



rethink

**you care,
you count**

a carer's guide to getting support

You Care, You Count: a carer's guide to getting support

Do you provide care and support for someone with a mental illness, such as schizophrenia, bipolar depression or personality disorder? Whether you care for a partner, relative or friend with a mental illness, this guide is for you.

We will tell you about your rights, what has been promised for carers nationally and how you can make it happen in your local area.

We will also tell you what you can do if you or the person you care for is experiencing problems with health or social care services and what good practice exists across the country.

Rethink can provide you with more information, such as our factsheets and the book, *Caring and Coping*.

Why are carers important?

If you provide support for someone with mental illness, you are likely to know more about their health and their needs than anyone else. You are also likely to have a relatively close relationship with them, even if you don't live with them, so their health issues are likely to have an effect on you and your relationship.

Carers play a vital role in the recovery of the people they care for, and should therefore be involved in their treatment and care plans.



Throughout this booklet there are boxes which point you to more information. These might be factsheets, leaflets and websites. All publications are available to order from www.mentalhealthshop.org or by calling 0845 456 0455.



The Government's strategy for carers

'Carers at the heart of 21st century families and communities' is a strategy published by the Department of Health in June 2008. This strategy recognises the increasingly important role that carers play in our society and states that carers need more support than has been available in the past.

This document sets out commitments the Government has made to addressing issues, some immediately, and some longer term.

These include:

- Extra funding (£50m for 09/10 and £100m for 10/11) for primary care trusts (PCTs) to spend on **breaks for carers**. PCTs are now required to consult local carers about how to spend this money so look out for consultation events to attend to make sure mental health carers aren't forgotten

- ‘Carers Direct’, an information service which provides advice and support for anyone providing care went live in January 2009 and can be accessed through the NHS Choices information service.

The Carers Helpline will be available from April 2009 and reach full capacity by July 2009.

- Pilots will help to identify and develop quality, cost-effective breaks for carers. Annual health checks for carers will be piloted in a number of primary care trust (PCT) areas so that any problems the carer has can be dealt with early.
- The ‘Caring with Confidence Programme’ will provide training to carers about carers’ rights, the services available to them and how to access them, and

networking with other carers for mutual support. This programme began in August 2008 and will be available face-to-face or through distance learning.

- Longer term, the strategy has committed to strengthening the requirements for health and other professionals to share information with carers, and involve them appropriately. The Government also recognises that financial support for carers is inadequate, and have committed to a review of Carers’ Allowance.

Involvement of carers will be essential to implement this Strategy at a local level, so do contact your primary care trust and local authority to find out what they are doing to improve support for mental health carers now that the Carers’ Strategy has been published.

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What you can do: contact your local authority and find out how they are implementing the Carers’ Strategy.

What will be provided for the person you care for?

Care for mental health can be provided by primary or secondary care services. Primary care refers to the care you can access at your GP surgery or local hospital and can also include advice and sometimes counselling. These are provided by the primary care trust.

For more severe mental health problems, someone will be referred to a psychiatrist or specialist mental health services. This is called **secondary care**, provided by mental health trusts, and could include crisis centres, day hospitals, psychiatric inpatient units, home visits and regular support from community teams of mental health practitioners and day or drop-in centres.

The GP will refer the person you care for to a **psychiatrist** if they think a specialist needs to make a diagnosis and arrange treatment. Psychiatrists are qualified medical doctors who have specialised and taken further training in mental illnesses and how to diagnose and treat them.

People under psychiatric care usually have more contact with the consultant psychiatrist’s assistant, the registrar.

If you have difficulty obtaining information from a psychiatrist, or any other health practitioners, please see the section on **Confidentiality and Information Sharing** page 12.

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See the Rethink factsheets on **Dealing with Unusual Thoughts and Behaviour** and **Rights to NHS Treatment**.

Co-ordinated care

The way a person's care is co-ordinated will depend on which service is providing the mental health care. GPs usually lead co-ordination of care for people being supported in primary care. For people being supported in secondary care, many people will have care co-ordinated through the Care Programme Approach (CPA).

CPA refers to a process where practitioners from health and social care look at a person's broad range of needs and develop a Care Plan about how to provide for them. An assessment of needs is used as a basis for care plans.

CPA can involve a psychiatrist, Community Psychiatric Nurse (CPN), social worker or occupational therapist, one of whom will be the Care Coordinator responsible for overseeing the Care Programme Approach. The person on this team who has overall responsibility for the person's care and treatment may be the consultant psychiatrist but this will not always be the case.

