provides a summary of activities over the last six months as well as an in depth analysis of factors such as new referrals, casework, age, gender and ethnicity of carers accessing our service.

Objective 1: – To support recovery and social inclusion

1. To provide information, advice and support to carers of adults experiencing mental illness

Support and recovery of families and friends affected by mental illness is at the heart of what we do. On a daily basis we are working with carers in a variety of ways to enable them to cope better with their difficult situations. This section of the report provides figures on new referrals to the service, casework details and contacts the service has had with carers. In addition to these contacts the service also provides an informative newsletter and engages in many other types of work in the community.



New Referrals

Referrals to the service are gradually increasing again. We have experienced a high number of self referrals and are now also starting to gain referrals from the new carer assessment worker based at Hillingdon Carers.

The following tables provide details of new referrals to the service over the last two quarters.

Quarter 1: Oct - Dec 2011

Carer	Age	Gender	Ethnicity	Locality	Referral Source
1	18-30	Male	White British	West Drayton	Carer assessment worker
2	51-64	Female	Indian	Hayes	CNWL – Team leader
3	65+	Female	White British	Hillingdon	Self – recommendation by friend.
4	Unknown	Female	Asian Pakistani	Ruislip	Self – recommendation by family member.
5	Unknown	Male	Unknown	Out of Borough	Self
6	Unknown	Female	Unknown	Harefield	Self – Rethink website
7	Unknown	Female	Unknown	Ruislip	Self – recommendation by GP counselling service.
8	Unknown	Male	Unknown	Northwood	Self
9	Unknown	Female	Unknown	Northwood	Self

Quarter 2: Jan – March 2012

Carer	Age	Gender	Ethnicity	Locality	Referral Source
1	18-30	Female	White British	Hillingdon	Self – poster at Riverside
2	18-30	Female	Mixed background	West Drayton	Carer assessment worker
3	31-50	Male	Indian	Hayes	Carer assessment worker
4	51-64	Female	White British	Hillingdon	Self – recommendation by CNWL community integration team.
5	51-64	Female	White British	Out of Borough	Hillingdon Mind
6	51-64	Male	White British	Out of Borough	Hillingdon Mind
7	51-64	Female	White British	Hayes	Carer assessment worker
8	65+	Male	White British	Hayes	Carer assessment worker
9	Declined	Female	Somali	Uxbridge	CNWL – Riverside OT
10	Unknown	Female	Unknown	Out of Borough	Self
11	Unknown	Female	Unknown	Hillingdon	Self – recommendation by GP and counselling service.

Total new referrals this six-month period:20

NB: People known to the service who re-contact the service are not counted as new referrals.

Referral Sources:

Referral Sources	Numbers
Carer Assessment Worker	5
Self	11
CMHT	1
Riverside	1
Voluntary Organisations	2
Total	20

Casework:

Carer support is the main focus of the work we do and casework continues to be at a very high level for staff. At any given time the aim is for staff to be working with no more than 10 high cases in a time-limited way, so that when one carer needs less support the idea is that they will move into medium or low support and we are then able to offer higher levels of support to another carer.

Number of Active Cases:

Relationship of Carer to Cared for	High level of support - contact every 10 days	Medium level of support – contact once a month	Low level of support - contact, infrequent
Parent	19	23	32
Sibling		4	3
Spouse/Partner	2	7	10
Son/Daughter	1	4	1
Ex-Carer	1		2
Other	1	3	2
Unknown			
TOTAL	24	41	50
Total Active Cases			115

The total number of active carers has gone down slightly this period due to the re-structure, office move and the service lead preparing to go on maternity leave. However, as you will note further into the report, the number of contacts performed for carers remain at a very high level.

Cases with high support needs generally require face-to-face contact on a regular basis. A case may be classified as high support when there is a considerable amount of time spent addressing the Carer's needs. Carer's receiving what is classified as medium to low support are predominantly receiving group, telephone or e-mail support, with occasional face-to-face contact as necessary.

