



SAINSBURY CENTRE
for MENTAL HEALTH

removing barriers achieving change



Annual Review 2007

Our Partners In 2007

We would like to thank all the organisations that we worked with during 2007.

ARW Training and Consultancy
The At Work Partnership Ltd
Barking and Dagenham PCT
BT Group Plc
Bury PCT
CSIP East Midlands
CSIP Health and Social Care Department
CSIP North West
CSIP South West
Department of Health
Department for Work and Pensions
East of England Development Agency
Employers' Forum on Disability
Faculty of Occupational Health Medicine
Greater Cambridge Partnership
Healthcare Inspectorate Wales
Health Service Journal
Her Majesty's Inspectorate of Prisons
The Improvement Foundation
Inter-Agency Group
King's College, London
King's Fund
London Development Centre
Mental Health Alliance
Mental Health and Employment Research Network
Mental Health Foundation
Mental Health Learning Network
Mental Health Media
Merseycare NHS Trust
Mind
NACRO

National Employment and Health Innovations Network
National Offender Management Service
NESTA
Newham PCT / London Borough of Newham
NHS Primary Care Contracting
Office for Criminal Justice Reform
Pavilion
Pentonville Prison
Prison Health Research Network
Prison Reform Trust
Prison Service
QUIT
Regional Offender Management Office, London
Rethink
Revolving Doors Agency
Rolls Royce Plc
Safer Custody Group
Scottish Association for Mental Health
Scottish Executive Health Department
Trinova
Unum Centre for Psychosocial and Disability Research
Vocational Rehabilitation Association
Welsh Assembly Government
Work Foundation
Young Minds
Youth Justice Board



Angela Greatley, Chief Executive of the Sainsbury Centre for Mental Health, looks at the highlights of 2007...

The Sainsbury Centre was pleased to have contributed to the campaign to improve access to psychological therapies. The Government's announcement of £300 million funding to roll out its Improving Access to Psychological Therapies programme nationwide will make a huge difference to the lives of many people.

However, there is much that continues to cause concern in the new Mental Health Act. While there are some advances, after ten years of hard work we still have what is generally considered to be a very poor and backward-looking piece of legislation.

In 2007, the Sainsbury Centre's two work programmes have gathered momentum in getting to grips with two of the toughest issues in public policy.

Our first programme aims to tackle the high rate of unemployment among people with severe and enduring mental health problems and to work with employers to develop mentally healthy workplaces for all of their staff.

At any one time one worker in five will be experiencing mental distress. In 2007 we published the ground-breaking *Mental Health at Work: developing the business case*. This shows that the total cost to employers of mental health problems among their staff is over £25 billion a year. But simple steps to support employees in the workplace when they become ill could save over 30% of these costs.

Our second programme aims to improve the support available to prisoners and those in touch with the criminal justice system in the UK with mental health problems. Some 90% of prisoners have some form of mental health problem. Most have depression or anxiety, while about 10% have severe conditions such as schizophrenia.

In 2007 we completed one of the first reviews to look at prisoners' experiences of mental health care. This showed that many receive inadequate care and treatment while in prison and no support in the community once they are released. Prisoners and their families urgently need support to get their lives back. Getting a job and finding somewhere to live are vital. In 2008, we will start work on a major project to find ways of improving training and employment opportunities for prisoners.

Employment programme

Our aim is to improve employment opportunities for people with mental health problems. We want to achieve a shift in culture by encouraging mental health services and employers to recognise that many people can and do recover from mental ill health and that work plays a vital role in this.



Working with health services

For many people with mental health problems the journey towards long-term unemployment often begins in their GP's surgery with the signing of a sickness certificate. GPs have an important role in determining how long someone will stay off work.

Our briefing paper, *Work and Wellbeing*, published in September 2007, shows how primary care services can support people with depression and anxiety to stay in work after they have issued a medical certificate. It sets out the policies needed to encourage good practice among GPs: including changing the national GP contract to offer incentives to return patients to work; fostering greater local resource-sharing among services; and improved IT systems.

“Unemployment is as bad for your health as smoking or obesity. Yet every year thousands of people with depression and other mental health problems are signed off sick for long periods and end up losing their job.”

Bob Grove, Director of Employment, Sainsbury Centre

It is vital to break the link between mental ill health, unemployment and poverty by helping people to retain their jobs and helping those who do not have work to get into the labour market. Specialist employment advisers have been introduced in some GP practices where they offer advice and support in return to work. We are currently researching the impact of a pilot scheme in Cambridgeshire.