CPA used to be available to more people, at either 'standard' or 'enhanced' level. As of October 2008, people who would have had standard level CPA are unlikely to be supported through CPA, but someone will be named as their lead professional.

The Care Programme Approach will only be used for people who meet certain criteria, including having a severe and complex mental health condition as well as other factors about risk and vulnerability.



See the Rethink factsheet on **The New CPA**.

Questions you can ask the mental health professional:

- What is the diagnosis or possible diagnosis?
- What is the plan for treatment and support?
- What medication is being prescribed and how is it taken?
- Would talking therapies such as Cognitive Behaviour Therapy be useful and are they available?
- How can I speak to you on my own and share information with you in confidence?
- Have you discussed what information they would like to share with me, and recorded their views in their notes?
- What are the potential short and long term side effects of the medication, and how should they be managed?
- What do I need to do to help with care and treatment?
- What do I do if I think they are getting ill?

Questions you can ask the care co-ordinator or lead professional:

- What is your role?
- How will you ensure that care addresses all the needs of the person I care for?
- How will I be involved in care planning?
- How do I arrange to have the carer's assessment I am entitled to?
- Who should I contact for help as a carer?
- If they are in hospital and are given leave or are discharged, how will I be consulted – and how will you ensure I am available to help?
- If I am not able to provide care after discharge from hospital, how will that be identified and what will happen?



See the Rethink factsheets on: **schizophrenia, schizoaffective disorder, bipolar disorder, depression, anxiety, personality disorder, antipsychotics, antidepressants and mood stabilisers.**

See the Rethink publication: **Only the Best** (information about antipsychotic and mood stabiliser medication).

What are my rights when the person I care for is detained for compulsory treatment?

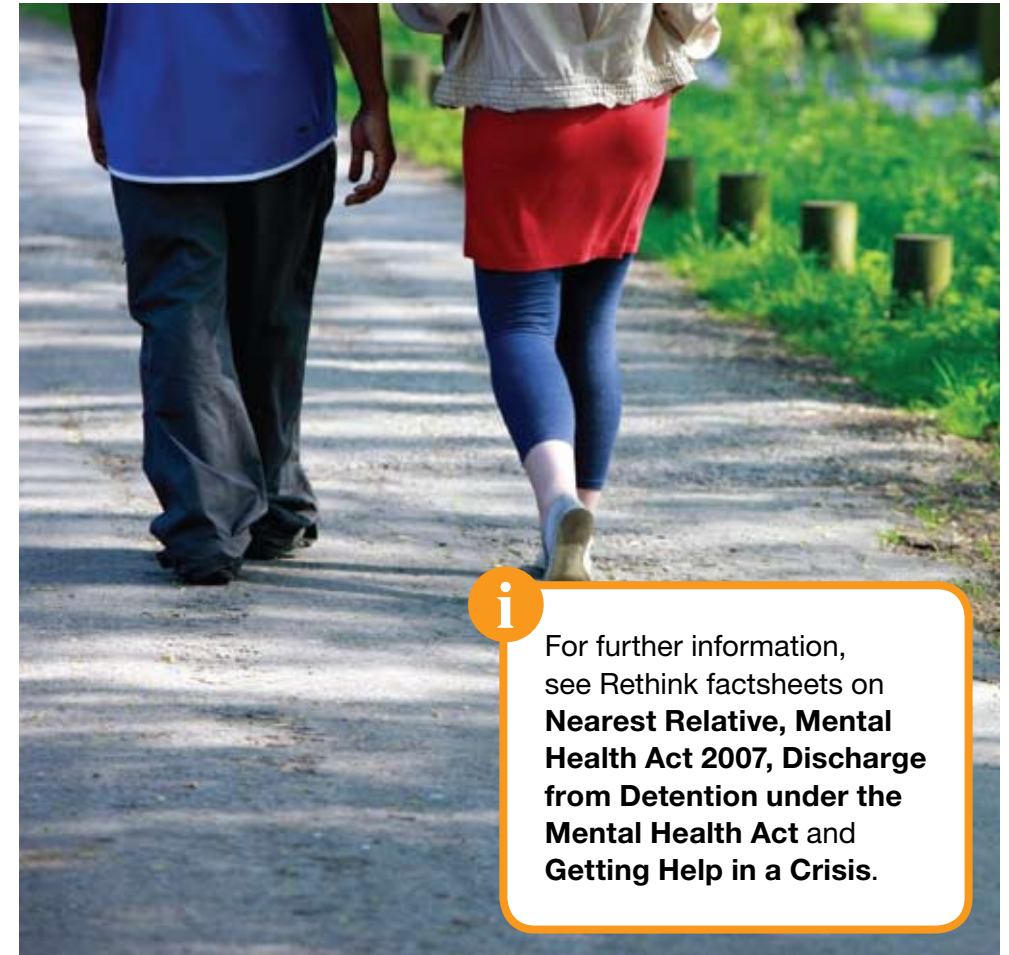
If a person is very unwell, and at risk of harm to themselves or others, they may be detained for compulsory treatment in a psychiatric unit. This is often referred to as being 'sectioned' because this detention can be arranged under different 'sections' of the Mental Health Act (1983).