Examples of individual casework conducted during this period and outcomes achieved include:

- Supporting a carer to raise her concerns with senior management and obtain a care co-ordinator for her son.
- Information provided to carer regarding benefits and anti-bullying organisations.
- Supporting carers to raise their voice with senior management enabling them to finally get an appointment to talk to their son's psychiatrist.
- Supporting a carer at a meeting with the care co-ordinator with the aim of enhancing the staff members understanding of the impact of caring.
- Providing emotional support to a carer dealing with family abuse.

- Enabling a carer to get her housing band upgraded which in turn supported her to move home.
- Advocating and enabling a carer to have her voice heard in terms of her housing situation. This eventually enabled the family to move to alternative accommodation away from the anti-social behaviour they were experiencing.
- Providing emotional support and advice to a carer bereaved by suicide.

Ethnicity of Carers:

White British	69	Bangladeshi	
White Irish	7	Other Asian Background	4
White Other	4	Black or Black British Caribbean	4
Mixed White & Black Caribbean		Black or Black British African	1
Mixed White & Black African		Other Black or Black British	1
Other Mixed Background	2	Chinese	1
Indian	15	Other	
Pakistani	2	Unknown/undisclosed	5
TOTAL			115

This six-month period, 40% of the carers we have been working with are from diverse ethnic backgrounds, which is extremely high given the local proportion of minority groups in Hillingdon.

Gender of Carers:

Male	Female
30	85
TOTAL	115

74% of carers using our service are female.

Age of Carers:

Age ranges	18-30	31-50	51-64	65+	Unknown/ Undisclosed
	9	16	35	49	6
TOTAL					115

Locality of Carers:

Area	Number of Casework Carers
Cowley	1
Eastcote and Pinner	4
Harefield	3
Hayes	29
Hillingdon	12

Ickenham	1
Northwood	8
Out of borough (cared for in Hillingdon)	4
Ruislip	28
Uxbridge	16
Yeading	3
Yiewsley and West Drayton	6
TOTAL	115

Carers accessing our service come from a cross section of localities across the borough, with the highest percentage coming from Hayes and Ruislip. However, there are also a significant number of Carers currently accessing the service from Uxbridge and Hillingdon.

Nature and Number of Contacts:

Nature of Contacts	No of Contacts
Advocacy	48
Appointment issues	92
Arts and Crafts	106
Benefit Issue	19
Correspondence By E-mail	125
Correspondence By Letter	128
Correspondence By Text	32
Courtesy Call	49
Face to Face Support	202
Groups	379
Housing	17
Information	168
Meeting involvement	42
Respite	202
Telephone Support	175
Therapeutic treatments	51
Voluntary Work	4
Workshops	5
TOTAL	1830

We have had 1830 contacts with 115 Carers over this six-month period. Number of contacts with black and ethnic minority carers = 816 (45%). 28 of these contacts took place at the new NHS wellbeing centre. We also send out a regular informative newsletter to approximately 250 carers and local professionals every two months.

We continue to be supported in the office by a regular volunteer who comes in for half a day per week. He assists with registering new referrals, collation of the newsletter and other administrative tasks. His input is very valuable and we are pleased to be able to offer this volunteering opportunity to support him with his recovery.

2. To organise and facilitate carer support groups

Carer support groups help to reduce isolation and stress amongst Carers, improve social networks and provide access to information and support.

Ruislip support group – monthly on Thursday afternoons

Activities October 2011 – March 2012

Date	Numbers attending	Activity/Speakers
27/10/11	6	Dual Diagnosis Brian Sheppard, Clinical Lead Dual Diagnosis, CNWL Linda Wiafe-Ababio, Manager, Pembroke Centre, CNWL
24/10/11	14	Discussion group with senior management from CNWL: Dame Ruth Runciman, Chairman, Robyn Doran, Director of Operations, Sandra Brookes, Service Director, Adult Mental Health Services, Hillingdon
Dec 2011		No meeting due to Christmas holidays
26/01/12	9	CNWL Service Re-design Dr Julia Palmer, Clinical Director and Consultant Psychiatrist, CNWL
23/02/12	6	Psychological Therapies Sue Cockett, Consultant Clinical Psychologist, CNWL
22/03/12	7	Community Activities Katherine Simms and Brenda Proud, CNWL Nick Pelas, Hillingdon Mind

