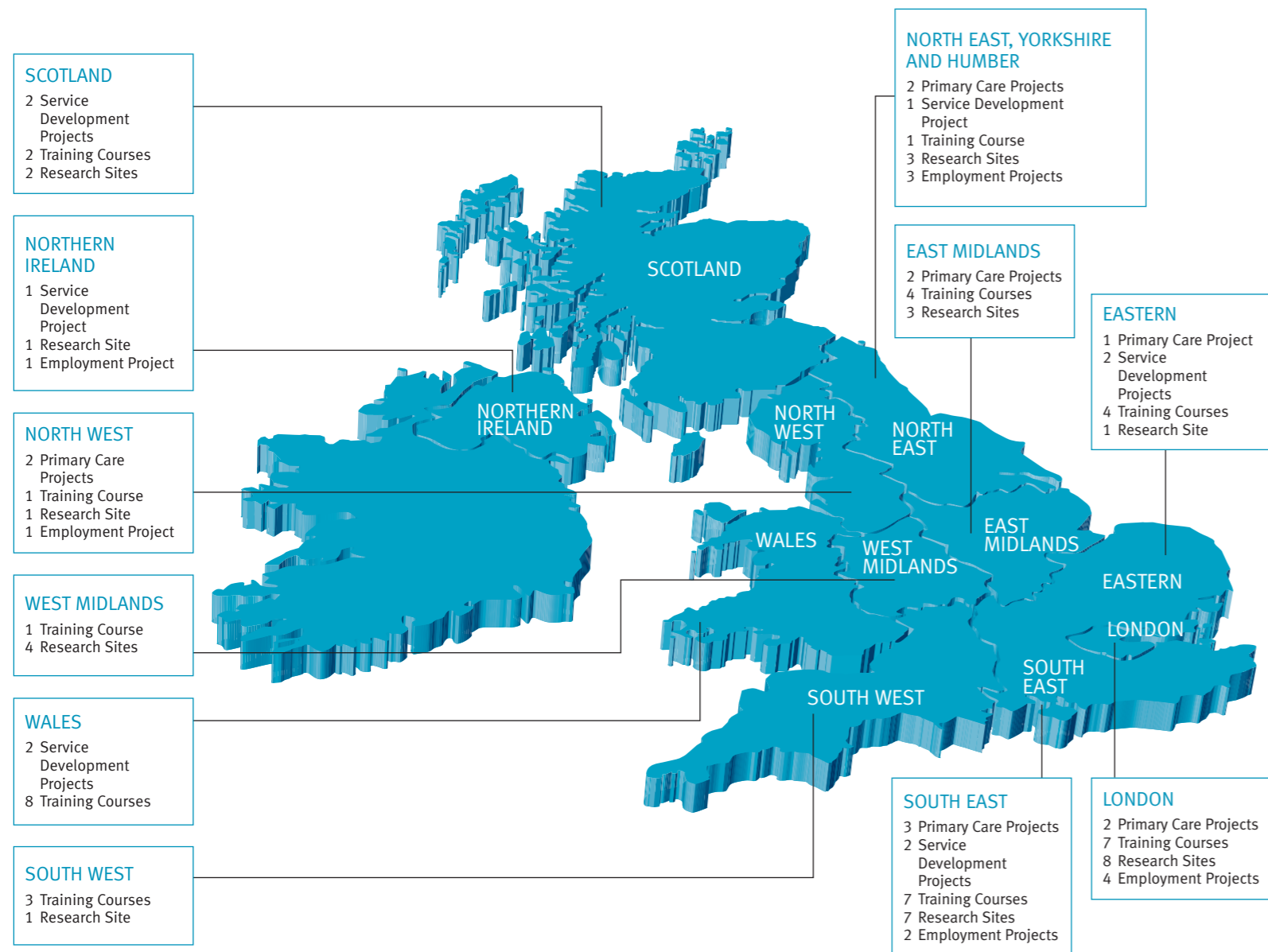


Partnership Sites

Our work this year has covered the length and breadth of the UK

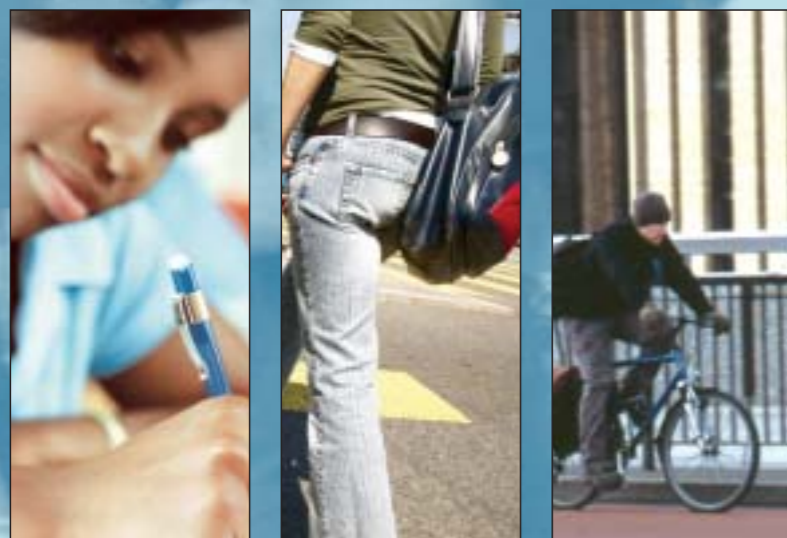


Removing Barriers. Achieving Change.

Annual Review 2004

Our work this year...

- We have supported managers and staff in **over 100** mental health and social care organisations across the UK
- We have trained **over 140** students in our Masters programmes and **over 500** in our short courses
- We have held **10** conferences, attended by **over 1,600** delegates
- We have produced **9** new publications, and distributed **over 20,000** publications this year



Removing Barriers. Achieving Change.



Angela Greatley, Chief Executive of the Sainsbury Centre for Mental Health, looks back on a year of developments in mental health care...

2004 has been a year of important national policy changes in mental health care – for good and ill.

The Government has made progress in recognising the problems experienced by people with severe mental illness. The Social Exclusion Unit Report on *Mental Health and Social Exclusion* highlighted the discrimination and isolation suffered by mental health service users, and put forward valuable recommendations for reform. The Government White Paper on Public Health, published at the end of the year, focused on addressing health inequalities and discrimination, including promoting good mental health. And the National Institute for Mental Health in England (NIMHE) launched the *Shift* programme in 2004, which aims to tackle stigma and discrimination surrounding mental health issues.

However, the year has not been one of unmitigated success in mental health policy. The new draft Mental Health Bill was released in September 2004, to considerable criticism across the mental health community. The Bill seems to run counter to the Government's drive towards inclusion and equality by proposing mental health services which rely

too much on compulsory admission and detention. There is a risk that this will drive people away from services for fear of being treated against their will. The Sainsbury Centre for Mental Health (SCMH) continues to work, as part of the Mental Health Alliance, for a better Bill.

2004 has also been an important year for the Sainsbury Centre for Mental Health. We have reaffirmed our commitment to improving the lives of mental health service users. Our work is about both removing barriers to leading a fulfilling life, and achieving change in mental health services and national policy. As we enter our 20th Anniversary year, we reflect those aims in a simple new statement of intent: **Removing Barriers. Achieving Change.**