Working with employers

Our report, *Mental Health at Work: Developing the business case*, shows that mental ill health is a normal feature of every workplace. On any day, one worker in five will experience mental distress. It finds that the total cost to UK employers of mental ill health among their staff is £25.9 billion but that simple steps to improve the management of mental health in the workplace should enable employers to save 30 per cent or more of these costs.

“When bad management or inadequate support allows mental ill-health to develop at work, it’s not just the employees who suffer. Poor mental health is poor business: it’s just a fact.”

Dame Carol Black, National Director for Work and Health

It is essential that managers are aware of the early signs of mental ill health so that they can provide support before an individual’s condition and working relationships deteriorate to the point they go off on long-term sick leave. We are working with the Employers’ Forum on Disability to identify effective training programmes which will develop the skills of line managers.

Developing employment services

We are working with local services around the country to support the re-commissioning of employment services to enable people with long-term and severe mental

health problems to find and keep work. The aim is to produce practical guidance for primary care trusts and social service departments on commissioning services.

Alongside this, a working group has been convened to develop nationally applicable *Key Performance Indicators* for monitoring the performance of the employment support offered by specialist mental health services. The group consists of senior commissioners, statutory and voluntary sector providers and government officials.



Mental ill health is common
in every workplace in the land

Criminal justice and prisons programme

Our aim is to improve the care and support offered to people with mental health problems who are in prison or in contact with the criminal justice system.

Court diversion

A key concern for us is to ensure that people with severe mental health problems can be diverted from custody to more appropriate support within the community. In 2007 we began a one-year project to gather the evidence of what works in other countries looking in particular at mental health courts and youth diversion. We held a video conference in December with leading experts from the UK, North America and Australasia.

“Far too many people with serious mental illnesses are being detained in prison and not being diverted to more appropriate care and treatment. Often this means that their illness is made worse, and that nothing is done to help reduce their future offending.”

Sean Duggan, Director of Prisons and Criminal Justice

Forensic mental health services

To inform our work on diversion, we investigated secure hospitals: which provide the largest part of ‘forensic’ mental health services in the UK. The results of this survey were published in a fact file in September.

It showed that record numbers of people (3,723 in July 2007) are now residing in secure hospitals, most of them in medium secure units.

We hope that the fact file will provoke and inform more debate about whether secure hospitals are the most appropriate environment to which to divert offenders with severe mental health problems.

Pathways through criminal justice

In order to develop better services for prisoners, we need to understand what ‘pathways’ people take through the criminal justice system, from offending to release and resettlement. We have worked with partners in the North West of England to develop a model of the offender pathway and identify where in the pathway services could intervene most effectively. With this knowledge we will try out new interventions in a small number of pilot projects. In phase three we aim to produce a nationally applicable service framework for offender mental health.

Supporting young offenders

In 2007 we began a joint venture with the Youth Justice Board and Department of Health to develop ways of better supporting the mental health of young offenders.

Of these young people, 31% have mental health or related problems such as self-harm, psychosis-like symptoms and learning difficulties. This is three times the average in the general population. Additionally, 35% (males) and 49% (females) of young people in secure establishments report themselves as dependent on drugs.

The Youth Justice Service Development project will test out the most effective ways health and criminal justice services can meet the mental health needs of young people in custody and those involved with youth offending teams in the community.

“Young people in the criminal justice system have disproportionately high levels of mental health problems and substance use. Such problems can contribute to difficulties, like poor attainment in school, which we know increase the risk of young people offending and re-offending. This is not about making excuses for criminal behaviour but about recognising that we need more sophisticated measures to stop young people re-offending.”

Ellie Roy, Chief Executive of the Youth Justice Board

Primary mental health care in prisons

Our research into prison mental health shows that primary care, for people with depression and anxiety, is particularly poor. In November 2007 we published a paper on *Getting the Basics Right* which recommends policy changes to help the NHS build up a primary care mental health service in every English prison.

It calls for every prison to be given its own GP practice and for practices outside of prison to have clearer incentives to improve the care they offer to former prisoners and those at highest risk of being imprisoned.



Influencing and achieving change



Patrick Hall MP, speaks at a meeting jointly hosted by the Sainsbury Centre at the 2007 party conferences

The Sainsbury Centre has maintained its high-profile in influencing government policy and public perception on mental health. During 2007 we contributed to a number of important government reviews.

Our submission to Dame Carol Black's call for evidence on the health of people of working age described the vital role that employers can play in supporting staff when they become unwell and in promoting positive mental health in the workplace. It called for board-level leadership for health and wellbeing initiatives in every workplace and for all company annual reports to include health audits.

