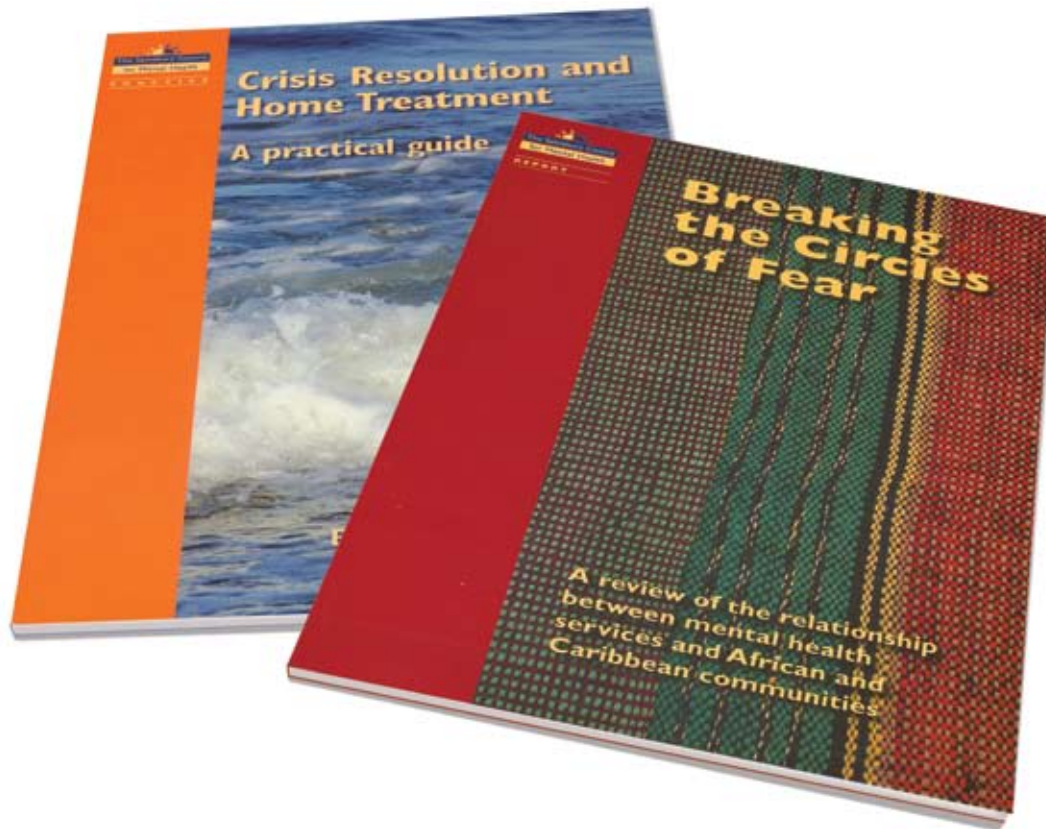


Removing Barriers. Achieving Change.



Annual Review 2006

The Sainsbury Centre for Mental Health



“The Sainsbury Centre for Mental Health has over the past 20 years become the leading provider of research and training in mental health. To say the charity is widely respected would be a huge understatement.”

David Brindle, *The Guardian*, March 2006

“It gives me an opportunity to pay tribute to the work of the Sainsbury Centre for Mental Health. Our current policy owes much to the vision, knowledge and persistent determination of that centre to demonstrate what really works.”

Baroness Murphy, House of Lords, June 2006



Angela Greatley, Chief Executive of the Sainsbury Centre for Mental Health, introduces our new work programmes...

Since it was founded in 1985, the Sainsbury Centre for Mental Health (SCMH) has played a significant role in the development of mental health services across the UK. In 2006 we took the decision to focus our work on two much-neglected areas: the mental health of those in contact with the criminal justice system and mental health and work.

The mental health of prisoners needs urgent and radical action.

