

Section 26 and Mental Health and Social Inclusion Strategy Meeting 12 January 2006.

Parliament House Hotel, 15 Carlton Hill, Edinburgh, EH1 3BJ

1. *Section 26 and MH Inclusion Newsround* was a chance to tell each other about local, national or international developments which aim to promote inclusive opportunities for people with mental health issues, that we are aware of or involved in. Annex A contains a list of people who attended the meeting; annex B is a list of relevant research initiatives compiled by group members and annex C is a list of relevant websites. It was agreed that it would be useful to find a way to share information about projects. Annex D lists the activities that were mentioned today.
2. *Section 26 Guidance*. The Scottish Executive have asked the National Development Team to draft guidance for local authorities on implementing section 26 of the Mental Health Act. This time in the programme allows us to discuss the shape of the guidance, put out a call for good practice examples and hopefully recruit some volunteers to comment on draft versions.
 - There is a general need for service users and staff to have a better understanding of the inclusion agenda. This is best when it acknowledges what is happening already. Some service users see change as cutting services, and staff are already being asked around 2000 questions a month, according to Robert.
 - So the Section 26 guidance needs to include some principles of what S26 means for inclusion while leaving room for local tailoring. Some of the response to S26 will be about reframing existing activities, but it also presents a challenge and this should be embraced. Similarly, while reframing current activities and promoting incremental change is worthwhile, the challenge includes a significant renewal of values and beliefs in some services.
 - We need to try and avoid splitting inclusion and recovery as if they could happen in isolation from each other. Other damaging splits would be if the inclusion agenda was seen as applicable to people who are living in their own homes, but not to those in acute or secure settings, or to social care but not health staff. For example, how do we get inclusion routinely included in the care plans scrutinised by Tribunals?
 - There is a real challenge to try and get the guidance written and distributed so that it impacts all aspects of the local authority rather than simply being passed to the mental health service for implementation. It will help if it ties into existing performance monitoring systems and is practically useful.

3. There are plans to develop a suite of mental health access audits for community organisations.
 - An award for positive practice may motivate some services.
 - We should aim for the audit tool to eventually be subsumed into mainstream audit arrangements for those organisations.
4. Training continues across Scotland around Section 26 and social inclusion. Participants were promised a *recall day*.
 - This will be a participative day in which many organisations are invited to share their work.
 - Linda and Peter to plan the date for 14 June 2006.
5. The development of socially inclusive mental health services requires distributed leadership and well-supported *champions* for new approaches. How do we encourage this without creating more bureaucracy?
 - A key to this at a local level might be the Community Planning forums, especially through their equalities agenda.
6. There is a need to *monitor engagement, inclusion and recovery*, across the mental health system.
 - Peter has produced a starter list of inclusion measures, along with a framework for summarising information about them. This is a work in progress, and is also being shared with the Research and Evidence Coalition at NIMHE. Contact pbates@ndt.org.uk for a copy.
7. The *Social Inclusion Planner*. This software resource catalogues inclusive interventions and will be available from free download by Easter. Others may be interested in utilising this within staff development or research. Contact pbates@ndt.org.uk for further information.
8. *Innovation Mapping* is a framework for mapping current inclusive practices and stimulating 'bottom-up' quality improvement. Contact pbates@ndt.org.uk for further information.

Next Steps

Thursday 26th January. In the morning we will discuss who else needs to be engaged and how we should engage with them, particularly with current users of services. In the afternoon we will plan the recall day. Meeting to take place in the Parliament House Hotel

Thursday 16th February. 10-1600 further focussed work on Section 26 Guidance. Meeting to take place in room CC2 at the Scottish Executive building.

Tell Linda if you will be attending any of these sessions or would like to send another representative asap.

Annex A: Group members

- Linda Reid, Senior Liaison Officer for the Mental Health and Wellbeing Division of the Scottish Executive.
- Peter Bates, National Development Team
- Adrian McLoughlin, manager, Angus day services
- Pippa Coutts, Scottish Development Centre
- Margaret Christie, Moray NHS &SW
- Stuart Lennox, Glasgow
- Robin Benn, Community Planning
- Simon Bradstreet, Scottish Recovery Network
- Robert Davidson, Glasgow mental health nursing
- Chris Sutton, East Ayrshire
- Ann Connor, Out of the Box
- Pat Little, Penumbra
- Dennis McLafferty, North Lanarkshire
- Annabel Sinclair, South Ayrshire
- Isabella Goldie, Mental Health Foundation

