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psychotic disorders support for carers

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Newsletter

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Changes to housing 'size criteria' rules

The 'Bedroom Tax'

From April 2013 the government is brought in major changes to the benefit system. These include changes to how it provides support to people who need help with their rent through Housing Benefit. One of these changes is called the Housing Benefit Size Criteria Rules, commonly referred to as the 'Bedroom Tax' and we will use this term in this article.This article aims to explain what these changes are, how they might impact on you as a carer and where to go for advice.

Inside this issue:

Will this apply to you?

The changes to 'size criteria rules' in Housing Benefit will apply to working age claimants. Working age claimants are claimants who are under the state pension credit age. The state pension credit age is the qualifying age for Pension Credit. The qualifying age for Pension Credit is rising steadily. When you reach the qualifying age depends on your date of birth. For more information on age and the Bedroom Tax see Will it apply to pensioners? below. This change to Housing Benefit will be applied to people who rent social housing. Social housing includes properties rented from a Council or a Housing Association. If you are renting from a private landlord your Housing Benefit will already be restricted by the same size criteria rules. It will not apply if your home is temporary accommodation (made available by a local authority for homeless households). People who own a share of their home and pay rent on the remaining share will not be affected by the size criteria rules.

Why is this change important?

The change to the 'size criteria' for Housing Benefit for social housing tenants will mean that working age people who get help towards their rent through Housing Benefit will have the amount they can receive restricted if they are considered to have too many bedrooms. Similar rules will also apply to Universal Credit, which is a new benefit that is going to replace a number of existing benefits, including Housing Benefit, from October 2013.

What are the 'size criteria rules'?

The size criteria rules limit the number of bedrooms that you can have in your home and still get all of your eligible rent paid. If you have more rooms than are allowed by the size criteria rules you are 'under-occupying'. The new rules will restrict Housing Benefit to allow for one bedroom for:
A person over 16. A couple.Two children of the same sex under 16. Two children who are under 10. Any other child, (other than a foster child or child whose main home is elsewhere). And one additional room for a carer (orgroup of carers) providing overnight care.

By how much will Housing Benefit be restricted?

Where households are seen to be underoccupying because they have "spare" bedrooms according to the size criteria rules,they will see a reduction in their HousingBenefit of: 14% for one extra bedroom. 25% for two extra bedrooms.

Examples of under-occupancy:

A father with two daughters under 16 in a 3 bedroom house would be under-occupying by 1 bedroom, because the new rules would say the daughters should share, and would see a cut in his Housing Benefit by 14%.

A couple with two sons aged 10 and a daughter aged 11 in a three-bedroom house would not be under-occupying.

A working age couple who have a bedroom each in a two-bedroom flat would be under-occupying by one room and so would have a reduction of 14% in their Housing Benefit.

A couple who have two bedrooms because they need to sleep separately due to health problems would be underoccupying.

A family with one disabled child and three bedrooms, one of which is used for storing the equipment the disabled child uses, would be under-occupying.

Who counts as a carer for the 'size criteria rules'?

If a housing benefit claimant or the claimant's partner needs care overnight from a carer or carers who do not usually live with them they will be allowed an extra room. Because the Bedroom Tax is a new piece of law there are some points that are not yet clear and Carers UK are seeking clarification from the Government as to what the legislation means.

The actual legislation says that a claimant will be entitled to:
'... one additional bedroom in any case where the claimant or the claimant's partner is a person who requires overnight care (or in any case where each of them is).' This is important because what needs to be established is that the claimant or their partner needs overnight care from someone who does not usually live with them. As the law says nothing about who will provide the care, Carers UK believes that it is reasonable to argue that this can apply to a paid care worker or to a carer.

In addition, the law does not say how often the claimant or their partner would require overnight care. So Carers UK believes it is arguable that the care would not need to be required every night or every week or even every month for the extra room to be allowed. What would matter is that given the persons specific care needs they do require the care. Therefore, someone who needs overnight care every night all of the time would obviously have an extra room allowed. However, arguably so would someone with a health problem who needs overnight care just on bad nights or every night for some of the time but not all of the time.

The law also does not specify that it has to be the same carer or carers that provide the care. So, if different members of a family take turns to stay over with an older relative, or care is sometimes provided by family and friends and sometimes by paid care workers, this should not cause a problem.

If you need an extra room for a carer and this has been refused always appeal the decision. Explain to Housing Benefit:

- Why the claimant or their partner need overnight care - what their health problems are.
- What is the care that they need in relation to their health problems at night.
- How often they need the care.
- Who provides this care.
- What would happen if the care was not provided.

Contact the Carers UK Adviceline on 0808 808 7777 or email adviceline@carersuk.org if you are appealing a decision not to allow you an extra bedroom for a carer and they will advise you on how to argue your case.

Will you be affected if you have a disabled child?