We believe that the mental health of prisoners needs urgent and radical action. There is now a mass of clear

evidence that prisoners are getting inadequate mental health care. Despite recent advances in the creation of inreach teams, there are unacceptable gaps in care, especially for those with depression and anxiety.

People who have mental health problems are at double the risk of losing their jobs than those who do not.

Our other priority is employment and mental health. People who have mental health problems are at double the risk of losing their jobs than those who do not. We are working with employers to see how they can support employees with mental health problems and develop mentally healthy workplaces for all of their staff.

We continue to have an interest in mental health policy as a whole. For much of 2006 we awaited the publication of the Mental Health Bill, working as part of the Mental Health Alliance to achieve the best possible outcome for the people who have to live with the legislation.

Talking therapies such as cognitive behavioural therapy (CBT) can play a role in helping people to remain in work.

One of the most important issues in the policy arena is the drive to make psychological therapies available to everyone who can benefit from them. We believe that there is a strong case for this and are working with other leading charities to bring this onto the national agenda.

In this annual review we take the opportunity to look at our new work programmes but also to celebrate some of the work completed in 2006 that marks the conclusion of much from our earlier programmes. None of this could have been done without the loyalty and dedication of all the people who have worked with us over the years.

Mental health in the workplace



Right to Work: Mental Health and Employment. Angela Greatley speaks at the Health Hotel at the 2006 party conferences.

A major part of our work now focuses on the employment of people with mental health problems. It is estimated that one in four UK workers will suffer a mental health problem in their working lives. Yet many find it difficult to remain in employment and face isolation and discrimination in their workplaces.

Our aim is to help employers to support staff with mental health problems and to create a healthy working environment for all of their employees.

Staying in work

During 2006 we helped BT to develop a 16-week programme for their intranet to promote good mental health and provide staff with practical guidance on how to self-manage their mental health at work and at home.

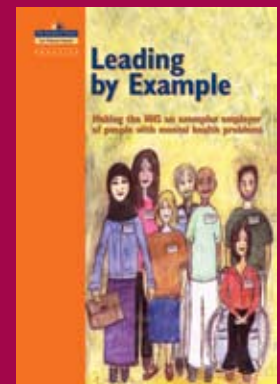
In partnership with the Employer's Forum on Disability we are creating a learning network for the corporate sector on the management of mental health in the workplace. Initial sign up has included household names such as M&S, Barclays, Royal Mail, BUPA and HSBC. We have also carried out a major evidence review for the British Occupational Health Research Foundation on *Workplace interventions for people with common mental health problems*.

“Only 24% of adults with long-term mental health problems are in work”

Leading by Example

The Government's *Choosing Health* White Paper gives a commitment to make the NHS an exemplar employer for people with mental health problems. Our publication *Leading by Example*, produced in association with the Disability Rights

Commission, shows how NHS trusts can support people with mental health problems to get and keep jobs at all levels. It shows how the NHS can support the mental wellbeing of its entire staff, reducing avoidable sickness absence and preventing staff who become unwell from having to leave the workforce.



Returning to work

Three-quarters of working age people with severe mental health conditions are out of employment. Most can and would like to work. There are currently an estimated one million people living on incapacity benefits solely or partly due to mental health problems. Our aim is to encourage employers to see the employment potential of people with long-term mental ill health.

“Becoming an exemplar employer is not an easy process. It takes grit, determination and perseverance... But it can be done, step-by-step, and makes a huge difference to people’s lives.”

Patience Seebohm, co-author of *Leading by Example*

In 2006 we collaborated with Anglia Ruskin, Durham and City Universities on the largest study of employment support for people with mental health problems that has ever been undertaken in the UK. The ‘SESAMI’ study

“One million people with mental health problems are living on incapacity benefits”

on social inclusion through employment support looked at the different approaches to providing support and how successful they were in helping people to find work.

New projects

People with mental health problems are at double the risk of losing their jobs than those without.