The Mental Health Act gives certain rights to the person being detained, and also to someone called the Nearest Relative (NR). The Nearest Relative is not necessarily the person providing the most support to the person. They are the relative closest to the top of a list set out in Section 26 of the Mental Health Act (1983).

The Nearest Relative has rights to:

- **Information** – the NR must be informed within a reasonable time if their relative is to be detained under section 2 (the 28 day section for assessment and treatment). The person being treated can refuse consent for any further information to be shared
- **Consultation** – the NR must be consulted before someone can be detained for treatment under section 3 (which can last up to 6 months)
- **Apply for admission** – the NR can apply to the hospital managers for the person to be detained under section 2 or 3, or in an emergency, if they believe them to be unwell
- **Discharge** – the NR can apply for discharge for someone under sections 2 or 3

- **Assessment** – the NR can require services to arrange an assessment of the person who is ill to see if admission to hospital is necessary
- **Delegate** – the NR can delegate their rights to someone else more suitable by providing a letter to the person they have chosen (the person must have agreed to do it) and to hospital managers
- In 2007, amendments were made to the Mental Health Act, including a new right for the patient to be able to 'displace' (remove) the named NR, if the court agrees that they are not an appropriate person



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For further information, see Rethink factsheets on **Nearest Relative, Mental Health Act 2007, Discharge from Detention under the Mental Health Act and Getting Help in a Crisis.**

How can I give and receive information about the health and care of the person I care for?

It is important that you are able to share information with health professionals. Rules about confidentiality between patient and doctor can be confusing and health professionals may claim they can't tell you anything at all, which is not correct. 1 in 4 carers of people with mental illness don't have enough information from health professionals.

One way to deal with this is to write a plan together about what information should be shared if illness occurs. See our example on page 12.

Confidentiality rules definitely do not apply to a health professional **listening** to you, and should not be given as a reason not to do so. You should be able to give information about the person you care for in confidence, so that your relationship with them is not affected.

Rethink and the Government's Department of Health carried out research with carers and mental health service users to find out how this issue of information sharing should be handled. As a result, they recommended that the health professional should:

- Discuss information sharing with the mental health service user and carer together, if appropriate
- Explore possibilities that are acceptable to the mental health service user
- Help the person being treated to identify some aspects of their information they feel comfortable sharing



- Assess the risks of not sharing to the person being treated and other people and discuss with them, and explain why confidentiality might have to be breached in some situations
- If information can't be shared with the carer, give a proper explanation of this and signpost the carer to alternative support
- The plan for information sharing with a carer should ideally be included when you have an assessment of your own needs. See the section about **Carer's Assessment** page 14
- Review consent at regular intervals with the mental health service user
- If you're having problems with professionals not sharing information, try taking a copy of this official research to show them

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See the Rethink factsheet on **Confidentiality** and the briefing paper **Carers and Confidentiality (Department of Health)**.

Confidentiality and information sharing with carers: Consent Form

I _____ (full name)

Give consent for _____
(Name of GP, psychiatrist, social worker, CPN, ward manager, social worker etc.)

To share information with _____
(Full name)

They are my _____
(Relationship to you e.g. mother)

Their address _____

Their telephone number _____

About the following aspects of my care and treatment:

- | | | |
|---|--|--------------------------|
| 1 | My diagnosis and symptoms | <input type="checkbox"/> |
| 2 | My medication (dose and how it is taken) | <input type="checkbox"/> |
| 3 | Side effects of my medication | <input type="checkbox"/> |
| 4 | Other treatment I am having | <input type="checkbox"/> |
| 5 | My care plan | <input type="checkbox"/> |
| 6 | Care planning meetings | <input type="checkbox"/> |
| 7 | Discharge/ leave from hospital | <input type="checkbox"/> |
| 8 | Future appointments | <input type="checkbox"/> |
| 9 | Other _____ | <input type="checkbox"/> |

This consent is valid until _____ (review date)

Signed _____ **Date** _____

What support am I entitled to?