Because of a legal test case - called the Gorry case - children who are unable to share a room because of a disability are able to have an extra room. The Government were going to appeal this decision but they have, thanks to campaigning, dropped this appeal. This means that from the date of the Gorry case judgment on 15 May 2012, local councils should allow an extra bedroom for children who are unable to share because of their severe disabilities.

In order to establish that a child is unable to share a bedroom, the family will probably have to provide some additional information to the local council. This is likely to include medical evidence about the child and confirmation that DLA is in payment (although some families not receiving DLA may still be able to show they need the spare room). In addition local councils must consider the nature and severity of the disability, the nature and frequency of care required during the night, and the extent and regularity of the disturbance to the sleep of the child who would normally be required to share the bedroom.The local council will need to consider the facts in each case and make a judgement based on these facts. Some local councils suspended payment or part payment of Housing Benefit while waiting for the appeal. Benefit should now be paid along with any outstanding arrears.

Will Housing Benefit always be restricted?

The government have announced that families who foster children or have a son or daughter in the armed forces will be able to have an extra room. Unless you are in one of these groups, if you have more rooms than

the size criteria rules allow, your Housing Benefit will be restricted. It does not matter what the spare room is being used for so this will still affect you even if: You and your partner need to sleep apart because of a medical condition. You use a spare bedroom to store equipment used because of a disability. You have a spare room for when your child stays with you but their main residence is at another address.

What counts as a bedroom?
In the legislation the Government has not defined what counts as a bedroom in terms of size, or whether rooms such as dining rooms could be counted as bedrooms. The Government has said it will be up to the landlord to say how many bedrooms the property has; this is normally stated on a tenancy agreement.

Will the Bedroom Tax apply to pensioners?
The Bedroom Tax will apply where both members of a couple are under the state pension credit age. Couples where one person is working age and the other is over the state pension credit age will not be affected. However this will change for some claimants under Universal Credit, which is a new benefit that is going to replace a number of existing benefits including Housing Benefit. From October 2013, when Universal Credit is introduced for new working age claimants, if either member in a couple is under the state pension credit age when a new claim is made, then the couple will be 'treated as working age'. This means they would be expected to claim the Universal Credit rather than Pension Credit, and would therefore be subject to the size criteria rules. Couples where one person is working age and the other is over the state pension credit age who are already claiming Pension Credit when the changes come in will not be affected (unless or until there is a break in your Pension Credit claim for some reason).

What options will I have after April?
The Government has provided a list of suggestions for people who have the Bedroom Tax applied to them. Their suggestions include:

- Moving to a property with fewer bedrooms.
- Pay the shortfall in Housing Benefit by taking in a lodger.
- Take up work or increase your working hours.

Clearly these suggestions may not be reasonable options for many if not most carers. If you do decide that any of these suggestions might work for you then consider the following:

- Your housing association or local council may help you to move to smaller accommodation by helping you arrange a mutual swap or by paying for moving costs and expenses.
- Whether you can rent out a spare room to a lodger will depend on your tenancy agreement so speak to your housing association or council housing office first. You should also check how any rent you charge might affect your benefits. The rent will be counted as income but some of this can be disregarded.
- If you can take up work or increase you hours (which will not be possible for many carers), make sure you get a benefit check to make sure you are claiming all the in-work benefits you are entitled to.

Discretionary Housing Payments
If you are not able to pay the extra rent or move to a smaller property, because you have a specially adapted house for example, you should apply for Discretionary Housing Payments from your local council. Discretionary Housing Payments are funded by a limited sum of money and most councils will not award Discretionary Housing Payment on an on-going basis. Therefore, these payments may only be a temporary help while you look to find another solution to the problem. However, Government guidance has stated that Discretionary Housing Payment should be specifically aimed at some groups of people including: 'Disabled people living in accommodation that has been substantially adapted for their needs,including new builds'.

The Guidance also states that there are many reasons '... why it may not be appropriate for someone with a disability to either move house or make up any shortfall in rent themselves. A good example of this may be an individual or family who rely heavily on a local support network. In circumstances such as these it may be appropriate to use the Discretionary Housing Payment fund to make up the shortfall in their rent.'

So, if the Bedroom Tax is applied to you or the person you are looking after you should apply to your local council for a Discretionary Housing Payment. You should also apply for a Discretionary Housing Payment if you are appealing a decision about needing an extra bedroom for a carer or because you have a disabled child in the family who needs an extra room, as an appeal can take some time and this will help you not to fall into rent arrears.

Further Help
For further help and information contact the Carers UK Adviceline on 0808 808 7777. The line is available on Wednesdays and Thursdays from 10am to 12 noon and 2 to 4pm. Or send an email to adviceline@carersuk.org. Information is also available on their website www.carersuk.org

Mental health – Celebrities, challenging stigma and the 'then what?' moment

Mark Brown has been wondering about where the 'battle against mental health stigma is now' and where it might be going next!

