

Centre for
Mental Health



Realising a better future

Annual Review 2010

About us

Chairman

Dr Elizabeth Vallance
(The Lady Vallance) JP

Board member of the Medical Protection Society and Charter European Trust plc. Previously Chairman of St George's Healthcare NHS Trust and the Institute of Education, University of London.

Trustees

Professor Sue Bailey, Child and Adolescent Forensic Mental Health, University of Central Lancashire.

Professor Clair Chilvers, Chair of Gloucestershire Hospitals NHS Foundation Trust.

Sophie Corlett, Director of External Relations, Mind.

Dr Ian McPherson, Director of the National Mental Health Development Unit.

Honorary Vice-Presidents

Baroness Neuberger DBE

General the Lord Ramsbotham
GCB CBE

Our aim

Centre for Mental Health is an independent charity that aims to help create a society in which people with mental health problems enjoy equal chances in life to those without. We believe that people with mental health problems should not experience unfair barriers to a fulfilling life.

Our role

We aim to find practical and effective ways of overcoming those barriers so that people with mental health problems can make their own lives better with good quality support from the services they need to achieve their aspirations.

Our objectives

The Centre has two major strategic objectives: improving the lives, mental health and wellbeing of offenders; and enhancing the lives of people with mental health problems through employment.



“Whatever lies ahead, we will be there to support change for the better, to challenge practices that hold people back and to test how far and how fast we as a society can move.”

Sean Duggan
Joint Chief Executive

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“We need to set our sights high and work now for a future in which mental ill health is accepted as a part of life, not hidden away.”

Bob Grove
Joint Chief Executive





Message from the Chairman Dr Elizabeth Vallance

I am delighted to become Chair of the Centre for Mental Health, taking over from Chris Foy, and to welcome our four other new trustees Sue Bailey, Clair Chilvers, Sophie Corlett and Ian McPherson.

We all owe a huge debt of gratitude to Chris Foy and also to Judith Portrait, who served as a trustee since the Centre was set up in 1985, for their stewardship. Under their leadership, it has achieved so much to improve the life chances of people with mental health problems.

In July 2010, we changed our name to Centre for Mental Health while retaining our core values and work programme.

We have a clear mission to improve the life chances of people with mental health problems in the UK, building on the 25 years of work we have done and looking ahead to the many challenges we still face.

I would like to thank the Gatsby Charitable Foundation for their generous support in providing us with core funding between 1985 and 2010 and for their agreement that the Centre should continue its work beyond the conclusion of the core grant it received each year.

The Centre's work has never been more important. Too many of the one in six of us who experience mental health problems every year find that their life chances are compromised by society's attitudes to mental illness. The Centre will continue to seek practical ways to overcome these prejudices and barriers to equality.

On behalf of the new trustees of the Centre, I look forward to supporting our staff, associates and partners to help people with mental health problems build a better future in which their lives are not constrained by ignorance, prejudice and low expectation.

Chris Foy said:

"It has been a privilege to serve as Chairman of the Centre during the past five years. During this time the Centre has successfully focused its work on the vital issues of employment and criminal justice and has maintained a distinctive, independent and authoritative voice in the sector.

The Centre continues to make a significant difference to policy and practice in its particular programme areas."

Introduction from the Chief Executives

2010 was our 25th anniversary.

We published *Looking Ahead*, a collection which sets out the vision of what we should aim to achieve in mental health policy and practice in the UK over the next 25 years and how we might get there. In it, leaders in the mental health field look forward to a future where people with mental health problems enjoy a fairer chance in life and in which mental ill health is prevented where possible and treated quickly when necessary.

The cost of mental ill health in England is now £105.2 billion a year (this is an update of the £77.4 billion cost calculated in 2003). This figure includes the costs of health and social care for people with mental health problems, lost output in the economy, for example from sickness absence and unemployment, and the human costs of reduced quality of life.