We are committed to **Removing Barriers** that prevent people with mental health problems from leading fulfilling lives. We encourage better ongoing support to help people to work or train, live where they want, and lead the lives to which they aspire. We challenge racism in mental health services and work with Black and minority ethnic service users, community groups, and mental health services, to promote equality and improve standards.

We are committed to **Achieving Change** locally and nationally by working to improve mental health services, training the people who work in them, and influencing national policy. We work to find solutions to the biggest issues in mental health care: the workforce crisis in mental health services; the problems in acute inpatient care; the lack of training for GPs and primary care workers in mental health care; and finding the best ways of involving service users. We support staff in mental health care, through our innovative training courses, development projects, conferences and publications. Our work this year has covered the length and breadth of the UK, as shown on the map on the back cover.

As we look towards our third decade of work, we will continue to focus on what we do best – helping mental health service users to live their lives by influencing the policies that affect them and by supporting the services that exist to help them. But we will focus much more on life beyond mental health services and on addressing the needs of those whose mental health is most neglected by public services, such as people in prison.

83% of people with mental health problems say that stigma and discrimination are a problem in their lives



Removing Barriers

The Sainsbury Centre for Mental Health is committed to Removing Barriers that prevent people with mental health problems from leading fulfilling lives...

Black and minority ethnic service users are 40% more likely than white service users to be turned away when they ask for help from mental health services

Black people mistrust and often fear services, and staff can be wary of the Black community, fearing criticism and not knowing how to respond. This cycle is fuelled by prejudice, misunderstanding, misconceptions and, sometimes, racism. The drive to improve the lives of Black service users has come to the forefront of mental health policy in the last few years, but much remains to be done before mental health services cater as well to Black as to white service users.

