



SAINSBURY CENTRE
for MENTAL HEALTH

removing barriers achieving change

Annual Review 2008



Our Trustees

Chris Foy, Chair
Judith Portrait

Our Advisers

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Sainsbury Centre

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. Sainsbury Centre was founded in 1985 by the Gatsby Charitable Foundation, one of the Sainsbury Family Charitable Trusts, from which we receive core funding.

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Page 1 - Angela Greatley by Robert Aberman

Page 7 - Basketball hoop from iStockPhoto

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Our Chief Executive, Angela Greatley, looks back at the highlights of 2008...

Mental health services now do more than ever to support people in their own communities. But they need to develop an even greater focus on helping people to build lives for themselves and achieve their potential.

In 2008, we joined with seven other mental health organisations to propose a collective 'New Vision for Mental Health'. We called for action to put mental wellbeing at the centre of public policy and to improve the quality of life for everyone with mental health problems. The Department of Health is now drawing heavily on the proposals in its own 'New Horizons' exercise, which will eventually replace the National Service Framework for Mental Health when it reaches the end of its ten-year life in 2009.

Central to this new vision is that all people living with mental ill health should have a fair chance to get and keep a job. We must especially improve work opportunities for people with severe and enduring mental health problems. This should be a top priority for health and social care commissioners and providers.



However, too often people lose their jobs when they become unwell, whether with common or severe mental health problems, because their line managers do not know how to support them. In 2008, we brought Australia's '*beyondblue*' National Workplace Programme to the UK to see if it can help line managers to respond better to mental distress.

It is well known that nine out of ten prisoners have mental health problems. Our research shows that the 'average' prisoner has a complex set of mental health and other problems, including drug and alcohol misuse. Yet there is a 70% shortfall in investment in specialist mental health 'inreach' services in prisons. Even a short spell in prison can be damaging to a person's chances in life and their mental health. Many lose their jobs, their homes and their families.

We need urgently to invest in better forms of diversion from custody for offenders with mental health problems and in effective support for offenders on community orders.

Employment

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

Individual Placement and Support



Our annual lecture, delivered to an audience of 200 people by leading US researcher, Professor Bob Drake, described the benefits of supported employment and, in

particular, Individual Placement and Support (IPS). International research shows that IPS is the most effective way of enabling people with mental health problems to find and maintain employment. The lecture can be viewed on our website www.scmh.org.uk. In 2009 we are starting a major new project to promote the development of IPS in the UK.

“For most people their work is a key factor in their self-worth, family esteem and identity. So if they become sick and are not helped quickly enough, they can all too easily find themselves on a downward spiral into long-term sickness and a life on benefits.”

Dame Carol Black, National Director for Work & Health

Work with employers

At any one time one worker in five will be experiencing mental distress. Our policy paper *Mental Health at Work* showed that the total cost to employers of mental ill health is over £25 billion a year.

But the majority of line managers do not know how to help a member of staff when they become unwell. And many people end up taking time off sick or losing their jobs because they do not get the right help and support early enough.

In 2008, we began piloting Australia’s ‘*beyondblue*’ National Workplace Programme in the UK to see how it could help line managers to respond better to people who are experiencing distress. This is being tested with employers including the Department of Health, Kent County Council, Royal Mail Group, the submarines business of Rolls-Royce, the Royal College of Nursing and Tate & Lyle. If it is successful, we will seek to find ways of making it available throughout the country to employers of all types and sizes.

Work with health services

We believe that helping people to recover their lives should be the top priority for mental health services. Traditionally services have waited until a person's illness is cured before helping them to get their life back. In 2008, we published *Making Recovery a Reality* which shows how recovery-focused services should aim from day one to help people to build a life for themselves.



We are also working with GPs to find better ways to support people with common mental health problems to retain their jobs or return to work. Our aim is to find out if improved recording of sickness certification, referral for psychological therapy and specialist employment support advisors can help this process.