We talk about stigma a lot when talking about mental health difficulty, or at least some of us do. A stigma is, strictly speaking, a physical mark of disgrace. It's something inflicted on a person's body by a society that is understood by that society both as a punishment and a warning. The thing is, mental health difficulty is something that happens in your head.

Erving Goffman described stigma as "The phenomenon whereby an individual with an attribute is deeply discredited by his/her society is rejected as a result of the attribute. Stigma is a process by which the reaction of others spoils normal identity."

So what is it we're stigmatising? What is it we're spoiling? I think there's two possible things we're stigmatising: the behaviour of an individual and the way in which their condition affects their life. In having a mental health difficulty there is the direct consequence of what you experience and then, following from that, there is the effect this has on you, your life and the lives of those around you.

ANTI STIGMA: INSPIRATION OR CORRECTIVE?

At present we're at the beginning of a concerted effort to attempt to reduce stigmatising behaviour towards people with mental health difficulties. National multi-year campaign Time to Change is both creating the impetus of this wave and riding it by funding grassroots anti-stigma activities, promoting positive media images and trying to drive up 'social contact between people with mental health difficulties and people who do not.

Anti-stigma work in mental health, including Time to Change, has recently focused much on inspirational stories and role models or positive examples of people with mental health difficulties doing things. The logic is that bad implications of mental health difficulty can be refuted by providing a positive image in opposition. Early attempts at this kind of action tended to rather clumsy: 'You think people with mental health difficulties are lazy? This man built the world's largest shed!'

It's often hard to tell whether an individual story is meant to be inspirational to people who already experience mental health difficulties or to mainly act as an answer to an existing stereotype about people with mental health difficulties. Sometimes it feels that campaigns try to kill two birds with one stone, such as in the recruitment or publicity of celebrities who experience mental health difficulty.

It's easy to fall back upon the inspirational story as the main way in which to tackle poor attitudes towards people with mental health difficulties. The problem with the inspirational story, or indeed the celebrity story, is that it individualises mental health difficulty and, while seeming to appeal for greater acceptance, can inadvertently compound the idea that mental health difficulties are individual failings which may be overcome with a combination of vim, vigour and good humour.

The thing is, sometimes having a mental health difficulty is awful. Or embarrassing. Or disruptive. Or can make you unemployable. Or turns your house into a mess. Or any of the other unpleasant things having an impairment to your mood, behaviour, thoughts, perceptions or motivations might cause if you don't have some sort of aid to offset it.

OBSCURING REAL NEEDS

I've been wondering whether it's possible that we are managing to obscure the real implications of having a mental health difficulty by focusing on 'accepting the person' while, as some would claim, erasing the circumstances under which they live? And, as a result of that, are we failing to focus on what might reduce the impact a mental health difficulty has on the lives of people by being unable to see what adaptations and modifications might be made to situations? In other other words, are we focusing too much on the idea that individuals are 'judged' by society and not enough on what it actually is that's being judged?

The criticism of the foregrounding of celebrities in mental health acceptance campaigns is that the celebrities do not, in most ways, reflect what people are being asked to accept of other people with mental health difficulties. Some people with mental health difficulties frame this defensively, seeing the celebrity with mental health difficulties as a failed inspirational figure who is targeted at them. This might be termed 'You're not as funny as Stephen Fry' syndrome. This view goes as follows: the celebrity is being held up as an example of ways in which people with mental health difficulties can overcome their impairments and be successful. The celebrity, though, has access to more advantages and material aids than an average person with mental health difficulties, therefore is a misleading guide to what 'the public' may expect from people with mental health difficulties in their lives.

If we step away from the personalising and relating to own circumstances in that argument, we are left with the core idea that what people

are being asked to accept about mental health difficulties is that people have them, but aren't being asked so much to consider what the implications of those difficulties and impairments actually are.

The reason why the use of celebrities with mental health difficulties by campaigns gets on people's nerves is because people feel that their use involves asking the public to accept what they have already accepted. They already know and like the celebrity, they are fairly aware of the various aspects of their story. They accept that they have a degree of legitimacy as a person; they have, after all, succeeded enough to be famous. This obscures the fact that for people with mental health difficulties to find a real advancement in our circumstances, we are not only asking for 'the public' to accept that people have mental health difficulties, but to also accept the effects having a mental health has upon people's lives.

ACCEPTING A PERSON, IGNORING A SITUATION?

Mental health difficulty is a series of impairments. These impairments have real implications for what any individual needs to live a viable and fulfilling life. At present we are, to my mind, extremely bad at addressing that impairments cause needs which in turn cause outcomes when those needs are not addressed.

We know that having a mental health difficulty tends to make a series of social outcomes more likely for us. We also know that different mental health difficulties tend to make different messes of your life.