Carers attending have participated in discussion groups with senior management from CNWL which have given carers the opportunity to feedback on their experience of mental health services and influence change. Following the meeting in November, notes with action points were circulated to all in attendance. A number of the issues raised at this meeting are being looked into by CNWL such as the development of a crisis card for carers and reviewing out-of-hours service provision. Individual carers were supported and CNWL service reconfiguration information has been provided to us. This information has been circulated to carers who attended the meeting and has been really useful.

CNWL are about to sign a contract with Rethink Mental Illness so that staff within the trust have access to an e-learning tool in relation to confidentiality and

carer involvement. This will hopefully help carers to feel more involved in the care planning for their loved ones.

Topics for future meetings were discussed with carers and have been planned into the programme for the Ruislip group. As a result of one of the recent group meetings, a carer has expressed an interested in becoming a facilitator at the new CNWL Recovery College which will soon be formally launched. This is really positive and will help widen people's understanding of the carer's perspective.



Hayes Drop In centre – weekly on Wednesday afternoons
Activities October 2011 – March 2012

Date	Numbers Attending	Activity/Speaker
5/10/11	9 + 4	Mental Health Research Network Presentation by David Armes, Service User Consultant, Mental Health Research Network – North London Hub accompanied by Antoinette McNulty and Aris Tarabi, Clinical Studies Officers, MHRN
12/10/11	8 + 1	Choice of drawing or completing any unfinished projects Therapeutic treatments for 4 carers
19/10/11	9 + 1	Discussion group with Hilda Kini, Manager, Crisis Resolution Team, CNWL
26/10/11	7 + 1	Drawing or painting with soft pastels Therapeutic treatments for 4 carers
2/11/11	10 + 1	Drawing or painting with soft pastels
9/11/11	15 + 1	Crafts for Christmas Therapeutic treatments for 4 carers
16/11/11	10 + 1	Crafts for Christmas
23/11/11	13 + 2	Clay modelling Therapeutic treatments for 4 carers
30/11/11	12 + 1	Clay modelling
7/12/11		No group due to carers' respite outing to pantomime at Beck Theatre which 12 group members also attended
14/12/11	22 + 1	Christmas buffet lunch, quiz with prizes and free raffle
4/01/12	12 + 1	Card making techniques – stamping, punching and

		embossing to create greetings cards Therapeutic treatments for 4 carers
11/01/12	15 + 1	Talk about carers assessments and other services provided by Hillingdon Carers – Jagwant Madahar, Carer Assessment Worker, Hillingdon Carers
18/01/12	13 + 1	Painting on glass or ceramics Therapeutic treatments for 4 carers
25/01/12	13 + 1	Painting on glass or ceramics
1/02/12	15 + 3	Talk about CNWL NHS Foundation Trust service re-configuration with Sandra Brookes, Hillingdon Borough Director & Service Director, Assessment & Brief Treatment Service, CNWL Therapeutic treatments for 4 carers
8/02/12	10 + 2	Relaxation techniques/relaxation exercise – Emma Phillips, Occupational Therapist, CNWL
15/02/12	12 + 1	Carers designed their own framed miniature picture using their own creativity Therapeutic treatments for 4 carers
22/02/12	16 + 3	Afternoon tea buffet including sandwiches, cakes and tea followed by Talk on Digital TV Switchover Help Scheme – Chelsea Jackson, Development Support Worker, HAVS
29/02/12	13 + 1	Planned speaker failed to turn up Impromptu activity: Bingo Therapeutic treatments for 4 carers
7/03/12	7 + 2	Create your own poetry – Emma Phillips, Occupational Therapist, CNWL
14/03/12	13 + 1	Salt dough modelling Therapeutic treatments for 4 carers
21/03/12	9 + 1	Painting salt dough models with watercolours
28/03/12	11 + 1	Completing salt dough models Therapeutic treatments for 4 carers

*Numbers attending column:

+ sign denotes service users/visitors/volunteer also attending

- 274 Carers sessions attending Drop-in over 23 weeks – average 11.9 carers per session
- 37 Different carers have accessed the service over the last 6 months, 17 of these carers were from BME backgrounds.