Change of government in 2010 has brought many major policy changes with a significant impact on people with mental health problems. The new commissioning architecture for the NHS will in time affect mental health services, and the new role for local government in public health could bring

new opportunities to promote mental wellbeing and equality of opportunity for people affected by mental ill health.

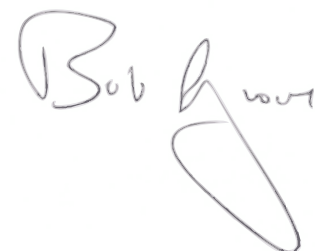
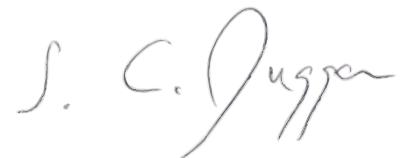
One of the new Government's first commitments was to broaden out the expansion of psychological therapy provision in the NHS. The Centre is a member of the 'We Need to Talk' group, coordinated by Mind, which successfully made the case for improved access to psychological therapies included in all three major party manifestoes in the 2010 general election.

By tackling the stigma of mental ill health, by intervening early and by doing what works to help people fulfil their potential, we can cut the cost of mental ill health dramatically and improve quality of life for all. We support the 'Time to Change' campaign, led by Mind and Rethink, which combines different approaches to challenging discrimination, and we hope to see it continue in the years to come.

The NHS needs to make substantial improvements in productivity if it is to provide high-quality services without additional funding. Working

with The King's Fund, the Royal College of Psychiatrists and the NHS Confederation's Mental Health Network, we have shown that there are real opportunities to change the way mental health services are delivered to achieve more within existing budgets.

We once again convened round table meetings at each of the three main political party conferences in 2010 with our partners St Mungo's, Rethink and the Royal College of Psychiatrists. We had the opportunity to discuss the business case for diversion and the need for improved support for offenders to get into paid work with ministers, shadow ministers, other MPs and peers.



Diversion

It is vital to ensure that people with mental health problems who enter (or are at risk of entering) the criminal justice system are identified and provided with appropriate mental health services, treatment and any other support they need.

Lord Bradley's 2009 review of diversion made numerous recommendations for improvements in the way people with mental health problems and people with learning disabilities are managed in the criminal justice system. We continue to support change in this area.

“The Bradley Report proposes radical improvements to the way people with mental health problems who offend are treated and supported by both health and justice services.”

Sean Duggan



Business case for diversion

A paper examining the business case for diversion, produced in partnership with the Royal College of Psychiatrists and Rethink, sets out why investing in diversion is good value for limited public money, especially for people who would otherwise receive short prison sentences.

There are some very positive indications from the Government about investment in diversion over the next few years. This would be a significant achievement for the Centre and its partners and we will monitor the situation very closely.

In the Government's Green Paper, *Breaking the Cycle*, the Secretary of State for Justice set out his vision for reform: *“Our plans represent a fundamental break with the failed and expensive policies of the past. They are about finding out what works – the methods of punishment*

and rehabilitation which actually reduce crime by reducing the number of criminals. I believe they constitute a bold vision for more effective punishments, more reparation, and, by breaking the cycle of crime, a safer public.”

“The Government's pledge to divert more people with mental health difficulties from the courts and police stations is a welcome step that could improve the health of many of the most vulnerable people in our society, make communities safer and save public money.”

Dr Graham Durcan
Centre for Mental Health

Alcohol and offending

The misuse of alcohol has major implications for public health, mental wellbeing, community safety and re-offending, as well as costs to wider society.

A new policy paper, *A label for exclusion: support for alcohol-misusing offenders*,



identifies areas and practical examples of how, in a changing and uncertain environment, the joint commissioning and delivery of alcohol interventions for offenders in the community might be productively developed.

The paper, produced in partnership with the Department of Health South West, is based on extensive interviews and focus groups with commissioners, managers, front line workers and service users in the South West.