I like to think that we are merely at the 'coming in from the cold' stage of mental health awareness; the initial stage of raising the idea that people with mental health difficulties are discriminated against and stigmatised. On that basis, I think we need to see current campaigns and understandings as a transitional stage on the way to a better settlements for people with mental health difficulties.

But where are they a transitional stage on the way to?
At the moment, the idea of challenging stigma and the idea of making things better for people with mental health difficulties are viewed as synonymous, but I'd be very worried if this linkage were to continue indefinitely. The danger is that we split into two mental health worlds, one involved in attitude change work and one that tangles with and knows how mental health difficulties play out 'on the ground'.

For me, what's holding us all back is being unable to stake out the ground for an exploration of what impairments mental health conditions cause and what we can do to assist and mitigate against those impairments. I think this is the natural next stage after our current period of foregrounding the anti-stigma struggle – the shift from saying 'accept people with mental health difficulties exist' to 'accept that we need to make changes to the way things are so that people with mental health difficulties are no longer excluded'.

I draw no comfort from 'accept that it's an impairment having a mental health difficulty'. I have one. I know that. I'm more excited by the question of 'how do we reduce how much the impairments presented by mental health difficulties actually disable someone?'

Can we get from saying 'be nicer to people with mental health difficulties' to reducing the mess that having a mental health difficulty makes of your life?

Then what?

Mark Brown is the Editor of One in Four magazine.
http://www.oneinfourmag.org/

New Family Tree Carers Services Manager

Paul Etherington has been appointed to the role of Carers Services Manager with Family Tree, taking over from the current post-holder Iain Mayoll who is due to retire at the end of July 2013. Paul has previously held a number of management positions in the NHS both on the Wirral and elsewhere, and also worked with Advocacy in Wirral on improving its quality management systems and helping it achieve Investors in People status.

Just prior to joining Family Tree, Paul was working on a project to support men with mental health issues to become more physically active while at the same time finding time to publish two books.

Iain Mayoll has been with Family Tree since August 2011, during which time he has not only built on the solid foundation laid by Sue Gladden but has increased the range of services available to Family Tree carers. We wish Iain a long and active retirement in Spain with his wife, Barbara.

Mental health discrimination declining, according to study

Average levels of discrimination against people with mental health problems declined by 11.5% in the years 2008-2011, a study of the first phase of anti-stigma campaign Time to Change has found.

The study, published in the British Journal of Psychiatry, found that there has been a significant reduction in discrimination from friends (14% reduction), family (9%) and in social life (11%). However, discrimination has not yet improved among health professionals, including mental health professionals.

Within the campaign target audience there has also been a significant increase in willingness to live with someone with a mental health problem in the future (15%). This suggests that change is happening within personal relationships.

The research, led by Dr Claire Henderson and Professor Graham Thornicroft from the Institute of Psychiatry, King's College London, also found that 3% more people using mental health services now say that they don't experience any discrimination at all compared with 2008.

Public attitudes to mental health

In addition, the researchers found that discrimination in the workplace has declined as well, and employers are more aware of common mental health problems and have more policies in place to support people with them than in 2006.

However, changes to public attitudes have been more fragile, with some of the improvements noted between 2009 and 2010 dropping back in 2011. This suggests that the unfavourable economic climate is limiting more positive change, and is consistent with evidence that hostile behaviour towards other groups of people with disabilities has increased since 2010.

In the media, newspapers published a greater proportion of anti-stigmatising articles between 2008 and 2011, but there was no significant reduction in the amount of stigmatising articles. However, there was a decrease in the proportion of articles about people with mental health problems posing a danger to others, and an increase in people with mental health problems being quoted as sources.

Dr Henderson said: "There is evidence that both the quality and quantity of social contact between people with mental health problems and others is increasing. Our evaluation shows that Time to Change is helping to reduce mental health stigma and discrimination within informal relationships such as friends and family, who are the commonest sources of discrimination.

"However, we found that mental health discrimination has not yet improved amongst health professionals, including mental health professionals. Our findings suggest that it's easier to influence the way people behave with those they are close to, but much harder to change how people behave in more formal roles or within their professional framework."

Generational issue

Sue Baker, director of Time to Change, said: "We invested heavily in this evaluation in order to learn from it, as a programme of this scale had not been attempted in England before and no other campaign had looked at behaviour as well as attitude change. So it is really encouraging to see these small but significant changes at such an early stage.

"We know that this is the work of a generation like other issues such as racism and homophobia. That's why this needs sustained, long-term focus, particularly during difficult economic times when so many other factors could be having a negative influence on public attitudes.

"What's extremely encouraging is evidence of the positive impact of knowing someone who is open about having a mental health problem. This evaluation emphasises that those of us with experience of mental health problems ourselves need to continue to be the major driving forces of social change."