Partnership working with CNWL is continuing to prove effective with regular sessions including talks and discussion groups with CNWL staff and senior management. Due to funding made available from the Carers' Champion Fund we have been able to continue with fortnightly therapeutic treatments for carers which include Reiki, Holistic Massage, Indian Head Massage and Reflexology.

Challenging attitudes, changing lives.

We were also lucky enough to gain some funding from the Disabilities Champion to hold a Christmas buffet and an afternoon tea session for carers. Our thanks go to both Cllr John Major and Cllr Peter Kemp for extending their support to carers accessing our service.

Carers are requested to complete a questionnaire on a 6 month basis to give feedback about benefits they experience by attending the Hayes Drop-in. The questionnaire also asks about other activities and topics they would like to be included in future programmes, and if they would like to facilitate an activity.

As a direct result of the feedback gained last autumn; the programme during the last 6 months has incorporated mainly activities and topics suggested by carers attending the group. Also a former carer volunteered to organize and facilitate a 2 week activity – crafts for Christmas. The recent questionnaire has provided some more interesting ideas which we will endeavour to include in future programmes.

In the questionnaire, carers were asked how attending the Drop-in has helped in their caring role and samples of the responses are shown below:

"It has allowed me to get out and meet others in the same situation, allowing me to be with other people that understand my situation. One-to-one support from the support worker who always does her best to help solve your problems. You come out feeling less stressed and more able to cope with the practical and most stressful situations."

"It gives me a chance to meet other carers and to participate in craft activities. One of the big advantages is that speakers are brought in on a regular basis and we are kept updated on any changes in 'the system' we would otherwise not know about. As always, Lesley and Piera are there to give us individual support as we need it. As I have no immediate family in this country, it is great to have the Drop-in centre to be able to chat with others in the same situation."

"It helps me a great deal when I attend - but I can't get there as often as I would like. The friendship is great and as we all understand each others' problems and it helps to talk about them. The activities take your mind off problems for a few short hours."

"The Drop-in has been extremely helpful and I attend the group to meet other carers. It refreshes me from my caring role which is very demanding and without the group I feel lonely, depressed and feel I cannot cope to care for my mother."

"Kept mentally stable, therefore I am able to be a more effective and understanding carer. If my needs are not met or understood this means I don't cope as well with dad's illness. The Hayes Carers Drop-in is always a warm and friendly place where I don't have to hide mental illness or the fact I am a carer which usually happens in the day-to-day world. The Drop-in is my regular 'health tonic' for the week and enables me to get by and retain my sanity in the

isolation, unpredictability and hardship of caring for a parent with severe mental illness."

"Attending gives me a chance to do arts and crafts which keeps the mind occupied and you feel very pleased with some of the end results. We also have a good chat to the friends we have made there. Another great bonus is the massage treatment that we receive - makes a lot of difference."

"Support both in person and telephone support, by just being there. Due to work commitments I am not always able to make the meetings but the Drop-in approach works for me. At the meetings you meet people in similar situations so it takes away the isolation."

"It has been very helpful in sorting out my problems. I get good advice and help if I need it. The Drop-in also helps me to mix with other people in the same situation. It helps to get away from the stresses of life."

"I enjoy going to the Drop-in. It helps me a lot. I enjoy doing all the crafts, helps to relax and forget problems at home."

"This has been a real lifeline for me, having made so many lovely friends, all in similar situations to me who I can relate to. Sometimes I feel quite isolated and it is a comfort to have somewhere to go where I can just be myself and do lovely craft activities. The staff are absolutely fantastic (Lesley and co.) and put so much into making us feel better about our situations. Therefore, if I am happy my husband is too!"