The role of the police

The Centre worked closely with the Association of Chief Police Officers and the National Police Improvement Agency in 2010 to advise them on new guidance for police forces across England and Wales on managing mental health issues. Guidance is now available from ACPO and NPIA and also in a leaflet produced by Mind with assistance from us.

We are delighted that the LankellyChase Foundation has agreed to sponsor a two year programme of work starting in 2011 studying the establishment and impact of 'diversion plus' services for people with multiple problems at the point of arrest.

This research will be conducted on three or four sites and will look at how the range of services which people with multiple needs require can be integrated and then what impact these have.

Mental health of veterans

Our report, *Across the Wire*, shows that armed forces veterans face a range of mental health problems including



depression and alcohol misuse, but that they are less likely to go to prison than the general population. The most vulnerable group of veterans are those who leave the services early and not those who have served abroad.

“Throughout history the plight of veterans who find it difficult to return to normal life has been both visible and all-too-often ignored. If the nation’s obligations are to be realised, there has to be national understanding and coordinated national action.”

Lord Ramsbotham

Impact on depression

At any one time in the UK, one worker in six will be experiencing depression or anxiety. Of the large numbers of people experiencing depression and anxiety fewer than a quarter (24%) seek and receive treatment.

The cost of mental health problems to business is just over £1,000 per employee per year, or almost £26 billion across the UK economy, mainly through reduced productivity.

Although effective programmes which assist the management of mental health at work can save around 30% of these costs, employer awareness in the UK is poor and most senior managers significantly underestimate the scale of the problem.

“Excellent training that every company should incorporate.”

“[I have] increased confidence in managing employees with depression. Made me aware of my lack of knowledge.”

Impact on Depression is a proven, work based programme that reduces the impact of depression and anxiety, minimising the effects on an organisation and improving the health of its workers. Based on *beyondblue*, Australia’s National Workplace Programme, which has been operating there for over six years, the programme helps to promote good mental health management at work. Delivered by accredited mental health professionals, it quickly raises awareness of the issues and encourages a proactive response from managers.

Impact on Depression offers excellent value for money as it is delivered in one complete session onsite to enable a quick and efficient programme. It gives managers the solutions to improve productivity and builds upon and increases the skills and knowledge of managers to act to deal with common mental health conditions.



Response to the programme has been very encouraging with 100 sessions delivered to over 1,400 people to date, of whom some 40% used the skills and knowledge they learned in practice within just eight months of being trained.

“A really useful insight into depression and how to deal with it.”

Find out more

For more information or to book your session, please contact Joanna Animashaun, Business Support Officer, on 020 7827 8319 or by email: joanna.animashaun@centreformentalhealth.org.uk.

Early years

Successful workplace interventions

In 2010, we published *Common Mental Health Problems at Work*, examining recent international research evidence on how to help people with depression and anxiety to stay in work or to return after a period of ill health.



It confirms that people with common mental health problems do not have to be completely well to return to work. For many, going back to work actually helps their recovery. Independent advice can help to make this work better.



Action to prevent and treat serious behavioural or conduct problems in young children will dramatically reduce their chances of offending later in life. In support of this, we contributed evidence to Frank Field MP's independent review *The Foundation Years: preventing poor children becoming poor adults, on poverty and life chances*, which was published in December 2010.

With a grant from the Esmée Fairbairn Foundation, we are about to embark on a major programme of work which aims to improve the life chances of children who have or are at high risk of early conduct problems, particularly through the effective implementation of evidence-based interventions.

“Children’s chances in life are severely diminished by poverty and poor mental health in their early years. A child’s relationship with their parents is the biggest single influence on their mental health. Poor mental health in childhood casts a lifelong shadow over all aspects of a person’s life, including their ability to support themselves and their own family.”

“Good quality parenting support is extremely good value for public money. The average cost of evidence-based parenting support is just £1,200 per child. By comparison, the lifetime costs of conduct disorder, which affects one child in every 20, amount to £225,000.”