Developing employment services

Less than a quarter of people with severe and enduring mental health problems are in paid employment. Most service users say that traditional vocational and day services do not help them to lead the lives they want.

Over the past two years, we have been working with health and local authority commissioners to find out how these services can be modernised. As a result, in 2008 we published *About Time*, a practical guide to commissioning.



Alongside this project, we have developed a set of nationally applicable Key Performance Indicators for monitoring the performance of the employment support offered by specialist mental health services. We are now testing the indicators with mental health trusts from across England, with support from the NHS Confederation's Mental Health Network.



Prisons and criminal justice

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.

Diversion

A key part of our work is to find out how people with mental health problems can be diverted from custody to more appropriate support in the community. Our briefing on *The Police and Mental Health* called for the NHS to manage health care for people in police custody and for it to take a more active role in diverting people with mental ill health to the services they need.

In 2008, we developed an all-stages diversion model that, if implemented, would enable people with mental



health problems to get access to care and support whenever they need it, at any point in the criminal justice system. We are now examining the evidence for effective diversion and looking at the use of the mental health treatment requirement in community sentences to see if it can be used as an alternative to prison. Our findings will be published in 2009 and will inform Lord Bradley's review of diversion for offenders with mental health problems.

In prison

We interviewed 300 prisoners, and 150 prison staff, across more than 20 prisons including male, female and young offender institutions. All confirmed the damaging effects of prison on mental health.



Our major study of five West Midlands prisons concluded that the 'average' prisoner has a complex set of mental health and other problems, including drug and alcohol misuse. These findings were published in the report *From the Inside* in June 2008.

We have conducted an analysis of spending on specialist mental health 'inreach' services in prisons as compared to the community, and found that there is a 70% shortfall in investment for prisons. There are

significant regional variations, with some English regions spending twice as much as other regions on mental health services in their prisons.



There is also a poor standard of primary mental health care within prisons, leaving prisoners with depression and anxiety without the care

they need. We are developing a set of standards for primary care services in prisons to help commissioners to gauge how well they are doing.

“Treating mental illness and encouraging mental wellbeing is fundamental to cutting crime.”

Dr Andrew Fraser, Director of Health & Care,
Scottish Prison Service

In the dark

In 2008, we examined the mental health implications of Imprisonment for Public Protection (IPP). This is an indeterminate sentence introduced in 2005, which imprisons an offender who is considered to be dangerous, without a fixed release date.



Our report, *In the Dark*, showed that IPP prisoners have higher rates of mental ill health than the general prison population, and called on the NHS to ensure it provides sufficient support for people in prison on IPP and for those who are released from these sentences.

“We welcome *In the Dark*, the Sainsbury Centre report on imprisonment, public protection sentences and mental ill health ... The report raises some important points about the information available to prisoners and about access to treatment and care that we will certainly incorporate into our offender health strategy to be published early next year.”

Lord Darzi of Denham, House of Lords,
November 2008

“Being in jail and not knowing when you’re coming home – it smashes your head to pieces.”

IPP prisoner

Returning to the community

A third of prisoners lose their home while in prison, two-thirds lose their job and two-thirds lose contact with family. It is estimated that half of prisoners have no contact with a GP once they are released from prison.

On the outside

Continuity of care is vital in all areas of health care. For released prisoners with mental health problems it is especially important to help them get their lives back on track on the outside. After interviewing and tracking a sample of 50 prisoners, we found that half of them did not have permanent accommodation arranged. This made it harder for them to keep in touch with services.



We also found that short sentences are particularly damaging to the resettlement process. There are 61,000 sentences of less than six months issued each year. These sentences are too short for resettlement plans to be made, or for treatment or education programmes to begin, yet they can cause people to lose their jobs, their homes, their families and their health. Many of the people who are released from short sentences quickly lose touch with services.

Employment

Having a job is a key factor in helping people to establish their lives on the outside. Being in work reduces the risk of re-offending by between a third and a half. It gives people not only a bigger stake in society but also hope of a better life. We are carrying out research to identify effective models for employment services in prisons and to see how these can be adapted to support prisoners with mental health problems.