"Drop-in centre is the only place I can be myself, being Indian can be very difficult because no support from friends and family. Mental illness is something people don't understand. Going there meeting other carers and having treatments helps a lot in my everyday life and support from Lesley and Piera who care and understand as well."

"It is good to know that there are other people coping with similar problems. I enjoy the social contact and all the activities provided for the group."

"Unfortunately I have not attended the Drop-in for a while due to health problems but I would like to say it gives me time and meeting with others where you form friendships and are able to give and receive advice. Until you get involved you have no idea how large the problems get and we as mother or father or similar have to take on new role as carer."

"It's great therapy to talk to other carers and Lesley as well. I could not cope to care for my mother without the help from Rethink."

"Takes my mind off worries for a while as the crafts consume your mind. Also the talks have been helpful as well as interesting. The poetry session was enjoyable."

"For someone that never used to be a carer this certainly opens your eyes. I like helping whenever I can and I recently became a second carer, one for my wife and when she's not capable, I then take her caring role regarding her sons. I know who to approach over any problems or even a question I have difficulty with."

"There are several reasons why I benefit from attending. One is the therapeutic treatment. I find it so relaxing. Also it's nice to have a talk with fellow carers that I have got to know in time. We discuss the people we need to care for which is a great help, as they say, a problem shared is a problem halved. I always feel rejuvenated from the visit."

The questionnaire also asked "Which treatments do you find most beneficial? How do these therapeutic treatments help you and what impact do they have on your ability to care?"

"I really enjoy the Indian head massage as it relaxes and calms me so much that all pressures are relieved for a while. Back and shoulder massage answers why you are tense and knotted."

"Indian head massage- This clears my head somewhat so I'm more aware."

"Reiki holistic massage - when you are caring for person with mental illness, you are constantly stressed out and I need this treatment to make me feel better and focus on my caring role."

"Indian head massage - it gives me time to myself, relaxation and reflection given by Mary (therapist) is brilliant. Having had the opportunity for relaxation it means I can go home feeling more able to deal with the stress of everyday living. It is "me" time that I very rarely get."

"Indian head massage and holistic massage - Feel more relaxed"

"Reflexology and Indian head massage - it helps me to relax therefore to cope better with things at home."

"All the treatments are beneficial - they make me relaxed and refreshed."

"Indian head massage to relieve the tension of stress induced headaches and backaches due to being a carer and problems with my own mental health. They give quality time just for myself; alleviating stress. One time I was going through a very difficult period and therapeutic treatment with Mary worked wonders for me. I re-entered the world and my caring role feeling revitalised, energised and ready to face another day."

"Head massage as too much tension/stress in shoulders and neck due to caring for my mother. I feel refreshed and gain energy and feel relaxed."

"Holistic massage - they relieve a lot of tension in my body helping me to not

feel as stressed all the time and allowing me to carry out my caring role in less stressful approach."

"Reflexology – I feel relaxed and stress free."

"The massage reminds you that your body needs attention and treats. It is a pleasure and reminds you to relax."

"The reason I benefit from a visit to Hayes Drop-in centre is I find the massage so relaxing with the pressure of my role as a carer. Often I feel so charged up and tense and after the treatment I feel like a new person and more able to cope."



3. To organise and facilitate respite opportunities.

Over the last six months we have organised a number of respite outings for carers to participate in to have a well-deserved break away from their caring responsibilities.

In October, MP John Randall kindly arranged a Special Permit for us to take a group of carers on a guided tour of the Palace of Westminster. 15 carers attended and afterwards we enjoyed lunch together in the Palace cafe. Everyone rated the trip as good or excellent and enjoyed the opportunity to focus on something other than their caring situation.

Last year we were again lucky enough to be provided with free tickets to attend a pantomime and in December, 17 carers attended the British Airways Cabin Crew Entertainment Society pantomime at the Beck Theatre. It was a brilliant and uplifting performance and a great opportunity for carers to have a break and enjoy some light hearted humour.

In February, 12 carers attended an organised tour of RAF Northolt where we were shown around by a very informative Squadron Leader and enabled to learn about a significant part of our history. Carers also had the opportunity to have their photo taken in front of a Spitfire Aircraft. The outing was put on at minimal cost with only a donation required.