Apologies from

- Mark Dunlop (SE MHD)
- Christina Naismith (Chair ADSW MH Group & Edinburgh)
- Jane Broderick (SE Community Planning)

Annex B: Current research initiatives

1. Later life inquiry – phase 1. Health Promotion, Phase 2. Services in later life (in partnership with Age Concern). Contact Isabella Goldie 0141 572 0791 or 0141 572 0125, email igoldie@mhf.org.uk or go to Mental Health Foundation website at www.mentalhealth.org.uk
2. Self harm inquiry – report due shortly. In partnership with Camelot. Contact Isabella Goldie.
3. Creative Connections – in partnership with Scottish Arts Council – starts in April. Contact Isabella Goldie.
4. Crisis services – in partnership with SAMH, Penumbra and Richmond Fellowship. Contact Isabella Goldie.
5. Report on ‘National Action Plan for Local Inclusion for UK – Social Policy Department – University of York. [Is there a contact name here, please?]
6. Mental health Europe Project in Social Inclusion. Contact Patrick.Little@Penumbra.org.uk
7. Self harm and suicide. Contact Patrick.Little@Penumbra.org.uk

8. Young people's participation in issues affecting their mental health and wellbeing. Contact Christina.McMillan@Penumbra.org.uk
9. What keeps you well and what community services can do to help. Contact Anne Connor anne@ofbds.org Interim report is on website.
10. Person centred care: The TIDAL model in inpatient mental health services. Contact Robert.Davidson@gartnavel.gla.ac.uk
11. SRN narrative recovery research. Contact Simon Bradstreet.
12. Literature review recovery oriented practice (forthcoming). Contact Simon Bradstreet.
13. Polyphony project (creative music project in mental health inpatient setting). Contact Robert.Davidson@gartnavel.gla.ac.uk
14. Community Scotland www.comunitiesscotland.gsi.gov.uk

Annex C: Websites

1. National Development Team www.ndt.org.uk
2. TIDAL model – recovery based model of mental health nursing www.tidal-model.co.uk
3. Mental Health Foundation www.mentalhealth.org.uk
4. Scottish Development Centre for Mental Health www.sdcmh.org.uk includes links to other research and practice websites e.g. around employment.
5. Penumbra www.Penumbra.org.uk
6. Mental Health Europe www.mhe-sme.org
7. Outside the Box www.ofbds.org
8. Scottish Recovery Network www.scottishrecovery.net
9. Communities Scotland www.comunitiesscotland.gov.uk Includes National Standards for Community Engagement, 'How to' guides for community engagement and partnership working.
10. Audit of Best Value and Community Planning – Audit Scotland.
11. The Improvement Service for Local Government (comprising Scottish Executive, COSLA and SOLACE)
12. www.Lanarkshirementalhealth.org
13. John Vincent does a very useful newsletter on inclusive libraries. Contact him on john@nadder.org.uk

Annex D: Current initiatives

1. Pat (Penumbra) is part of a ten-country initiative across Europe identifying good practice in inclusive mental health approaches.

2. Penumbra has recently appointed a National Participation Worker to explore young people's involvement in issues appertaining to mental health.
3. The Mental Health Foundation (MHF) is launching the Creative Connections project to explore participatory arts. Twenty projects will be investigated; a learning network and an advisory network will be launched. The investigation will include the extent to which projects connect people to groups beyond mental health services and tackle stigma. An international review has located similar work in Northern Ireland and Australia. MHF are currently taking applications from projects wishing to participate.
4. Robert is involved in Polyphony – a £200,000 project to research participation in music in hospital.
5. Anne is working with some service user groups on what keeps people well, partly in an attempt to engage mental health staff in supporting any activities that help to keep people well.
6. Anne is also working on how to increase participation in community decision-making processes by citizens with mental health issues. This teases out social participation (engaging in activities and friendships) from political participation (engaging with community planning processes). It has been noticed that sometimes the conditions under which advocacy groups receive funding restricts their activities to the reform of mental health services, rather than wider advocacy for people's civil rights in the wider community.
7. Anne is looking at self-employment and how service users acquiring contract work from statutory services.
8. Anne is looking at older people and participation.
9. East Ayrshire has appointed a worker to promote participation. They also have a coordinator who brings together the various initiatives around supported employment. A bibliotherapist has recently started working from the library service but working with wider connections.
10. Glasgow is aiming for an inclusive environment, rather than just inclusive projects. They are spending £500,000 on Community Bridge-building and this initiative is funded recurrently and includes a community development post working in the mental health arena. They also have a Work Development Team based on the Avon approach. Stuart sees the need for inclusive values to underpin work at three levels –individual interventions, service design and strategic approaches across communities.
11. Isabella mentioned the Mainstream project in Liverpool and the work done in Bradford where a Community Development Worker has been appointed to a Bridge Building role in the BME community and is written up by the Sainsbury Centre. The Community Planning process has create a new political will for Community Development and one of the consequences is a discussion about the inter-relationship between mental health promotion and community development.