1. An assessment of support needs as a carer

As a carer over 16 supporting someone over 18, you are legally entitled to an annual assessment of your own support needs. This isn't an assessment of your ability to provide care – it's about what could be provided to you to help you with your caring role. Carer's assessment was first brought in by the Carers (Recognition and Services) Act 1995.

You have a right to this assessment if you provide 'substantial and regular care'. There is no definition of this but the risk to the person you care for if you are not supported is taken into account. You don't have to be living with the person you care for. This entitlement is provided by the carers and Disabled Children Act (2000). Carers have a right to be supported by someone else, such as an advocate, during that assessment, if they need it.

The Carers (Equal Opportunities) Act 2004 places a duty on councils to inform carers of their right to an assessment of their needs. In addition, carers can also, at any time, also request the local

authority to make an assessment or re-assessment of the person they care for and themselves. This Act also requires councils to include carers' interests outside their caring role in the assessment.

Councils have to include carers' interests outside their caring role in the assessment, according to the carers (Equal Opportunities) Act 2004.

The National Service Framework for Mental Health, which must have been implemented by the end of 2009, also includes a 'standard' for carers (Standard 6). This says that local authorities should provide an assessment of carers' needs and give the carer a written care plan.



How do I get a Carer's Assessment?

If the person you care for has a Care Co-ordinator, you can ask them for an assessment. Otherwise, you can contact your local council social services to request an assessment.

The Care Co-ordinator or council should also offer support in completing the assessment form, and thinking about what you need help with. There is variation between local authorities regarding how much support they have in place for carers.

The main problem with carer's assessment, is that once needs have been identified, you are not necessarily eligible for services, or the right services might not be available. Money in place of services is currently available in the form of 'direct payments', so that you can choose the best support for you.

However, by 2011, local authorities are required to provide 'individual budgets' to people assessed as eligible for support, depending on their needs, to spend on whatever they think best to meet those needs. These budgets will be drawn from a wider range of relevant funding, and will hopefully provide more choice for carers.

The Carers (Recognition and Services) Act 1995 requires the local authority to have regard to the result of the Carers Assessment when making decisions about services to be provided to the person with mental health problems.



See the Rethink factsheets on **Carer's Assessment** and **Direct Payments**.

2. Financial support

Carers who meet certain criteria are also eligible for a 'carers allowance'. This is about £53 a week. To qualify, you need to be providing more than 35 hours care per week and the person you care for must be receiving a certain level of Disability Living Allowance at middle or higher rate for personal care, or Attendance Allowance.

If you are receiving a state retirement pension, you cannot also receive Carers' Allowance, but you may be eligible for Pension Credit, Housing Benefit or Council Tax Benefit.

The person you care for may also be eligible for one or more benefits, such as Disability Living Allowance or Employment and Support Allowance (which has replaced Incapacity Benefit and Income Support for disability). If you think they may be eligible, but unable to manage their own benefit claims, please see the section called **Appointeeship** page 16.

3. Respite

You may be assessed as needing a break, otherwise known as 'respite'. Local authorities have been given extra funding, through the Carers' Strategy, to spend on breaks for carers. They are now required to consult local carers on how to spend this money, so do look out for opportunities to go and tell them what you need.

Respite breaks can be anything from providing replacement care for a day or two, to a holiday for you and the person you care for. There are even some specialist respite hotels, where the staff are trained to care for people with mental illness (such as Forrester's, a Rethink service in Hampshire).

Local authorities can make a charge for care services but it will be subject to a means tested financial assessment. Most services have a minimum charge (or no charge at all) and a maximum charge. There are also some Trusts and other organisations which you can apply to for respite funding.



See the Rethink factsheet on **Respite care**.

What if the person I care for isn't always able to manage their own affairs?

Someone with mental illness may sometimes lack the mental capacity to make decisions about important issues such as their healthcare or their finances. It can be difficult to know, in these situations, what they would have wanted.