“I will be back [in prison]. It might not be for six months, it might not be for a year, but I will be back until I’ve got somewhere to live of my own and a job ... and a bit of decent money to live on.”

Prisoner



Youth justice

Children and young people in contact with the youth justice system are three times more likely to have a mental health problem than young people in the community. Our youth justice development project is testing out the most effective ways to identify and support children and young people in contact with the youth justice system with mental health and emotional difficulties. It is jointly funded by the Department of Health, Sainsbury Centre and the Youth Justice Board.



In secure settings

In a review of mental health care in Young Offender Institutions, we found considerable variations in levels of investment, the types of help available, the skills of staff and communication between primary care and specialist teams. Many primary care staff did not feel confident in identifying emotional or mental health difficulties. These findings have informed the Health

and Social Care Strategy for Children and Young People in contact with the youth justice system. It is also planned that they will be used to shape inspection standards.

In the community

We have designed a model of Youth Justice Liaison and Diversion based on a national review of current provision and research evidence. Its aim is more systematically to identify young people with mental health difficulties (as well as other broader vulnerabilities affecting their wellbeing) at the point that they enter the youth justice system, diverting them to more appropriate multi-agency support. Specialist mental health workers will contribute to police and Crown Prosecution Service decisions about charging, bail and remand. This model is being tested in six pilot sites over two years. Sainsbury Centre is managing the project on behalf of the Department of Health, which is providing funding.

“How long are we going to put up with children’s depressing journey from family breakdown, school exclusion and local authority care through to prison, homelessness, unemployment and more crime when there are ways to intervene at every stage to enable young people to get their lives back on track?”

Juliet Lyon, Director of the Prison Reform Trust

Accounts for the year ending 5 April 2008

	£000s 2007-08	£000s 2006-07
Money in		
<i>Grants received:</i>		
The Gatsby Charitable Foundation	2,000	2,941
Fees publications and other income	455	705
Interest receivable	62	39
Total	2,517	3,685
Money out		
<i>Charitable activities:</i>		
Research, practice development and dissemination	2,352	2,824
Governance costs	32	23
Irrecoverable VAT	75	31
Exceptional items (2006/07 only)	-	559
Total	2,459	3,437
Balance sheet		
Fixed assets	155	186
Net current assets	933	844
Total assets less current liabilities	1,088	1,030
Financed by		
Unrestricted funds	1,085	930
Restricted funds	3	100
Total	1,088	1,030

Independent Auditors' Statement

1 April 2009

We have examined the summarised financial statements set out on this page.

Responsibilities of trustees and auditors

The trustees are responsible for the preparation of the summary financial statements. We have agreed to report our opinion on the summarised statements' consistency with the full financial statements, on which we reported to the trustees on 12 September 2008.

Basis of opinion

We have carried out the procedures we consider necessary to ascertain whether the summarised financial statements are consistent with the full financial statements from which they have been prepared.

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements for the year ended 5 April 2008.

Horwath Clark Whitehill LLP
Chartered Accountants & Registered Auditors,
St Bride's House, 10 Salisbury Square,
London, EC4Y 8EH

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

a better way

In the autumn of 2008 we began a major new campaign to improve the way people with mental health problems are managed in the criminal justice system.