“One in four UK workers will have a mental health problem in their working lives”

In 2007 SCMH will be working with primary care practices to see how job retention schemes can help people to stay in employment when they become unwell.

“We need employers to do more to help employees who experience mental health problems to get back in the workplace. It is in their own interests as well as those of their employees and society as a whole.”

Lord Hunt of King’s Heath

We will also be undertaking a major programme on employment and day service commissioning to develop practical guidance for primary care trusts and social service departments.

Mental health in prisons



Sean Duggan joins SCMh in 2007 as Director of Criminal Justice

In 2006 we launched a major new work programme to improve mental health in Britain's prisons. Over 90% of people in prison have some form of mental health problem yet most receive inadequate care. The NHS has now taken on responsibility for providing care in prisons but it faces major challenges due to overcrowding and a lack of skilled staff.

At the end of March 2006, we released our first publication on prison mental health care in London's eight prisons. Our study found that while the recently formed mental health inreach teams are beginning to offer a service to prisoners with severe mental health problems, their ability to provide an equivalent service to that which is offered in the community is very limited. Many of the teams are overwhelmed by demand, their staff have limited competencies and the rapid turnover of prisoners gives teams little scope to do more than assess people's needs.

Prisoners with common mental health problems were also found to receive very little care at all because prison primary care services lack the expertise to treat their

frequently complex needs. We have started work with Wakefield Prison to see how this neglected group can be supported through the application of our intermediate care model pioneered in primary care practices.

"Over 90% of people in prison have some form of mental health problem"

To help primary care trusts to better understand mental health care in prisons we are undertaking a major review of five prisons in the West Midlands. This will explore the experiences of prisoners, practitioners and other stakeholders.



"Going into prison is devastating but leaving prison is even worse..."

Ex-prisoner

A radical new approach

This year's SCMH Lecture was delivered by former Brixton prison governor John Podmore. He called for a radical new approach to the provision of mental health care. Offenders with severe mental health problems should be diverted to more appropriate alternatives and there should be better support for prisoners with a 'dual diagnosis' of substance use and mental ill health. Prisoners with common mental health problems such as depression and anxiety also need better care, he said.

The event was chaired by Lord Ramsbotham and brought together more than 50 leading decision-makers from health, criminal justice and the wider social policy field.

"Mental ill health can never be eradicated from our prisons. We need creative and imaginative new solutions involving not just the NHS and prison service but voluntary bodies and social enterprises. Primary care trusts must make prison mental health care a commissioning priority."

John Podmore

Life on the inside

Service user involvement is a requirement within the NHS but this has yet to be translated into a prison setting. We have been commissioned by the Prison Health Research Network to investigate service user involvement in prison health research. This will identify ways in which service users in prison can get involved in research and look at how barriers to their meaningful participation can be removed.

"Young people are 18 times more likely to commit suicide in prison than in the community"

During 2007 we will start work on a major project with the Youth Justice Board to improve services for young offenders with mental health needs.

Life on the outside

Many prisoners with severe mental health problems receive no treatment or after-care once they are released. They also experience problems in finding accommodation and employment. It is important that there are continuing care packages in place to provide for their mental health and social care needs.

"50% of prisoners are not registered with a GP on release from prison"

In 2007 SCMH will launch a new research programme to explore the experiences of ex-prisoners with severe mental health problems and examine how they can be supported more effectively.

Looking back...



Members of the UFM Network who are taking forward SCM^H's work in user-focused monitoring

In the twenty years since SCM^H was launched, we have had a significant influence on the development of mental health policy and practice. On these pages we take the opportunity to reflect on some of our work prior to our recent change of emphasis.

Community teams

We led the way in pioneering the development of community care from our early work on the closure of long-stay hospitals to the development of community mental health teams. Our work in the late 1990s heralded the development of assertive outreach for people with severe mental health problems who were not in regular contact with services and crisis resolution to support people in their own homes during periods of acute illness.