It can be helpful for the person you care for to write down their preferences for treatment, or their preferences regarding their personal affairs, should they lose capacity in the future. This is called an Advance Statement or an Advance Directive. These are not legally binding, but the law (the Mental Capacity Act 1995) says that it is good practice to take them into account.

Appointeeship

If you think the person you care for is eligible for benefits, but would be unable to manage their claim, there is an arrangement called 'appointeeship'. This is not a legal power of attorney, but an arrangement with the Department of Work and Pensions.

You may be told that the person you care for has to give consent to be an 'appointee', which is not possible in some situations. The

The person you care for can also give you, or someone else, a Lasting Power of Attorney (LPA). This is a power that has to be registered with the Office of the Public Guardian, and enables you to make decisions on behalf of the person you care for, should they lose the ability to do so. There are two types of LPA – one for property and affairs (managing someone's money) and one for personal welfare (making health and welfare decisions).

i See the Rethink factsheet on **The Mental Capacity Act 1995** and **Advance Statements**.

Regulations actually say that an alternative arrangement can be made to ensure you are the appropriate person to be the 'appointee'. If you have any difficulty applying to be an 'appointee', please contact Rethink's National Information and Advice Service.

i See the Rethink factsheet on **Appointeeship**.

What happens if the person I care for commits a criminal offence?

If the person you care for is arrested by the police, they will be entitled to have an 'Appropriate Adult' present if the police custody officer thinks they are vulnerable. This includes someone who appears to have trouble communicating or understanding things.

The Appropriate Adult is there to make sure the detained person knows what is happening and why, and to make sure they are being treated fairly. The police may have a list of volunteers they use, but if they are told that you are the person's carer, you may be called to take this role.

As an Appropriate Adult, you can call for a police doctor (Forensic Physician or Forensic Medical Examiner) if you believe that the criminal behaviour was a result of the illness. This doctor can be brought in to assess whether the person is fit to be interviewed, and this is also the earliest point at which the person can be 'diverted' from the criminal justice system into hospital.

If you are not asked to be the Appropriate Adult, and the volunteer does not ask the police to call for a police doctor, the person is likely to be charged and will therefore have their case heard in court. A duty solicitor will be appointed, or the person is able to arrange their own solicitor. It is highly beneficial to have a solicitor with a special understanding of mental health.

They will know how to make sure the role of the mental illness in the criminal behaviour is not overlooked. For example, they should know that a psychiatric report can be requested to present during the case. This opportunity is often missed by solicitors who are not familiar with mental health issues.

i See Rethink's factsheet on **The Appropriate Adult**. For information or advice regarding criminal justice or mental health solicitors, contact **Rethink's National Information and Advice Service**. They are experienced in providing support on these issues.

What can I do if I have a problem with health services?

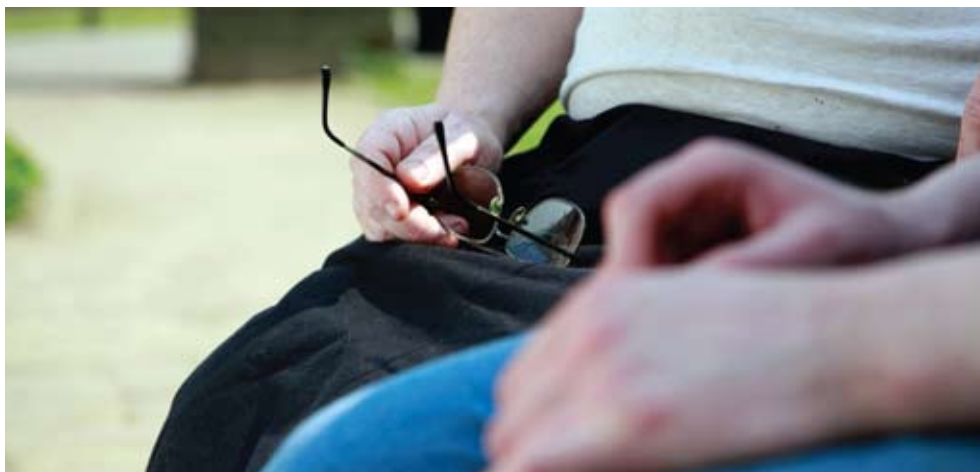
If you have any problems or concerns with NHS services, you could approach staff about the issue if you feel comfortable doing so, as they might be unaware of your concern. If this is not appropriate, you can make a complaint to the Trust, using their complaints procedure. You are usually required to have the consent of the person you care for, but if this is not possible, you need to explain why.