Bob Grove



Youth justice liaison and diversion

Children who end up in custody are three times more likely to have mental health problems than those who do not. They are also very likely to have more than one mental health problem, to have a learning disability and impaired communication skills. There are disputes as to whether they meet the criteria for dependency. They are however psychologically reliant on drugs and alcohol and have probably experienced a range of other challenges. Many of these needs go unrecognised and unmet.

At the point of arrest, there is an opportunity to identify these needs early on, to link young people and their families with the evidence based support they need and to reduce the chance of people repeatedly entering the youth justice system.

Together with the Department of Health, we have set up a joint pilot project to ensure that children and young people with mental health and other problems get the help they need at their first point of contact with the youth justice system.



The design of this two year pilot programme was based on a review of the evidence of what works best to address children's emerging mental health needs. The six schemes are in Halton and Warrington, Cheshire; Kensington and Chelsea, west London; Lewisham, south London; Peterborough; South Tees and Wolverhampton.

We believe it is vital that the roll-out of diversion nationally includes age-appropriate provision for children and young people and the model we have developed will offer a blueprint for this.

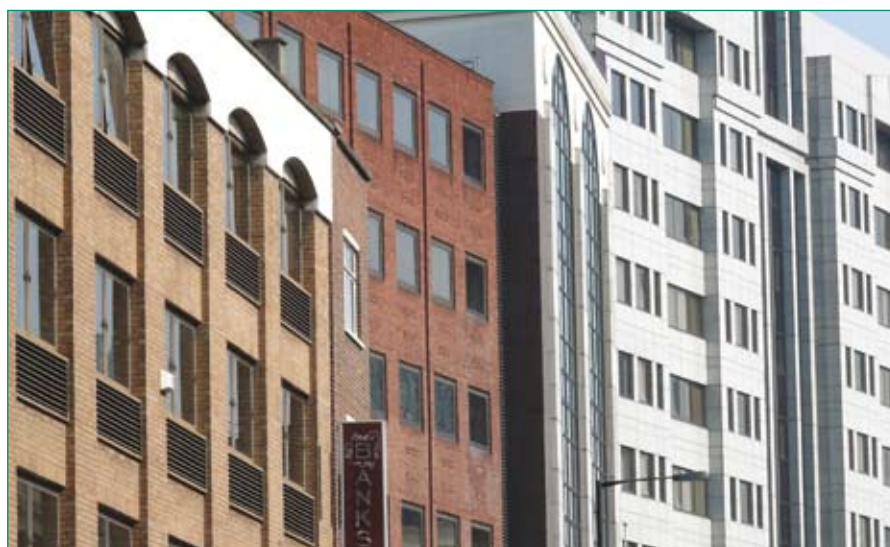
Results of the three other areas of our original youth justice project have been published on our website. These publications examine the provision of mental health care in custody for young people, specialist mental health services for young people who offend and health care support for youth offending teams.

Centres of Excellence

in supported employment

People using specialist mental health services have the lowest employment rate of any group of disabled people despite also having a very high ‘want to work’ rate. We promote new ways of helping people with mental health conditions to find and keep employment and we work to support the development of the Individual Placement and Support (IPS) approach to supported employment.

This approach is proven to be the most effective way of supporting people who use mental health services to find the jobs they want. It focuses on paid employment of an individual’s choice, not sheltered work or lengthy job preparation, and offers continuing support once people start work. We are working with nine partner services across England to make IPS a reality and aim to see IPS employment services available in all mental health services across the UK.



IPS is an ‘evidence-based’ practice. High-quality research studies across the world have shown it to be more effective than other types of employment support. This is particularly so if it is delivered to the highest standard known as ‘high fidelity’. To help services develop and improve, we conduct fidelity reviews to test how far they are working to the IPS principles. These reviews are a way of checking the extent to

which a service is ‘faithful’ to certain standards. In providing employment support to clients of specialist mental health services, fidelity reviews assess how closely a service follows the IPS approach to supported employment.