In responding to a call for evidence on sentencing guidelines for the breach of anti-social behaviour orders (ASBOs) we showed evidence that ASBOs have been issued to people with mental health problems where better alternatives were available. We expressed concern that breaching an ASBO can lead vulnerable people into the criminal justice system.

We are represented on numerous working groups and committees including the Cross-Government Strategy Group on Mental Health and Employment, the Improving Access to Psychological Therapies programme board and the National Offender Health Executive Steering Group, responsible for developing an over-arching strategy for offender health and social care in England.

Talking therapies

Psychological therapies such as cognitive behavioural therapy (CBT) play an important role in helping people with mental health problems to remain in work. But many people face long waiting times of up to 18 months. We have been campaigning with other leading mental health charities for greater access to effective psychological therapies. *We Need to Talk*, a report produced jointly with the Mental Health Foundation, Rethink, Mind and Young Minds, warned that the NHS was failing millions of people by ignoring clinical guidelines on the provision of talking therapies.

“Talking therapies are as important for the nation’s health as any cancer drug or surgical procedure.”

At the end of 2007, the Government announced £300 million funding over three years to roll out its Improving Access to Psychological Therapies programme nationwide. This is a massive boost for people across the country and in the future will help many to keep their jobs, stay in education and maintain family life.

To make the most of this historic opportunity, we now need further investment in research on the benefits of different psychological therapies, a robust system of regulation for professionals and a national waiting time measure for access to therapy.

Mental Health Act

The Sainsbury Centre worked as a core member of the Mental Health Alliance to secure some important amendments to the Mental Health Bill, which finally became law in July 2007. While many aspects of the Act are disappointing and a cause for concern, through our collective efforts, and the commitment of the service users and carers who spent a decade calling for a better Bill, we have achieved two major advances with the provision of advocacy for those detained under the Act and greater protections for children and young people.

Implementation of most of the Mental Health Act will take place in 2008 following the publication of a final Code of Practice and the provision of training in new roles. We hope the new powers will be used proportionately by professionals and that recovery, not containment, will be the core principle in the implementation of the Act.

Party conferences

The political party conferences are a unique opportunity to make contact with key decision makers. We organised six roundtable events across the three conferences. Our criminal justice roundtable focused on alternatives to prison for people with mental health problems and was organised in partnership with Revolving Doors Agency.

Our employment roundtable examined how government could better encourage employers to recruit people with mental health problems, in collaboration with the Employers’ Forum on Disability. Each of the six events was attended by at least one relevant minister or shadow minister. Several select committee members and other MPs with an interest in the subject also attended.

Accounts for the year ending 5 April 2007

Money in	£000s 2006-7	£000s 2005-6
Grants received:		
The Gatsby Charitable Foundation	2,941	4,005
Fees, publications and other income	705	1,890
Interest received	39	34
Total	3,685	5,929
Money out		
Charitable activities:		
Research, practice development and dissemination	2,824	4,722
Governance costs	23	75
Irrecoverable VAT	31	59
Exceptional item – reorganisation costs	140	1,060
Exceptional item – loss on disposal of fixed assets	228	0
Exceptional item – office relocation costs	191	0
Total	3,437	5,916
Balance sheet		
Fixed assets	186	238
Net current assets	844	544
Total assets less current liabilities	1,030	782
Financed by		
Unrestricted funds	930	642
Restricted funds	100	140
Total funds	1,030	782

The financial information on this page is an extract from our full audited accounts for the period ending 5th April 2007. The full accounts, which were signed by the Trustees on 14th September 2007, have received an unqualified audit report from the auditors Horwath Clark Whitehill LLP and have been filed with the Charity Commission.

Horwath Clark Whitehill LLP have confirmed to the Trustees that these summarised accounts are consistent 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 copy of the full accounts can be obtained on application to the Sainsbury Centre for Mental Health finance department.

The Sainsbury Centre for Mental Health

The Sainsbury Centre for Mental Health works to improve the quality of life for people with mental health problems by influencing policy and practice in mental health and related services. We now focus on criminal justice and employment, with supporting work on broader mental health and public policy. The Sainsbury Centre was founded in 1985 by the Gatsby Charitable Foundation, one of the Sainsbury Family Charitable Trusts, from which we receive core funding.

Our Trustees


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Judith Portrait

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Page 1: Photograph of Angela Greatley
by Robert Aberman
Page 3: Photograph by Katherine Hall
Page 6: Photograph of Patrick Hall MP,
taken at the Health Hotel 2007

For the latest news on our work visit
www.scmh.org.uk



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