If you are not sure which Trust is providing the service, you can speak to the Patient Advice Liaison Service (PALS), which is run by the NHS but can provide information on how to complain. Rethink's National Information and Advice Service can

advise you on what you can do at any stage when you are making a complaint.

“The most effective way of changing things is via a formal complaint, pursued beyond the first stage if necessary, but this is very difficult and stressful. One of our carers complained again and again about misapplication of confidentiality rules. The Trust eventually set up awareness-raising sessions for staff run by a group of carers. This has been so successful that we’re about to extend it with sessions double the time and mandatory attendance by staff.”

Rethink carer group member



The initial complaint is usually made to a Complaints Manager at the relevant Trust, but you can also write to the Chief Executive of the Trust or to the Chair of the Board of Directors to bring their attention to the issue and ask them to address it. You could ask a local councillor or your MP to do so on your behalf as this could help give the issue weight.

Complaints used to go to a second stage of investigation by the Health Care Commission. However, from 1st April 2009, the Health Care Commission is being replaced by the Care Quality Commission (CQC), which will not be involved in investigating individual complaints. Trusts have to show that they have an effective complaints system in place before it can register with the CQC, which all health providers must do.

If making a complaint is not resolved satisfactorily by the Trust, you can write to the Health Ombudsman. It is important to note that complaints do not usually lead to financial compensation, and cannot recommend disciplinary action against health professionals.

“When my son was an inpatient and I was taking him home for the weekend, he was given the wrong medication several times. My complaint about this was formally dealt with by the Chief Executive, who eventually wrote a very satisfactory letter detailing not only her regret, but also the steps that were being taken to prevent a repetition, such as retraining for nurses, meetings with the chief pharmacist, review of ward rounds.

I was so heartened by this that I ventured another, much more contentious complaint about the behaviour of the consultant psychiatrist. I chose two episodes when he made offensive comments about me at ward rounds where there were several witnesses. When the CE simply expressed her regrets, I said that, like the medication errors, there should be an account of what would be done to prevent a repeat. She then described the supervision procedure for consultants and actions in the event of a reasonable complaint – as reassuring a response as I could expect without breach of staff confidentiality.”

Rethink member and carer

What can I do if I have a problem with services provided by the local council?

If there is a problem with services provided by the local council (social services), first use their complaints process. At the first stage of complaint, you can also write to the Director of Social Services to ask them to take up the issue. If you are not satisfied with the outcome of this complaint, you can then go to the Local Government Ombudsman, who will consider whether to investigate the issue.

You could tell your MP about your problem and ask them to take up your case for you by writing to the Director.

“One carer’s son left home some years ago, and was found living in a homeless centre in another borough. As well as having mental health problems, he is now also visually impaired. Talks with the home to move him nearer to his mother and in suitable accommodation didn’t get anywhere and after exhausting all direct avenues, his mother went to see her MP. On being informed of this, the home is in discussions again and is promising a speedy resolution.”

Member of staff from a carers’ service

The main difference between the health and social care complaint systems is that only the service user can complain about social services provided by the council. You cannot, therefore, lodge a complaint on their behalf.

However, from 2009, the Government plans to introduce a single system so that the way you complain about health and social care will be the same. This new system aims to be more flexible, with a greater emphasis on local resolution.



How do I complain about services provided by the NHS and local council?

What if there isn’t enough support for me or the person I care for?

Sometimes local provision simply isn’t good enough. There may be a lack of resources allocated to mental health or carer services or too little engagement with carers to find out what’s needed. It may be that Trusts or local councils don’t understand how important a particular issue is and need convincing.

The only way to bring about changes locally is to be heard, ideally joining up with other carers to show that an issue affects a lot of people. There is no denying that this can be hard – to have to fight for the things that should be in place. However, joining up with


others, being informed about your rights, and about what the NHS and local council are meant to be providing could bring about much needed improvements for you and others.

Rethink can offer support to people who are campaigning for change locally.

Our **Local Activist Toolkit** provides further information on the suggestions included in this pack. For a copy, please contact Rethink on 0845 4560455.



Or for more information contact Rethink campaigns on **0845 4560455** or email **campaigns@rethink.org**



“The mental health trust proposed to close one of the acute in-patient units in order to develop an effective crisis home intensive treatment service. However, local carers became anxious as they would lose an acute in-patient facility and if admission was required, whichever unit closed it would mean a 50 mile round trip in terms of visiting their loved ones.