For details on how to book a fidelity review, please contact the Centre on 020 7827 8300.

Prison and secure services

Convergence

A convergence is taking place between mental health and criminal justice services and our report, *Blurring the boundaries*, summarises the benefits and risks of this coming together. It is intended to inform policy-makers and practitioners about where convergence can be useful and where caution is required.

Prisoners have dramatically higher rates of the whole range of mental health problems compared to the general population. In a publication, produced with the Royal College of Nursing and Nacro, we look at achievements in prison mental health over recent years from a number of different personal perspectives and individual observations concluding that, while improvements have taken place, there remains a lot to do to improve mental health support in our prisons.

Secure services

Secure mental health services provide accommodation, treatment and support for people with severe mental health problems who pose a risk to the public. Sometimes



known as ‘forensic’ mental health services, secure services work predominantly with people who have been imprisoned or admitted directly to hospital under the 1983 Mental Health Act following a criminal offence.

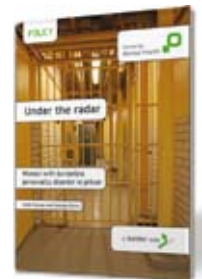
The cost of secure services to the NHS is over £1 billion a year yet there are often long delays in transferring prisoners to hospital when they are acutely unwell.

We have examined what opportunities exist to make secure mental health services more efficient and effective. The final report, to be published in 2011, jointly with the National Mental Health Development Unit, describes areas for improved efficiency.

Women with personality disorder

One woman prisoner in four struggles with borderline personality disorder, a serious condition

characterised by pervasive instability in moods, relationships, self-image and behaviour. Yet their needs go unnoticed in our justice system.



We examine the issues faced by women with a diagnosis of borderline personality disorder and their families in *Under the Radar*. This report makes a number of recommendations which build on the evidence and challenge the current way that services are provided.

Employment for offenders



“The guys are part of the squad... I just don’t think of these guys as prisoners ... We see a side of them that probably no one else ever does ... they are just glad to be out.”

Forestry Commission
Team Manager

For people with a history of offending, one of the most effective ways of preventing reoffending and improving their chances of leading a better life is likely to be finding and keeping a job.

Less than a quarter of people who leave prison each year have jobs to go to. Offenders with mental health problems are especially likely to be excluded from vocational programmes in the criminal justice system.

Beyond the gate: securing employment for offenders with mental health problems shows that it is possible to support people with mental health problems and offending histories into paid work from any part of the criminal justice system. This policy paper



summarises the findings from an 18 month employment of offenders partnership programme and explores the elements of effective practice. It sets out the five key elements we have identified with examples of how they have been used in practice.

Real examples include giving employers an instrumental role in creating opportunities for mainstream employment for offenders. Employers who have taken a lead in this regard include Timpson’s, construction company Bovis Lend Lease and the Forestry Commission. Each offers real jobs to people who have been in prison or under probation supervision as well as giving extra support to those who need it to adjust to life with regular paid work.

“The responsibility of that job was the thing that saved me.”

Employee, BeOnSite

Supporting Recovery

Recovery is a set of values about a person's right to build a meaningful life, with or without the continuing presence of mental health symptoms. Based on ideas of self-determination, it emphasises the importance of 'hope', 'opportunity' and 'control' in sustaining motivation and supporting an individual's journey towards a more personally fulfilled life.

Recovery radically challenges established mental health practice. Making Recovery a reality for people using mental health services thus requires significant changes to the way those services are organised and delivered.