In March, 11 carers attended the Barn Hotel in Ruislip for afternoon tea which gave people an opportunity to socialise and mix with other carers and old friends. The event was advertised in our newsletter and we received a total of

21 applications for 12 places. On the day, 11 carers actually attended with 2 members of staff accompanying the group. Carers enjoyed a full afternoon tea including sandwiches, a selection of cakes, scones and clotted cream, a mousse and choice of teas. The trip was funded by a donation from the Waitrose 'Community Matters' grant.

Following the outing, 9 evaluation forms were returned – 2 were jointly filled out by couples attending. The questions and the responses are shown below.

How would you rate this break?

Excellent 9 Good 0 Average 0 Poor 0

What did you most enjoy about the outing?

- *“Relaxing environment and lovely background music. Having good company to have a laugh with and share mental health caring stories. I am not on my own.”*
- *“Meeting with other carers we hadn't seen for a long time whilst enjoying a lovely afternoon tea together.”*
- *“Nice place and food – meeting new people.”*
- *“I enjoyed being pampered for a couple of hours.”*
- *“Meeting other carers and the social intercourse between everyone.”*
- *“Meeting other people and talking.”*
- *“All the lovely food we had.”*
- *Getting away from it all! Having a cup of tea made for me!”*
- *“Meeting people and lovely tea.”*

What benefit did you receive from this break?

- *“Time for myself. After a very difficult 3 weeks I really needed the break.”*
- *“Relief from stress. Severe troubling headache disappeared. Got out of the house and was normal for once in my life. Felt very good from a whole point of view – wellbeing.”*
- *“So nice to be in a lovely place and to enjoy being pampered, no preparing food yourself – wonderful.”*
- *“Meeting up with friends in a very relaxing situation.”*
- *“Good break”*
- *“A time to enjoy some ‘us and me’ time! Our daughter had recently been in hospital at same time my mother suffered a traumatic death and our other daughter was in a car accident. This break gave us a break from the constant stress that we have been dealing with. For the first time in weeks we were able to laugh and forget about things.”*
- *A real break from normal activities – something I wouldn't normally do.”*
- *“It really was a very lovely afternoon full of fun and conversations. It was very relaxing.”*
- *“Meeting different people and having an enjoyable time.”*

Any further comments you would like to make?

- *“Afternoon tea at the Barn Hotel was just as good as being in the Ritz.”*

- *“These respite breaks are always welcoming and make me feel better.”*
- *“We should do this more often even if it is just to have a drink at the bar and listen to the background music.”*
- *“The staff and meal at the Barn Hotel was very good.”*
- *“Lovely place to meet friends – very relaxing.”*
- *“Respite breaks are so very necessary for carers and so much appreciated.”*
- *“We would like to say a big thank you to Lesley and Piera for organising and arranging such a lovely time for us all. Carers need to have time to unwind and support each other.”*

After the outing one of the couples attending also sent in a thank you card saying: *“Thank you very much for a lovely afternoon sharing tea and sandwiches with all our friends. We thoroughly enjoyed ourselves and meeting all our ‘carer friends’. It helps an enormous amount to know we have your support. Thank you again.”*

The outing proved to be very successful with carers as they were not only receiving a much needed break but also gained an opportunity to talk to others in similar situations and receive support from staff. As the outing was over-subscribed and received such excellent feedback we are considering laying on another respite outing for afternoon tea during the 2012/13 financial year.

4. To develop participation and involvement of people using our service in the planning and delivery of activities.

We have managed to develop successful and active engagement by carers in their discussions with the local mental health trust. This has helped to increase confidence and provided opportunities for carers to talk about general issues as well as having their individual issues resolved.

We currently have one carer volunteering with us and another carer is in the process of being recruited to support the functioning of the Hayes Drop in Centre. Carers are regularly involved in helping to facilitate activities at the Hayes group and are given regular opportunities to feed into the service via satisfaction questionnaires and involvement within the Service Advisory Group.