News in brief

New Carers Centre: Cheshire Carer Centre has a new office, which can be found at: Stanlow Abbey Business Centre, Dover Drive,Ellesmere Port, CH65 9BF. The Chester office has closed

Government benefit enquiry line: Get advice and information on the benefits you can claim if you're disabled or a carer. The person taking your call can give you general advice, they won't have your personal claims information. Freephone: 0800 882 200 Mon-Fri 8am to 6pm

The Consumer Focus Energy Price Comparison Tool: helps you compare gas and electricity prices in your area for all energy suppliers. Simply select the type of energy that you would like to compare, select if you are a high, medium or low user, the tariff that you would like to compare and finally enter your postcode: http://energyapps.consumerfocus.org.uk/price/

Stephen Fry talks about bipolar disorder and mental health stigma

Stephen Fry has experienced mental health problems for much of his life. But it wasn't until he was 37 that he was finally diagnosed with bipolar disorder. "I'd never heard the word before, but for the first time I had a diagnosis that explains the massive highs and miserable lows I've lived with all my life."

During research for his documentary 'The Secret Life of The Manic Depressive', Stephen found out that the illness affects hundreds of thousands of people in the UK. He was also dismayed to discover the extent of prejudice surrounding mental health problems. "I want to speak out, to fight the public stigma and to give a clearer picture of mental illness that most people know little about."

Stephen thinks better public awareness is essential to help people break their silence. "Once the understanding is there, we can all stand up and not be ashamed of ourselves, then it makes the rest of the population realize that we are just like them but with something.

Stephen Fry: "1 in 4 people, like me, have a mental health problem. Many more people have a problem with that."

On hearing the good news about Time to Change funding, possibly their most famous supporter Stephen Fry, gives a special message. He talks about how the Government's funding will help Time to Change to address "the single most important feature of mental health in this country...and that is the mental health, not of those who suffer from some disorder or other, but the mental health of the nation, who for some reason or other, continue to have a view of those who are mentally unwell, which amounts to stigmatising, and stigma it seems to me is the thing we most have to address."

Video: Stephen Fry on mental health stigma
http://www.time-to-change.org.uk/news-media/celebrity-supporters/stephen-fry

Visit the Time to Change website at:
http://www.time-to-change.org.uk/

Ministers "water down" Francis proposals

Ministers have been criticised for "watering down" recommendations made following the Francis inquiry into the Mid Staffordshire NHS trust and for allowing the "medical community" to block various proposals.

Robert Francis QC had demanded that the NHS constitution be rewritten to make sure that everything that happened in the NHS was based on putting patients first – always. Francis even wanted the Health Secretary Jeremy Hunt to make it compulsory for NHS staff to put patients before themselves.

However, the constitution now states that the NHS will "aspire" to put patients first. And most proposals to make NHS staff more accountable for their actions have been scrapped or diluted, according to reports in the Daily Telegraph. Equally, the much vaunted "duty of candour" for doctors and nurses has been kicked into the long grass.

A 'Whitehall source' is quoted as saying that key figures in the Department of Health (DH) were bothered by the Francis recommendations and concessions were made to appease medical organisations.

"Ministers have backed down and failed to act on several of the recommendations which were the most uncomfortable for the medical community," the source said. "The planned change to the constitution would effectively have enshrined the core rights of patients, in an almost legal way."

Labour's shadow health minister Andrew Gwynne said: "It has come to something when ministers only 'aspire' to put patients first."

However, the DH said: "We have strengthened the NHS constitution in light of our initial response to the Francis inquiry to make even clearer the fact that patients are at the heart of everything the NHS does. We will continue to work with stakeholders to develop proposals for increasing the impact of the constitution, and we expect to consult again later in the year on changes to improve it further."

“The health service is bust ... promises will be broken”

Governments have “over-promised” on what the health service is capable of delivering for patients and must now face up the reality of doing less, according to Sir Thomas Hughes-Hallett.

The executive chairman of the Insti¬tute of Global Health Innovation told a Reform event that the NHS was not designed to work around the needs of patients; it made decisions based on what was easier for clinicians and trusts to do instead.

He said that the combination of budgetary and demographic pressures would force more trusts to abandon attempts to do more with less in favour of simply doing less. “Essex have just realised that they are stuffed. They have got 1.7 million people in the county, demand is rising dramatically and they have no more money,” he said.

“I have been brought in and given nine months to redesign the system through the eyes of the patient. I have already started taking a lot of evidence from people who have no idea what is on the menu because there isn’t even a menu of what is provided to you and what you can be entitled to from a statutory provider.

“I believe that list is going to have to be very, very short if quality is to be maintained and the rest is going to have to be done by self-care.”

Sir Thomas said that, instead of debating whether to train healthcare assistants to perform more clinical tasks, the same training should be offered to patients and their relatives to help reduce dependency on services.

