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There seems to be a great deal of change at the moment in mental health services. This coupled with the coalition government's spending review, especially with regard to the benefits system is in my experience causing people who currently use services and are reliant on benefits a great deal of anxiety, to say the least.

For those of us who have been "in the system", so to speak, long term i.e. 5 years or more and who are diagnosed with what are termed as "enduring" mental illnesses, these changes are particularly scary.

Based on my personal experience and the many accounts I have heard and witnessed of other people who live with such illnesses, it is my firm belief that for many years, people who use mental health services have been fostered by the system and many of those who work within it into a state of dependency on both care services and state financial benefits. At the crux of this, it seems to me that despite all the rhetoric about the importance of taking into account of the self determination of the person using services, this ethos is often lost in the actual delivery of services.

It seems simple to me, that the relationship between the people who use services and those who work within them are inter-dependent. In other words if there were no services, people who use them would be to put it mildly, far worse off. By the same token, if there were no so called "service users", then there would be no need for workers would there, and where would that leave those people?

It seems to me that the acid test of all service delivery within the whole welfare system depends on the front line workers ability to understand the depth of their power, within that relationship they share with the person in receipt of their service. Mostly, I have been left with a feeling of well-being as a consequence of such contact. However, there have been many occasions when I have felt much worse. This is not because I haven't been offered the services I thought I needed, or indeed, because I haven't been awarded a financial benefit, it is because of the attitude presented by the person who is paid to help me in my recovery. So it seems a little ironic that I have been left feeling much worse by such contact, does it not?

From my own personal experience, I would like to share here two examples of such attitudes. I have chosen these two because they fall in with government policy for change at this time. They highlight how such policy is affected by not just practical application of a service but by the attitude of the people who deliver it.

The first falls in with the new stepped care approach to services, when 18 months ago I decided I wanted to move on from supported living (classed as a secondary health service), to independent living in the wider community (classed as primary services). First of all, I needed to go through "an assessment of need". The outcome of which determines the level of need that I presented at that particular time. For me, this fell into primary services, this meant that I would be "discharged" (what a term!) from the service of a Care Coordinator and my consultant, and have the option to move into independent living. So on balance, it was the result I wanted, and moreover needed.

The first obstacle was that I could not find suitable accommodation in the town I was living in. But eventually, I did find a lovely little bed-sit in a neighbouring town 6 miles away.

Deciding to move there created a mountain to climb in terms of care service delivery. As in moving, I had change boroughs at a time when the workforce within services was coming to grips with the transfer of all services into the stepped care approach. To complicate things further, the care support service I was using was based in the other borough and their contract with the commissioning directorate did not allow for someone moving boroughs.

It may be me, but moving a mere six miles doesn't seem unusual for people in general to do these days, but for me, in terms of services, I may as well have emigrated to China!

I was able to get my head round this to a large extent and was appreciative of the existing support services offered to stay the same for a few weeks, and offer one support visit each week. This all seemed ok until two weeks after I had moved, when the support worker didn't arrive as planned. I contacted the service, primarily out of concern, as the worker would have been driving. It was a surprise when the worker concerned answered the phone and informed me that I hadn't turned up for my support! Although the week before I had received support in my new home, that apparently was not her understanding and I should have gone back to my old address for support.

Now the logistics of this in business terms are easy to understand but her attitude was unacceptable and although the service took this on board to a degree, they decided they could no longer offer their support. Without a doubt, this contact left me with a distinct feeling of ill-being.

There I was, in a new home, a new town, facing independence alone. I had to see a new GP, had appointments at benefit offices etc. and I hadn't been on such appointments alone for five years. I was struck by fear and the only consolation in my mind was a piece of paper entitled "Crisis Care Plan". How I got through that night without ringing them, because I was indeed in crisis, remains unknown to me.