- Our groundbreaking 2002 publication *Breaking the Circles of Fear*, on the relationship between mental health services and Black service users, was followed up by the Breaking the Circles of Fear project. This year the team has focused on supporting local groups working for change, and is in the process of creating a network of Black service users.
- Our employment team has produced an inspirational video charting the progress

of young Black men with mental health problems as they return to employment and training. *Better Must Come*, produced in collaboration with the Mellow campaign, has helped to train advisors of all kinds to enable service users to return to employment and regain their independence.

1 in 4 tenants with mental health problems has rent arrears serious enough to put their home at risk

Many people in this country are lucky enough to be able to take their homes for granted. But when a person suffering from mental health problems is admitted to an acute ward, their home can be put at risk. People may lose their homes if they cannot make mortgage or rent payments, and services may not have the resources to provide people leaving care with appropriate accommodation to suit their needs.

- The Sainsbury Centre for Mental Health's recent publications have concentrated on improving the lives of mental health service users in the community. Two of our briefings have focused on housing. These have been widely circulated among mental health and housing services around the country.

Less than 40% of employers would consider recruiting people with mental health problems

Being able to work or train is a fundamental part of leading an ordinary life, for mental health service users as much as for anyone else. But this need is often not addressed, with overstretched mental health services failing to provide the necessary support, and service users fearing the loss of essential benefits if they take work.

- We are working in collaboration with the South East Development Centre of the National Institute for Mental Health in England (NIMHE) on a major project which aims to support NHS Trusts to develop best practice in employing people who use or have used mental health services. It also aims to help those organisations to develop policies which improve the mental health of their existing workforce.
- In 2004, we produced a briefing for mental health workers on benefits and work for mental health service users. The briefing provides practical advice for service users on how they can return to work or training without the risk of losing the benefits which help them to live above the poverty line.

Achieving Change

The Sainsbury Centre for Mental Health is committed to Achieving Change locally and nationally by working to improve mental health services, training the staff that work in them, and influencing national policy..

40% of people discharged from acute mental health care are readmitted within 12 months

Acute inpatient mental health care is a central part of the mental health service system, yet wards often provide poor quality care, in an environment which is often seen as unsafe, untherapeutic and not conducive to recovery. There are high readmission rates for service users and there is low morale and a lack of training among staff.

- Our 1998 publication *Acute Problems* explored these issues in detail and our Acute Solutions project, which was set up to implement its recommendations, is now nearing the end of its three-year term, working in partnership with acute care wards across the country.
- We have undertaken a pioneering benchmarking survey of acute inpatient care, with the National Institute for Mental Health in England (NIMHE), so that we can better understand the current situation and develop new ways to improve it. The findings will form a major new publication in 2005.

- We are a leading provider of training expertise to the acute care workforce. The last year has seen a full update of our postgraduate programme and the production, in collaboration with NIMHE, of guidance for training acute care staff.

90% of people with mental health problems are treated in primary care

Primary care is in a unique position within our society and within communities. It is seen as the first port of call for all health care. It provides massive opportunities for treatment, prevention and education in mental health. But many primary care workers do not receive specialised training in mental health care and mental health problems may be misunderstood and misdiagnosed.

- We are leading an innovative project to develop 'one-stop shop' primary care services, for people who need more support than their GP can offer, but who do not qualify for specialist care. These services can cover everything from housing to employment and social care. Five of the first-wave partnership sites are now in action.

- Our leading publication *The Primary Care Guide to Managing Severe Mental Illness* entered its fourth bestselling edition in 2004. Essential reading for every GP and primary care worker, it is one of the most respected publications in the field.

Almost 1 in 10 psychiatrist positions in the UK are vacant

The mental health workforce is in crisis. Staff feel undervalued, stressed, and inadequately trained, and many service users and carers feel that they are not receiving the support they need. Turnaround in jobs and vacancy rates in the sector are high, and retention low.

- Our workforce development team works with health and social care to develop practical solutions to these problems. Its innovative work-based training programmes are tailored to the needs of each service. In 2004 we trained over 500 staff on our short courses and 140 on our Masters programmes.
- In 2004 we produced the first practical guide to values-based practice *Whose Values?*. This shows how conflicts in mental health care can be resolved if practitioners are more aware of their values and those of their clients.

Crisis resolution services can reduce hospital admissions by up to 66%

Crisis resolution and assertive outreach services are part of the new drive to provide mental health services that help to maintain people in their lives and in their communities. Crisis resolution is an alternative to acute inpatient care for individuals in mental health crisis, and assertive outreach services are aimed at people living in the community who are regarded by other teams as 'difficult to engage'. The end of 2004 saw the deadline for implementation of crisis resolution teams across the country.