He added: “The state is going to have to wake up the fact that it over-promised in the 1990s. At least people now know that we are bust, even if they aren’t happy about it.”

Helpful National Organisations

Anxiety UK
tel. 08444 775 774
web: anxietyuk.org.uk
Information, counselling, helpline and online support for those suffering from anxiety disorders.

Bipolar UK
web: bipolaruk.org.uk
tel: 020 7931 6480
Support for people with bipolar disorder (including hypomania) and their families and friends.

British Association for Behavioural and Cognitive Psychotherapies (BABCP)
tel. 0161 705 4304
web: babcp.com
Online directory of psychotherapists.

British Association for Counselling and Psychotherapy (BACP)
tel. 01455 883 300
web: bacp.co.uk
For Information about counselling and therapy. See website or sister website, itsgoodtotalk, for details of local practitioners.

Carers UK
helpline: 0808 808 7777
web: carersuk.org
Information and advice for carers.

Depression Alliance
tel. 0845 123 2320
web: depressionalliance.org
Information and support for anyone affected by depression.

Hearing Voices Network
tel. 0114 271 8210
web: hearing-voices.org
Local support groups for people who hear voices.

NICE
web: nice.org.uk
Evidence-based guidelines on treatments.

Samaritans
24-hour helpline: 08457 90 90 90
email: jo@samaritans.org
web: samaritans.org

Free cinema tickets for Carers with The Cinema Exhibitors' Association Card!

This is a national card that can be used to verify that the holder is entitled to one free ticket for a person accompanying them to the cinema. The card is valid for 1 year from the date of issue. Printed application forms are available from cinemas across the UK supporting this card.

Local participating cinemas are:
Vue Cheshire Oaks
The Coliseum, Colisuem Way, Ellesmere Port
08710 240 240
www.myvue.com

Cineworld Chester
Chaser Court, Greyhound Retail Park, Sealand Rd
0871 200 2000
www.cineworld.co.uk

Clwyd Theatr Cymru
Mold, Flintshire, North Wales
01352 756 331

Odeon Bromborough
Croft Retail & Leisure Park, Welton Road,
Bromborough
0871 22 44 007
www.odeon.co.uk

Vue Birkenhead
Conway Park, Europa Boulevard, Birkenhead
08710 240 240
www.myvue.com

You can also download an application form to print out and fill in from www.ceacard.co.uk

To apply for the card to allow a free ticket for a carer you will need to submit proof to show that you meet one or more of the following criteria:

a) Be in receipt of Disability Living Allowance, Attendance Allowance, or Personal Independence Payment.
b) Be a registered blind person.

You will also need to supply a passport-sized photo with your application to appear on the card. A processing fee of £5.50 is chargeable per card. This is to be sent along with the completed application.

If you have any difficulty, please contact them at the address below:
The Card Network
Network House
St Ives Way
Sandycroft
CH5 2QS
Tel: 0845 123 1292

Study reveals widespread ignorance of Mental Capacity Act

The families and friends of people with mental health problems who lack capacity to make decisions about their treatment are rarely being involved in decision-making about their care, according to a report by the Care Quality Commission (CQC) featured in Mental Health Today magazine.

The CQC report on the Deprivation of Liberty Safeguards (DoLS) processes found little evidence of involvement – despite the fact that consultation with the 'relevant person' and their relatives and/ or friends is supposed to be a mandatory part of the assessment process.

The DoLS safeguards apply to vulnerable people aged 18 or over with a mental health condition (which might include dementia), who are in hospitals and care homes, and who do not have the mental ability to make decisions about their care or treatment. They are designed to ensure that someone is deprived of their liberty only when it is in their best interests and there is no other way to look after them. The CQC's chief executive, David Behan, said: "Understanding the Mental Capacity Act (MCA) and the way it is applied is critical to good quality, safe care. Those providing services must ensure that their staff understand the Act and what it means for the care and treatment of people."

The CQC report revealed a widespread lack of understanding of the MCA. It highlighted confusion amongst care staff and lack of consistency in the provision of training which sometimes led to people being restricted or restrained without a process of 'best interest' decision-making being undertaken.

The report suggests that, without proper understanding of the legislation and governance, the use of restraint can become routine, particularly where its use is not always recognised or recorded properly and it is not easy to monitor.

The CQC also identified poor practice in services where non-detained patients were on wards alongside patients detained under the Mental Health Act (MHA). A lack of staff knowledge of the differences between the MCA and MHA sometimes meant that non-detained patients' rights were being restricted in the same way as those of detained patients.

The report calls for providers and commissioners to improve their understanding of the MCA and DoLS and to establish robust review processes and other mechanisms for understanding the experience of people subject to the Safeguards.In addition, care providers must implement policies that minimise the use of restraint.