As a result Rethink supported carers to meet with their MP and they also achieved a 1000 signature petition which has delayed the closure of the in-patient unit and has resulted in the Trust working more closely with carers, encouraging them to have more of a voice than previously.”

Member of staff at Rethink’s carer’s service

How do I campaign for local change?

Carer groups and forums

If you feel things should be different in your area, it is often a good idea to join an existing carer group or forum. These groups are often the first port of call for local decision makers when they need to consult carers, so this is a good way to make sure mental health carers’ issues are included.

These forums and groups might be arranged by an NHS Trust, local authorities or a voluntary sector organisation, like Rethink. Groups supported by a charity often rely on the commitment of volunteers to coordinate them. If there isn’t one in your area, you might consider whether this is a role you could take on.

Support from your MP

Your MP is there to represent the needs of people in their constituency. If you (and other carers) are aware of a lack of support or resources, it is a good idea to explain this to your MP and ask for them to take the issue up at either a local or national level.

The more people in an MP’s constituency that are affected by an issue, the more convinced they will be that they should engage with it, so joining together with other carers, or perhaps arranging a petition, can be effective.

“I think it’s very important to get into carers groups, first, even if they don’t seem very promising, because this is where the statutory services go to find carers for consultations. If you can find one that produces a newsletter this is better. We’ve just done some really good work around carers assessments where I live, because the primary care trust went to the carers panel for a focus group to determine how the money they’d set aside for this would be best spent.” Rethink member and carer

Influencing NHS services

LINKs

Local Involvement Networks (LINKs) have been set up across England to give patients and the public a greater say in local health and social care services. They have replaced Patient and Public Involvement Forums.

A LINK is made up of individuals and community groups who work together to improve local health and social care services. The job of a LINK is to find out what people like and dislike about local services and to work with the people who plan and run them to help make them better. This may involve talking directly to health and social care staff about a service that is not being offered, or suggesting ways that an existing service could be made better.

LINKs connect networks of groups of individuals and community groups, including charities, faith groups, residents' associations, youth councils, and business federations – basically anyone who has an interest in their local health or social care services. If you want to get involved, you could encourage your local carers group to join the network.



A LINK can also look into specific areas of concern to the community. They can make recommendations to the people who plan and run services, ask for information about services and carry out visits to see if services are working well. They can also refer issues to the local council Health Overview and Scrutiny Committee if it seems action is not being taken.

This committee is made up of elected councillors, and can call NHS services to account and ask them to attend meetings to explain how they are meeting local need.

Boards of Directors of Trusts

Directors are appointed to Trust Boards to govern the work of the Trust. They can be 'lobbied' on issues important to local people through letter writing campaigns or individual meetings with Board members.

If you are concerned about services provided by the primary care trust, you can ask for the Local Delivery Plan, which sets out targets and priorities for the next three years. You can refer to items in this plan when making your argument, which will help get Directors interested in what you have to say.

Strategic Health Authorities

You can also refer to the wider regional priorities set out by your Strategic Health Authority (there are eight in England). These authorities are ultimately responsible for primary care trusts and set out the areas they should be addressing, including priorities for mental health. If you ask the Strategic Health Authority for a copy of this plan, you can also use this to argue for better services.

Mental Health Commissioners

It is also worth finding out who the Commissioning Manager for mental health is at your primary care trust. They are the person responsible for securing mental health services for the people served by that Trust. They may not have a strong understanding of how effective some types of service can be.

You could try getting lots of people to write to them or invite them to a mental health carers' group to find out more. It is useful to show them any evidence for how effective a type of service or therapy can be, as they need to be confident that it is worth spending money on it.

You could show them which treatments and services are recommended by the National Institute for Health and Clinical Excellence for different mental health conditions, as this is based on strong evidence.

Go to www.nice.org.uk/guidance to read the guidelines. New guidelines for schizophrenia will come out in early 2009. You can read short summaries of the guidelines, you don't have to read all the pages.

Influencing your local council

Councillors and council staff

Local councils are responsible for providing social care and support services, such as housing support, day centres or employment services. They are run by elected councillors who represent the local community and make decisions about local services. Councils must take service user and carer views into account.

You can raise your issues with individual councillors, by writing to them or meeting with them (they have 'surgery' hours where you can drop in, or you can request a specific meeting).

Councils also employ paid staff, some of whom are responsible for particular areas, such as the Director of Social Services. You can also write to them, or ask councillors to speak to them on your behalf.