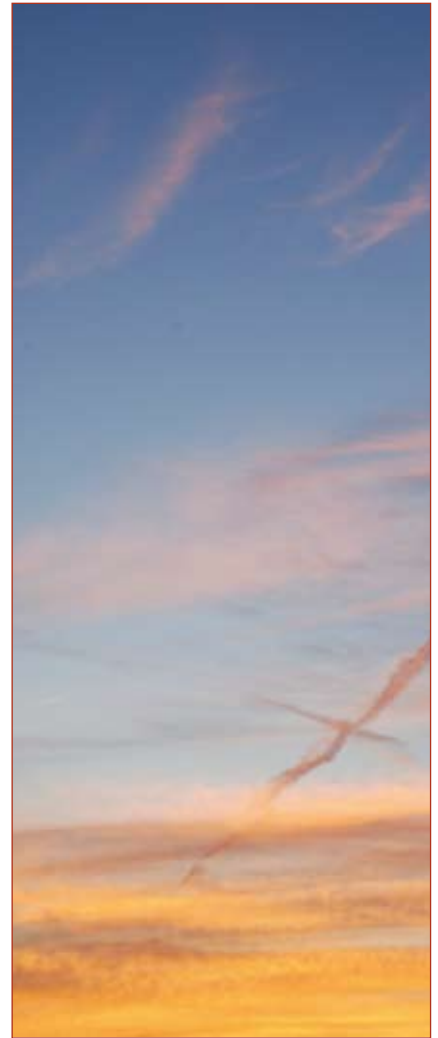
To help achieve this, our policy paper *Implementing Recovery* set out 10 key organisational challenges for all mental health services and their local partners.



1. Changing the nature of day-to-day interactions and the quality of experience.
2. Delivering comprehensive, user-led education and training programmes.
3. Establishing a 'Recovery Education Unit' to drive the programmes forward in each locality.
4. Ensuring organisational commitment and creating the 'culture'.
5. Increasing 'personalisation' and choice.
6. Changing the way we approach risk assessment and management.
7. Redefining user involvement.
8. Transforming the workforce.
9. Supporting staff in their Recovery journey.
10. Increasing opportunities for building a life.

Building on this work, we began a three year project, 'Supporting Recovery', in 2010, in partnership with NHS Confederation's Mental Health Network and funded by the Department of Health, through the National Mental Health Development Unit.

Supporting Recovery aims to assist local mental health services and their partners to adopt and implement more Recovery-oriented practice through a combination of on-site consultancy, the development of user-led training initiatives and peer support.



More than 30 sites have expressed an interest in being involved in this programme. Six are already well-advanced and have been designated as demonstration sites; six pilot sites have been selected for intensive support; and the remainder will be involved with peers in 'action learning sets'.

The project will be evaluated in terms of the changes achieved against the organisational challenges identified in the framework and also in terms of reports from staff and service users regarding the quality of services received and the process of change. Preliminary results will be available by the end of December 2011.

Accounts

for the year ended 5 April 2010

Money in	2009-10	2008-09
	£000s	£000s
<i>Grants received:</i>		
The Gatsby Charitable Foundation	2,000	2,000
Fees, publications and other income	417	484
Interest receivable	-	7
Total	2,417	2,491

Money out

<i>Charitable activities:</i>		
Research, practice development and dissemination	2,424	2,672
Governance costs	57	38
Irrecoverable VAT	53	57
Total	2,534	2,767

Balance sheet

Fixed assets	139	135
Net current assets	557	677
Net assets	696	812

Financed by

Unrestricted funds	688	796
Restricted funds	8	16
Total	696	812

The financial information on this page is an extract from the full audited accounts of Centre for Mental Health for the year ended 5 April 2010. The full accounts were signed by the trustees on 7 July 2010, received an unqualified audit report from the auditors Horwath Clark Whitehill LLP, and have been filed both with Companies House and the Charity Commission.

Horwath Clark Whitehill LLP changed its name to Crowe Clark Whitehill LLP on 1 October 2010.

Crowe Clark Whitehill LLP have confirmed to the trustees that the financial information given here is not inconsistent with the full audited accounts, although this summary may not contain sufficient information for the reader to obtain a full understanding of the financial affairs of the charity.

A full set of financial statements may be obtained on application to the Centre for Mental Health finance department.

Centre for
Mental Health



Realising a better future

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