The new NHS: Only the fittest will survive and flourish

Reputation means everything as healthcare providers start to compete, writes Kurt Long. He argues that within the reformed NHS landscape only the strongest will survive

The NHS is currently undergoing a transformation, which once completed will give place to a new, leaner and more efficient healthcare landscape. With limited financial resources and having to meet the growing needs of an ageing population, many NHS trusts are struggling, some have gone into administration, such as South London Healthcare NHS Trust, with more to follow suit.

Whilst many refuse to accept this and fight to keep the current status quo, the fact is that these irrevocable changes will happen. The government, having to reduce its own deficit and cutting back in all areas, no longer has the financial means to bail those trusts out nor to prop up a healthcare system that is no longer viable.

A commercial market

Current reforms, including the introduction of GP commissioning as well as meeting the government's £20bn efficiency target over the next four years, mean that NHS trusts are now operating in a more competitive environment. I would go as far as arguing that the healthcare environment is becoming a commercial marketplace with various providers competing against each other.

This is a tectonic shift in the history of the NHS: the rules of engagement are changing and as a consequence only the strongest, most agile and financially viable organisations will survive.

In order to succeed in this new emerging NHS, healthcare leaders must encourage a shift in their organisation's culture, which needs to be more tuned to the commercial world. Providers must put in place a sound economic plan that will provide them with a cost structure that not only enables productivity but also creates revenues. Importantly in the context of the Francis report into the Mid Staffordshire NHS Trust, providers need to demonstrate leadership and provide workforce with a vision to attract and retain the right people.

Visionary healthcare providers have already understood that in order to meet budgetary mandates as well as respond to new competitive market-place dynamics, they have to embrace the government's ambitious digital plans of a paperless NHS by 2018.

They understand that there is no alternative option but to adopt electronic health records as this is their only chance to fundamentally reduce the cost structure in which they provide their services, while improving care for patients and helping to tackle the challenge of an ageing population and increasing incidence of long term conditions. Those visionary providers have also acknowledged that key to the success of the paperless NHS vision, is the tenet of privacy and security as a fundamental underpinning to protect the reputation and integrity of their brand.

Reputation management

In other words, to stay competitive and flourish in this new market where reputation is everything, NHS healthcare providers have to learn to manage, promote and protect their brand. Reputation is a precious and fragile asset, quickly and easily damaged by media coverage of any failure. Rebuilding a lost reputation is a slow and difficult process and it is therefore essential for providers to safeguard their reputations and maintain the trust of patients and the confidence of clinical commissioning groups in order to compete for their 'business' with other NHS and non NHS health providers.

At the core of a good reputation is the respect of certain values and principles such as integrity, transparency, accountability, security and privacy. In a world that is increasingly becoming digital, security and privacy are mandated business assets, tied to the reputation and the quality of how a business is run.

With more information stored and shared electronically, and with patients fast becoming discerning consumers of healthcare and taking a more active role in making use of their own health records, patient privacy becomes more of an issue. In fact privacy has become the cornerstone of electronic healthcare.

The healthcare providers who will succeed in the new NHS, where electronic records and patient-focused commissioning are the norm, will be those who introduce best-in-class privacy and data protection measures. Our experience in the US and Europe demonstrate that those providers, who have the best privacy plans in place are always those who are the most successful.

A blueprint for privacy

Privacy issues are best dealt with on a strategic, holistic and planned basis, rather than piecemeal or in response to crises. By working to a blueprint it is possible to stay ahead of the curve – compliant with present and forthcoming regulations and providing security standards, which give confidence to patients, clinicians and commissioning groups.

It is vital that healthcare leaders put plans and processes in place to ensure that information is secure against unauthorised access and modification.

Responsibility for data protection needs to be given to specific named staff and all staff have to be trained and competent in privacy issues.

Practically, healthcare systems need to be designed with security to fit the nature of the personal data held and the harm that may result from a security breach. Information must be monitored for inappropriate accessing and automated privacy monitoring has to be introduced as it addresses the problem very effectively by providing fast, effective, resource-light and automated comprehensive auditing. In order to be fully effective though, this requires healthcare organisations to insist that vendors supply fully enabled audit logs within their IT systems.

Good privacy underpins provider success

Forward thinking healthcare providers such as NHS Scotland, are already moving ahead at some pace to deploy privacy enhancing technology and procedures. The rest of the NHS needs to follow this lead, as it moves towards creating comprehensive electronic records. This can be achieved by drawing on the experiences of providers in healthcare markets such as Scotland, the US and other parts of Europe that have already travelled this path.

Those providers that see implementing best-in-class privacy measures as crucial will be able to deliver effective and efficient care, attract patients and secure contracts. Those who do not will be dangerously exposed in a healthcare market where reputation means everything and where only the strongest will prosper.