- We have produced a new report examining the implementation of assertive outreach and crisis resolution in the UK, *Transforming Mental Health Care*. It provides real, working examples of the implementation of teams across the country and has been a bestseller in 2004.
- Our ten-day training programmes in these two essential areas go from strength to strength, providing and augmenting essential skills for the crisis resolution and assertive outreach workforce.



Mental health problems cost the UK an estimated **£77 billion** every year in health and social care, economic losses and human costs



...from helping people to **live in their homes**, to supporting them in finding fulfilling **training and employment...**

Looking Ahead

2005, The Sainsbury Centre for Mental Health's 20th Anniversary year, will be a time for reflection and a renewal of our commitment to improving the lives of service users...

The Sainsbury Centre for Mental Health is committed to improving the quality of life for people with mental health problems, the services that exist to help them, and the skills and well being of the workforce. However, this 20th Anniversary year is also a time for reflecting on the needs of mental health service users, and for extending our aims and objectives to cover them.

Mental health services have traditionally focused solely on the immediate requirements of mental illness: diagnosis; medication or talking therapy; inpatient or community care. But the Government's recent move towards inclusion and patient choice have led to a shift towards catering for all the needs of the individual. Services are broadening their scope to improve people's lives, from helping them to live in their homes, to supporting them in finding fulfilling training and employment.

The Sainsbury Centre for Mental Health has been at the cutting edge of these initiatives. We intend to broaden our focus to cover the

often forgotten needs of people on the furthest reaches of society, particularly those in contact with the criminal justice system including young people and those in prison. Almost three quarters of UK prisoners have two or more mental health problems. Our work in 2005 will seek to bring this issue onto the mainstream agenda.

Sometimes the people who are least well catered for by mental health services are not those who suffer from the most severe mental health problems, but simply those who fall through the net of services and never receive the type of care they need. We are piloting a new programme of 'intermediate' care, run in conjunction with primary care. Intermediate care teams work with people who need greater support than a GP would normally provide, but who do not have severe enough problems to be referred to a specialist service. This may be the solution to filling the gap between primary care and specialist teams, and ensuring that every person with mental health problems is catered for by services.

The next year is an opportunity for mental health services to put into action the ideas that have emerged in 2004 around tackling exclusion and promoting mental well being. We are privileged to be joined in April by mentality, Britain's only dedicated mental health promotion team. The mentality team, led by Elizabeth Gale, will continue to work with clients across the UK to support mental health promotion activity and form a core part of the Sainsbury Centre for Mental Health.

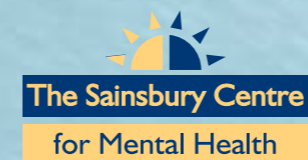
Accounts

Accounts for the year ending 5 April 2004

The financial information on this page is an extract from our full audited accounts for the period ending 5th April 2004. The full accounts which were signed by the Trustees on 28th July 2004, have received an unqualified audit report from the auditors Horwath Clark Whitehill and have been filed with the Charity Commission. A copy of the full accounts can be obtained on application to the Sainsbury Centre for Mental Health finance department.

Horwath Clark Whitehill 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.

	£000s 2004	£000s 2003 <i>As restated</i>
Money in		
Grants received:		
The Gatsby Charitable Foundation	2,425	2,291
Fees, publications and other income	1,883	2,056
Interest received	22	28
Total	4,330	4,375
Money out		
Research, practice development and dissemination	3,680	3,342
Grants payable	13	58
Support costs	364	424
Administration fees	394	361
Irrecoverable VAT	93	135
Total	4,544	4,320
Balance sheet		
Fixed assets	349	451
Long term debtors	-	188
Net current liabilities	445	369
Total assets less current liabilities	794	1,008
Financed by		
Unrestricted funds	794	1,008



Trustees
Christopher Stone (Chair)
Judith Portrait
Michael Green

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The Sainsbury Centre for Mental Health (SCMH) is a charity that works to improve the quality of life for people with severe mental health problems. It carries out research, development and training work to influence policy and practice in health and social care.

SCMH was founded in 1985 by the Gatsby Charitable Foundation, one of the Sainsbury Family Charitable Trusts, from which it receives core funding. SCMH is affiliated to the Institute of Psychiatry at King's College, London.

The statistics in this Annual Review are sourced from SCMH research reports, from the Social Exclusion Unit Report *Mental Health and Social Exclusion* (2004), from Rethink's *No Change* report (2000) and from the Department of Health website. Please contact our Publications Department on 020 7827 8351 if you would like to know more details on the sourcing of these statistics.

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