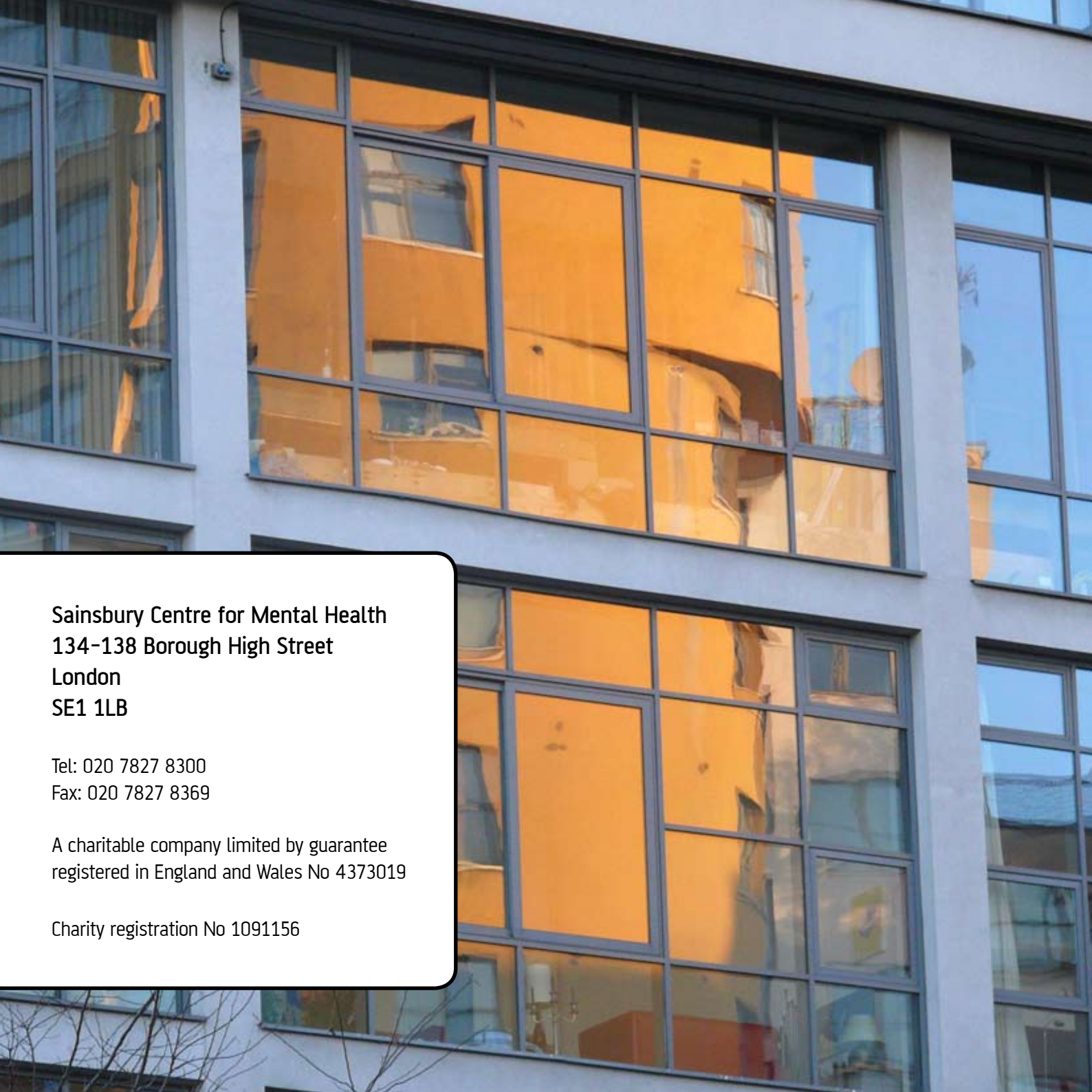
The campaign, **a better way**, aims to show that we can improve the lives of offenders, victims, families and communities alike by responding better to the mental health needs of people in the criminal justice system.

Through a series of research reports and development projects, we will set out how public services can invest in more effective responses to mental ill health among those who currently languish in prison without the support they need to build productive lives.

We know that prison can damage mental health. Short prison sentences can disrupt people's lives dramatically yet offer no opportunity for rehabilitation. Indeterminate sentences can do even greater harm. The need for effective alternatives to custody is greater than ever.

a better way calls for better services in the community to stop people being imprisoned where safe alternatives outside prison would be better. People with mental health problems should have access to mental health treatment and support at all stages of the criminal justice system. There is an urgent need for investment in improved prison mental health care.





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