12. Margaret has been working with the local Community Development department and recently they have prioritised mental health. One consequence is an invitation to Community Development to help support the user group. There is a need for closer collaboration between mental health and community development. One possibility is for the community development newsletter to contain a regular feature on mental health. Moray have an Access Project that has identified Community Guides for anyone who needs support to engage in community activities.
13. Margaret is working on user and carer led monitoring. A key value here is the need for the monitoring group to have some independence from the service. The Mental Health User Network in Glasgow are trained in user-led evaluation. Robert has information about how that was negotiated with the Ethics Committee. Anne has training materials on how to do a user-led evaluation. VoX may be involved once they are established.
14. Simon is aware of a social firm that has recently formed through which service users are working as researchers, ASKCLYDE.
15. Robert is involved with the adoption of the TIDAL model in inpatient services in Glasgow. This is rooted in the nurses need to be curious about the uniqueness of each service user. Users write their own assessment and prioritise their own needs.
16. Simon is interested in the relationship between recovery and inclusion.
17. Simon has been involved with the introduction of approaches to peer support, in particular a model through which peers are trained and employed as peer supporters. The SE has agreed to support accredited training for peer supporters if commissioners are interested in buying their services. Interest has already been noted from several areas. NHS Lothian has submitted a bid to develop this approach in the context of primary care as a means of promoting recovery and inclusion.
18. An examination of some recovery stories will be published by the Scottish Recovery Network later this year.
19. The Scottish Recovery Network and the National Development Team recently hosted a conference on micro-enterprises.
20. Simon has been considering how links are strengthened with other policy initiatives, such as the mental health nursing review.
21. Robin is aware of the central/local tension in Community Planning and the difficulties in showing evidence of the effectiveness of these processes. Assigning the Choose Life budget to Community Planning rather than mental health services has had a positive impact on encouraging local communities to engage with the mental health agenda. Audit Scotland are about to report on the community planning process and the Improvement Service are gathering qualitative evidence. Despite the fact that in too many people's minds Communities Scotland is still associated with housing, it is working on

a range of community engagement agendas. They have produced the National Standards for Community Engagement, available from janette.campbell@communitiesscotland.gsi.gov.uk. It was agreed that we should develop a link with them)

22. Pippa is involved in some work on community wellbeing exemplars.
23. In North Lanarkshire the mental health service is accountable both to local authority/health and to the local Community Planning groups. ClubNet, an employment project, not building based, combines peer support and community capacity building. A financial inclusion project aims to improve practice across all the money advice and financial projects, instead of setting up a specialist service. Service users have been asked what core information about themselves they would like to see shared across agencies they will be using, and it is then utilised. An eight-week course has been designed for service users who are seeking employment, to include elements suitable for supported living workers and this course includes material on social inclusion and ends with a guaranteed job interview in social care. Discussions are taking place about the damaging effect of providing 'too much support' and how to create environments where this is less likely to happen, especially where individuals reduced need can result in worker's reduced hours/income.
24. Annabel is working with SAMH to redesign a sheltered workshop into supported employment and peer support. A house in multiple occupancy is closing. Links between inclusion work in mental health and in drug and alcohol services should be strengthened.
25. Pippa is involved with the National Task Group on community-led health. The commissioning guidance on employment written by Sheila Durie is expected to be launched by the Scottish Executive shortly. Discussions are taking place with the Joint Improvement Team about cross-sectoral work. The Scottish Development Centre are involved in a national research network on the Mental Health Act. Local work is taking place on employment and on the experiences of people with mental health issues who do not access mental health services.
26. Adrian is helping a range of day services in Angus to move out of the institutions and adopt a more person-centred approach. There has been a successful move out of long stay hospital for a group of people.
27. Isabella is seeking witnesses to contribute to an inquiry about inclusion of mental health service users in later life. A report on self harm is due out shortly and much of the evidence for this has come from community sources (schools, prisons etc) rather than mental health services.
28. Isabella is also involved in work on exercise on prescription, and Margaret knows of a project (in Moray) where Choose Life money was used for an exercise on prescription project. Isabella referred to a MHF study that showed that GPs are less likely to refer patients with mental health issues to exercise compared with other diagnoses.