Kurt Long is CEO of FairWarning

Keep Well

If you have any concerns about your mental health and wellbeing it's important to get the right support. All it takes is simple steps to increase your mental wellbeing. The following five steps have been researched and developed by the New Economics Foundation. For the full document see : http://www.neweconomics.org/sites/neweconomics.org/files/Five_Ways_to_Well-being_Evidence_1.pdf

Connect

There is evidence that indicates that feeling valued and close to friends and/or family is a fundamental human need and one that contributes to functioning well in the world. It's clear that social relationships are critical for promoting wellbeing and for acting as a buffer against mental ill health for people of all ages. Try these simple tips:

- Talk to someone instead of sending an email.
- Speak to someone new.
- Ask how someone's weekend was and really listen when they tell you.
- Put five minutes aside to find out how someone really is.

Be active

Research suggests that by being regularly physically active people experience lower rates of depression and anxiety across all ages. Being active doesn't need to be at an intense level for you to feel good – low to moderate intensity activities, such as walking, can have the benefit of encouraging social interactions as well providing some level of exercise.

Here are a few ideas on how to become more active:

- Take the stairs not the lift.
- Go for a walk at lunchtime.
- Walk into work - perhaps with a colleague – so you can 'connect' as well.
- Get off the bus one stop earlier than usual and walk the final part of your journey to work.
- Organise a work sporting activity.
- Have a kick-about in a local park.

Take notice

Studies have shown that by being aware of your surroundings and savouring 'the moment' can help to reaffirm your priorities and promote wellbeing. Heightened awareness also enhances your self-understanding and allows you to make positive choices based on your own values and motivations.

Take some time to enjoy the moment and the environment around you. Here are a few ideas:

- Get a plant for your workspace.
- Have a 'clear the clutter' day.
- Take notice of how your friends, family or work colleagues are feeling or acting.
- Take a different route on your journey to or from work or when you take the kids to school.
- Visit a new place for lunch.

Learn

Continued lifelong learning enhances self-esteem and encourages social interaction and a more active life. Evidence suggests that the opportunity to engage in work or educational activities particularly helps to lift older people out of depression.

The practice of setting goals, which is related to adult learning in particular, has been strongly associated with higher levels of wellbeing. Here are a few ideas to help you continue to learn:

- Find out something about your colleagues.
- Sign up for a class.
- Read the news or a book.
- Research something you've always wondered about.

Give

People who report a greater interest in helping others are more likely to rate themselves as happy. Research into actions for promoting happiness has shown that committing an act of kindness once a week over a six-week period is associated with an increase in wellbeing.

Anxiety UK fears mental health services breakdown

Cuts in frontline budgets, major reorganisation in the NHS, a lack of resources for GPs and healthcare staff who are not always understanding of anxiety and mental health disorders are all factors that are potentially undermining the quality of mental health care, according to Anxiety UK.

The anxiety disorders charity fears the combination of these concerns could lead to a potential meltdown of mental health services in the UK in the coming months.

Nicky Lidbetter, CEO of Anxiety UK, said: "We have seen and heard some very positive developments in recent years and the Time for Change campaign has made good progress in tackling and reducing the stigma often associated with mental health illness among the wider public.

"However, there are a multitude of other factors that raise serious concerns here at Anxiety UK around the delivery of, and access to, good quality mental health services.

"For instance, we know that spending is already three times less on mental health services in some areas than it is on others.

"In addition, spending on mental health care overall fell for the second year running according to figures provided by Department of Health officials to the health select committee recently.

"Budget pressures may lead the newly created GP-led clinical commissioning groups who are now responsible for commissioning mental health services locally to look for savings on the current arrangements that are in place.

"There is a strong economic case to invest in mental health services as failure to do so will only will only increase the pressure on more expensive acute care while leaving families in deeper crises.

"We also know that following the publication of a recent survey of local authorities by YoungMinds that two-thirds of local authorities have cut their budgets for children and young people's mental health services (CAMHS) since the coalition government came to power in 2010.

"Scaling back on mental health support by local authorities will only lead to greater problems longer term resulting in more complex and more expensive treatments if early interventions are not provided.

"We need to see a much more joined up approach between local and central government in order for health policy to be successfully delivered without jeopardising the mental health needs of young people and other anxiety sufferers."

NHS failing patients

Recent comments by Dr Clare Gerada, president of the Royal College of General Practitioners, claiming that patients are being failed by the NHS because family doctors do not have enough time, training or resources to give them proper care, also worried Lidbetter.

Gerada added that mental health often gets forgotten because the health service is designed around hospital and medicines rather than identifying and treating psychological disorders.

"Dr Gerada rightly highlighted the fact that mental health issues were responsible for about 25% of GP consultations and should be a greater NHS priority," said Lidbetter.

"Without the necessary training, time and resources we are going to see more and more sufferers not receiving the right diagnosis or support.

"All of these issues need addressing if we are to ensure the delivery and quality of mental health services is maintained and improved, especially at a time when services like ours are experiencing unprecedented demand."

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