A Guide to Crisis Resolution and Home Treatment

These models were subsequently adopted into Government policy which set targets for the introduction of teams around the country. We

have since helped to develop and train over 100 crisis resolution teams. This work culminated in the 2006 publication of a guide to crisis resolution and home treatment which shows how teams can work to reduce admissions to acute inpatient care and support early discharge from hospital.

Users in the community

Over the past ten years we have championed the role of service users in leading evaluations of mental health services. Our user-focused monitoring (UFM) programme showed how their unique perspective produces research that breaks boundaries and gives service providers new insight into the impact they have on people's lives. Many services around the country have now adopted this approach and our work culminated in 2006 with the publication of a practical guide to managing UFM projects.

Workforce development

We have significantly influenced the development of the mental health workforce through training thousands of staff in new ways

of working in acute care, assertive outreach, dual diagnosis and values-based practice. Our models of the Capable Practitioner and the Ten Essential Shared Capabilities, which identify the key skills for all mental health staff, are used universally by workforce planners.

Inequalities in mental health care



Breaking the Circles of Fear

Our *Breaking the Circles of Fear* report, launched in 2002, highlighted the inequalities in the care that people from Black African and Caribbean communities receive from mental health services. This report, and the development project that followed, had a major influence on

the Government's Delivering Race Equality strategy and produced valuable learning about local, community-based approaches to the issue. In 2007 we will publish a major report on race equality training in mental health services.

Primary care

From the development of the primary care standards of the *National Service Framework for Mental Health* to the new contract for GPs and the National Institute for Health and Clinical Excellence's Guidelines on Anxiety Disorders, our work has had a major influence.

We have highlighted the importance of physical health care for those with mental health problems and distributed over 10,000 copies of our unique primary care guide to caring for people with severe mental illness.

Our innovative work in intermediate care showed how primary care practices can provide ongoing support for people with mental health problems by collaborating with other agencies to give practical help with many aspects of daily living.

"No one can live without hope. That's what being involved with UFM has helped to get back. Hope that something good can come from all the pain and loss, and hope that my ability to do any serious and valuable work is not over for the rest of my life."

Service user

Accounts for the year ending 5 April 2006

Money in	£000s 2005-6	£000s 2004-5 (restated)
Grants received:		
The Gatsby Charitable Foundation	4,005	2,910
Fees, publications and other income	1,890	1,721
Interest received	34	26
Total	5,929	4,657

Money out

Research, practice development and dissemination	3,471	3,800
Support costs	254	319
Administration & Governance costs	1,072	379
Irrecoverable VAT	59	185
Exceptional item – reorganisation costs	1,060	0
Total	5,916	4,683

Balance sheet

Fixed assets	238	294
Net current assets	544	474
Total assets less current liabilities	782	768

Financed by

Unrestricted funds	782	768
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The financial information on this page is an extract from our full audited accounts for the period ending 5th April 2006. The full accounts which were signed by the Trustees on 27th July 2006, have received an unqualified audit report from the auditors Horwath Clark Whitehill and have been filed with the Charity Commission.

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

Our Trustees

Chris Foy, Chair
Judith Portrait

Our Advisers

Baroness Neuberger DBE
Lord Ramsbotham

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We Need to Talk



“I feel that receiving therapy has helped me immensely.”

Talking therapies such as cognitive behavioural therapy (CBT) can play a role in helping people to remain in work. *We Need to Talk*, a report produced in collaboration with the Mental Health Foundation, Mind, Rethink and Young Minds, argues that evidence-based talking therapies are as important for the nation's health as any cancer drug or surgical procedure. It calls for these therapies to be made widely available for people with depression, anxiety and schizophrenia in line with recommendations from the National Institute for Health and Clinical Excellence.

We are continuing to work with our voluntary sector partners to promote the issue nationally and are supporting the Department of Health's Improving Access to Psychological Therapies (IAPT) programme.

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



The Sainsbury Centre

for Mental Health

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