5. To facilitate Carers Education and Training Programmes (CETP).

Due to maternity leave we are unable to hold one of these courses at present but will be looking towards implementing one during 2013.

6. To ensure that our service is open to all and recognises diversity.

The service aims to cater effectively for the varying ethnicities that make up the demographics of the local area and all Rethink staff members are given training in race equality. We are currently working with 40% of Carers from ethnic minority groups.

We have recently developed a Right and Responsibilities Charter that aims to ensure people are included and know what they can expect when they access our service and we also have a local operating procedure which details how new referrals are dealt with by the service.

7. To continue to work in partnership with other organisations and on new initiatives.

In November we advertised and brought together a number of carers to participate in Mental Health First Aid training facilitated by Hillingdon Mind. Rethink funded the cost of the course manuals for mental health carers and carers really seemed to benefit from attending the course. One carer commented that it has helped him and his wife to recognise things and diffuse situations at home and also given them a greater understanding of different mental health problems and how to deal with situations better. The carer said it has also helped him in his role as a Special Constable for the Metropolitan Police where he deals with people in the community affected by mental health problems. He has spoken to a more senior officer and they are considering arranging some training to give other special constables a wider insight into mental health. This is a really positive step in increasing mental health awareness in the wider society.

We continue to be regularly involved in both the carer's strategy group and the mental health carer's development group, where we feed into developments for carers. This year we are once again involved with the annual carer's conference and have been supporting the event by attending and feeding our views into planning meetings.

Objective 2: To combat the stigma and discrimination experienced by people affected by severe mental illness

1. To promote the service.

We continue to produce a regular newsletter, which contains useful information about mental health issues, caring and events taking place. This is distributed to approximately 250 carers and flyers detailing carer support groups and respite trips are also sent to professionals and organisations. We also raise the profile of the service at regular events throughout the year.

Lesley attended a GP outreach event at Carepoint in Northwood where she worked in partnership with other organisations to distribute information about Rethink Mental Illness services and support for carers.

2. To signpost carers to other relevant organisations.

This is part and parcel of our everyday work with Carers and Carers are often referred to other services such as Hillingdon Carers, Citizens Advice Bureau and for a Carers Assessment. We also regularly invite other services to attend

our groups to provide information to Carers about their services. We encourage carers to get involved in meetings where they are able to have a say in the planning and development of services. Hillingdon LINK newsletter has been taken to groups and carers provided with details of ad hoc events and workshops such as Rethink Siblings Event, Workshop on Paranoia, Medication Seminar and CNWL Recovery College.

3. To promote Rethink membership and campaigns.

This takes place on an on-going basis and has been promoted recently in the newsletter, as has the Time to Change anti-stigma campaign. New referrals to the service and anyone leaving the service, are also encouraged to become members so that they can become more involved in the work of Rethink Mental Illness and help everyone affected by severe mental illness.

Objective 3: To continue to develop a caring organisation that is dynamic, ambitious and fit for the future

1. To continue to develop staff and volunteers.

This six month period, Piera and Lesley have completed a number of training courses including de-escalation, individual safety and support planning, quality auditor training and information governance. Lesley has also completed a Counselling Course for non-counsellors provided by Relate. At the end of the course she completed an assignment which has been submitted and could mean that she will gain accreditation by the Open University.

2. To ensure that our service runs on budget.

Funding for the service is being reduced annually and we have had to consider ways to be able to deal with the reduced income. The budget remains extremely tight although the merger with the Ealing service has meant that for the time being, staff have not had to reduce their hours.

3. To monitor the impact and satisfaction of the service.

An annual satisfaction questionnaire was sent out for completion in September 2011 and has showed the following outcomes:

- ✓ 100% of carers feel that staff have respected them and treated them with dignity.
- ✓ 100% of carers feel that they have been listened to by staff.
- ✓ 50% of carers feel that their cultural and spiritual needs have been met with most of the remaining respondents indicating that this question does not apply to them.
- ✓ 92% of carers feel that they have been given relevant and sufficient information about the service.
- ✓ 81% of carers feel that they have been involved in deciding on the support they have been given by the service.