Meetings

Councils hold council meetings where members of the public can speak about specific issues, which could be a great opportunity to present on important issues. Councils also have Scrutiny Committee meetings, attended by councillors from all political parties, which hold the council to account. Sometimes local people can attend these Scrutiny Committees, but you can also ask councillors to ask questions for you.



Council plans and targets

Councils have to develop plans, and involve local people in doing so. You can get hold of the plans, which are updated every month, to find out what decisions the council is going to be making during upcoming months.

There are also plans which the Government agrees with local government and other local partner agencies, such as the NHS. This is called a Local Area Agreement, and it sets out the local priorities and targets for all aspects of the community, including health. There will be targets related to health, employment and other areas which could help you make your argument for better support.

Local council and NHS together

Primary care trusts work with local authorities to make an assessment of local health needs to ensure that the right services are provided. This is known as a **Joint Strategic Needs Assessment**. As part of the process primary care trusts are required to find out the views of the local community.

This might be through a written consultation, by talking to third sector organisations or by listening to Local Involvement Networks. This is a good opportunity for you to shape the local health and social services in your area.

How to set out a letter

It is important to keep a letter short, punchy and clear. It can be helpful to set the letter out under headings to show the main themes of the letter clearly. If it really is essential to give a lot of detail, it is often helpful to put this as a separate appendix after the main letter – but this must be essential, factual information!



Remember to read the letter carefully before you send it, and keep a copy for your own records!

1. Put your own address top right, with your phone number/e-mail address underneath.
2. Below this, but on the left hand side, put the date you will be sending the letter.
3. Under the date, put the name, title, and address of the person you are writing to. It is usual here to include the first name, if you have it, e.g. Mr. Fred Bloggs, Chief Executive.
4. Under the person's name and address, begin your letter with 'Dear Mr. Bloggs' (without first name this time) or 'Dear Sir' if you don't have a name.

5. If you are writing on behalf of someone else, the first line of your letter should identify (underline, or type in bold) the person who is the subject of the letter. It is very important for the services to know they are talking about the right person, so give as much identifying information as necessary.
6. Stick to straightforward, simple words, as close as possible to what you would actually say. However angry you feel, remain polite.
7. Make your first paragraph short – just explain in one sentence if possible the **one overall purpose** for writing.
8. Split the content of your letter into themes, using headings if you like. Definitely use separate paragraphs for the different themes. Make sure each paragraph sticks to the point of its heading.
9. Finish with a short paragraph explaining what you would like to happen next.
10. End your letter politely. 'Yours sincerely' is the most usual ending, and suits all situations. Don't forget to sign the letter – unless you are sending the letter by e-mail, the signature should be hand-written even if the rest is typed.
11. Underneath your signature, on the left hand side, if you are sending any copies, write 'Copies to:' then list all the people (full name and title) who will receive a copy. Any copies you send out should be clearly marked "Copy".

If you are writing on behalf of someone else, it is a good idea to include a short letter from them giving you permission to do so.

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What you can do: if you've had a bad experience, tell Rethink about it. You may help to make life better for other carers. Email campaigns@rethink.org or call 0845 456 0455.



About Rethink

Rethink, the leading national mental health membership charity, works to help everyone affected by severe mental illness recover a better quality of life. We provide hope and empowerment through delivering effective services and support to all those who need us, and campaign for better mental health care provision through greater awareness and understanding.

To continue our work and build on what we have already achieved, we depend on your support.

Please visit **www.rethink.org** to find out more.

Please note

All quotations in this leaflet are from people who have been affected by severe mental illness.

Join us

Rethink works tirelessly to improve the lives of those affected by severe mental illness. If we are going to continue to succeed we'll need your help. You can support us in any number of ways for example becoming a member, making a donation or becoming a campaigner.

Please support us today to help transform the lives of generations to come. To find out how you can help visit www.rethink.org, phone 0845 456 0455 or email info@rethink.org

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For more information about Rethink publications and other products on mental health, please visit www.mentalhealthshop.org or call 0845 456 0455.

Make a donation

We cannot achieve our goals without the vital funds donated by supporters. Donate today by calling 0845 456 0455 or donate online www.rethink.org

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Caring and Coping 3rd Edition now available from Rethink's Mental Health Shop for for £9.99

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rethink



INVESTOR IN PEOPLE

Working together to help everyone
affected by severe mental illness
recover a better quality of life

For further information on Rethink

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