The day after I rang the CMHT (Community Mental Health Team) Manager for my former area who I had met at a meeting through my voluntary LPB (Lancashire Mental Health and Social Care Partnership Board) work, and she came up trumps. I was allocated an excellent STR (Support, Time and Recovery) worker from her team to support me, to build up the community networks I needed. However, it would be twelve months after this workers withdrawal, when I was offered talk therapy from the Primary Care Team within the stepped care services approach system. For me this is the service that I needed, and the support I have received from this person in my recovery is one I will cherish throughout my life.

Apart from this service, I have no others within the care structure, and this one is planned to end shortly. For me, this means that I can function day to day soon independently, from a person perspective.

From a financial perspective I am still reliant on the state, and this is something I am also working on, and this brings me to my second example. I want to work to be independent, so the coalition spending review and their promise to make work, work for people like me, seems to fit in with my plans, does it not?

Well I secured myself a little part time job at a local football club as a match day steward. I went to Jobcentre Plus with my closest friend and informed them of my work. The adviser I saw was another excellent worker, who gave me sound advice about; a stepped approach back to work, how this would affect my benefits, and gave me a key contact to support me in all of this.

Their contact was again excellent. A worker from an agency supported by Jobcentre Plus, for people like me, who want and most importantly need to test their capability to go back to work or into the job market for the first time. From this service I have received help; to formulate CV's, attending interviews skills, training etc.

This worker thought it would be best if I used the benefits of the "permitted" working arrangements to assist in this process. This means that benefits in theory are protected for 52 weeks, in terms of Incapacity Benefit to the sum of up to £95, as long as you work no more than 16 hours per week. I needed to check this out on an individual basis with the people from Incapacity, and again the person was warm in attitude and she offered me good, sound advice.

The stumbling block came from the attitude of the worker attached to the Income Support Service. For those readers not aware, football league teams play 19 home games a season, stewards earn £29 for each match; a season lasts 8 months of the year. The rule for income support where permitted work applies is that all earnings over £20 each week are deducted from this benefit. However my earnings average out at £10.63 each week across one year. I was coldly informed by the worker on the phone that the system does not take into consideration averages, so:-

“Every week you steward, £9 will be deducted from your income support, and you need to bear in mind that we can ask for your payslips at anytime, and you must supply them as originals to us or you will lose your total benefit”.

By the time the conversation ended I felt like I had been in the sketch of the TV programme ‘Little Britain’. You know the one where the holiday rep says “the computer says no!”

This person’s attitude left me feeling that the whole idea of working was a waste of time. Ok, rules are rules, but a kind word with the news, couched with soft tones and a bit of sympathy would have been much appreciated.

Furthermore, on checking this out with a social friend who works in a more senior position, this initial information was incorrect, and the system does indeed work out averages. I won’t be able to earn over £20 week, or over 16 hours without such work affecting my current benefits but I will gain confidence, a good work reference and some occupation which will help when I look for more working hours in the near future.

The reference to ‘Little Britain’ is from my understanding a very good analogy to make when discussing the so called “Welfare State”. The care industry in Britain forms the largest workforce in Europe. Many workers within the service provide very good value for money and understand the nature of their game i.e. first and foremost the recovery of the people who have no choice other than to use the services they provide.

This workforce is at a time of change and will no doubt take the brunt of budget cuts under the spending review. I understand their worries. When one considers this, the needs and fears of both workers and people in receipt of services have never been closer, so it makes sense to me that we find a way of riding this particular storm together – what’s the alternative?

On balance I am appreciative of the support I have had so far from paid workers and my nearest and dearest. But mostly I am grateful for who I am, that I won’t allow myself to fall again, but if I do, what I will need is workers who haven’t forgotten the mutual dependency of the nature of our relationship. It’s this skill and level of understanding that has taken me to where I am today.

So to those workers charged with the decision of acute service planning reviews, it may be wise for them to remember that no matter what state a building is in, the “fit for purpose” element that means the most to people who are mentally acutely ill, is the innate human skill of the chosen workforce.

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