- ✓ 96% of carers feel that they have been getting the right kind of support from the service.
- ✓ 70% of carers state that they service has supported them towards achieving their goals.
- ✓ 69% of carers feel safe and comfortable in the physical environment of the service with most of the remaining respondents indicating that this does not apply. This is probably due to them receiving only telephone, e-mail or newsletter support.
- ✓ 34% of carers feel that they have taken an active role in influencing how the service is run with most of the remaining carers saying that this does not apply. It is often the case that carers do not have the time to become more involved.
- ✓ 96% of carers state that if they had a similar need for support in the future they would use the service again.

A selection of comments regarding the impact the Rethink Hillingdon Carers Service has had on people's caring role are listed below:

"The staff, have gone over and above any agency, to help me, in managing the difficulties of being a carer, and other difficult issues in my life. I could not have coped without this support."

"Rethink staff are an oasis in the desert that is the isolation of mental health illnesses. When you feel no-one is listening Rethink are there with an understanding ear to listen & empathize."

"Different events have been held to include people's cultures, educating each other about our different cultures. Everyone is respected."

"I've been supported to reach many goals. I've been empowered which has given me a voice and always encouraged me to keep going."

"I do not feel as isolated as I did and feel I can share my experiences. I have learnt about medication and it's side effects. Also, I am aware I can attend a training course for carers. I realise that I must keep myself fit and healthy, in order to be able to care for my son. Also, that you have to balance the demands of the family when carrying out caring."

In November a carer submitted a letter to the Uxbridge Gazette highlighting the need for carers of people with mental health issues to gain support. Her letter read the following:

"It is heartening to read in the council's journal, Hillingdon People, that our mayor will be supporting mental health charities during 2011-12. As anyone will know who has experienced mental ill health, either personally or through family or friends, this is a vast issue touching just about every aspect of life. Personal relationships, work, leisure, self esteem and independence can all suffer – sometimes, sadly, over many years. Statutory services do their best but are

very overstretched, so it is the additional help of the voluntary sector that can make the crucial difference.

May I, however, draw attention to a group not specifically included in the mayor's very welcome initiative, namely, the unpaid carers. Mostly these are close family, and often their whole lifestyle is centred around supporting the unwell member. These carers in turn need advice, information and support, and in my experience this is delivered with great skill by Rethink Mental Illness, a national charity which was set up some 40 years ago for this very purpose. I can certainly recommend our local branch, Hillingdon and Ealing, which has been operating since 1996 and is a shining example of Rethink's work. The staff there deserve our support in order that they may continue to help those in need – and that could be any of us, at any time.”

No complaints have been received this period and at least 35 compliments have been recorded this period including the following: *“Thank you both for all your support, patience & care throughout the past year. You are both making such a difference to us carers and continue to ensure that together we have a voice that is heard and listened to, by the mental health system & society in general. I know that if I am having a bad day I can always rely on the both of you for a quick chat so that I don't feel so isolated and that I am always listened to, understood & not judged.”*

In February this year our service underwent an internal Rethink Audit and scored extremely well. The auditors were very impressed with the service and are now recommending we implement new Rethink carer support planning tools which will help to further enhance our goal setting work with carers and how we monitor outcomes for carers.

Report Summary

This six month period has been a difficult time for staff following a restructure, office move, rebranding and also having all our ICT systems uploaded to the Rethink Wide Area Network. Staff have managed these changes well and have minimised any disruption to service provision. Piera Jalan will shortly be on maternity leave and recruitment for a temporary maternity cover is in progress.

Rethink Mental illness is launching a new Rethink Information System and have developed new carer support planning tools. During the next six month period the service will be working on implementing these tools which we hope will enhance and add to the service we already provide.

Abbreviations used in this report:

CMHT – Community Mental Health Team
CNWL – Central and North West London NHS Foundation Trust
MP – Member of Parliament
NHS – National Health Service

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**Leading the way to a better
quality of life for everyone
affected by severe mental illness.**

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