RICHMOND ADVICE FORUM

MEETING THE NEEDS OF CLIENTS WITH MENTAL HEALTH PROBLEMS HOW TO INTEGRATE SUPPORT SERVICES MORE EFFECTIVELY

Introduction

National Citizens Advice has carried out <u>research</u> that shows how mental health problems make it harder for clients to cope with practical issues such as claiming benefits or dealing with debts, housing or employment, and how these issues can aggravate their mental health problems. This research makes the case for better co-ordination of mental health services with agencies that provide advice and support to tackle these practical issues.

Locally we have been examining the impact of our clients' mental health problems on their ability to cope with their day to day lives and on the obstacles that get in the way of us providing them with effective support. We have been working for several years with some clients who have acute mental health problems and have seen how practical problems can multiply and become intractable. We would like to suggest a few key improvements that we hope could make all our support services in the borough more effective.

1. Signposting clients to the most relevant mental health services

When we do not have the expertise to provide the advice or support that we think the client needs, we should signpost, or refer, the client to other organisations that can provide the help required. Where we see that a client is struggling with mental health problems but is not receiving any treatment or therapy, as a first step we can recommend they consult with their GP; but it would be helpful to have information about how clients can self-refer to mental health services and the range of these services available locally.

Therefore we have started to map mental health services available in the borough. We have sent what we have done to Healthwatch, as we understand they are working on a related project.

2. Earlier involvement of agencies to provide practical support

Quite often clients do not come to us for help until their problems have become an emergency. In some cases they have not yet sought any help for their mental health problems; but where they have it would be helpful if they could have been signposted, or even referred, to us for help with their practical problems as soon as evidence of these problems comes to light. Can more be done to encourage GPs and mental health professionals to refer clients to advice services earlier?

Secondly where it is clear that clients' anxiety or depression is so severe that they are no longer looking after themselves or paying any attention to their personal finances there should be rapid co-ordination of mental health and other support services to prevent a downward spiral in their wellbeing. We would like to know if this could be achieved by a care assessment under the provisions of the Care Act 2014 and whether this could involve the inclusion of a wider range of organisations in the Vulnerable Multi-Agency Panel run by the Council's Adult Social Care Department. These issues are illustrated by the cases of Margery and Diana (all names have been changed and identifying details removed).

Margery is a single mother suffering from anxiety and depression with a young child. She had substantial bank debts and had not been coping with them debts for a long time. As she had not sought medical help, we advised her to go to her GP who provided a letter confirming that she was not fit for work. However she was not able to complete the debt management process, though we did help her apply for PIP. The PIP assessment found that Margery neglected basic living activities such as washing and dressing without prompting and had difficulty socialising with other people. She was awarded the standard rate of PIP but this was increased to the enhanced rate at a tribunal hearing. She seemed to be in need of a care assessment and ongoing support for her mental health.

Diana has multiple disabilities including poor mental health. She is in the ESA Support Group but has had her ESA stopped three times after work capability assessments. Tribunal appeals have all been successful and at the last appeal the tribunal recommended that she should not be reassessed. The ESA stoppages have led to debt problems, threats of eviction and a deterioration in her mental health.

Although Diana obtained medical evidence from her GP to support her ESA claims she was not willing to consider any treatment. Last winter she used no heating because she was terrified of adding to her arrears; but for a long time she did not come to us for help. When she did we helped her to get a grant for her heating; but this could have been done much earlier. She was also too anxious to open her post, which meant her rent arrears and other debts had mounted. We helped her to submit a successful claim for a Discretionary Housing Payment to clear her rent arrears and are supporting her to get a sponsored move to a smaller property to avoid the single room supplement. But the fact that she is not receiving any treatment is a concern.

3. Accepting that people with mental health problems are vulnerable

An obstacle to effective support for our clients who have substantial mental health problems is a failure to recognise that they may not be able to function normally on a daily basis. At national level this is most obvious in the operation of the claiming procedures for ESA, PIP and the disability element of Universal Credit, as Margery's case demonstrates. However we hope that at local level there will be scope to modify standard procedures for claiming benefits and recovering debts such as

Council Tax arrears and rent arrears in social housing and apply them more flexibly. In theory those identified as vulnerable should already be dealt with differently under special procedures; but in practice we sometimes struggle to persuade colleagues to take account of our clients' mental health problems.

A common example is when a client on a low income with mental health problems comes to us with a backlog of debts. We need time to sort out the debts and establish a reliable record of the client's income and expenditure; but standard procedures for recovering council tax arrears and rent arrears can trigger court action and even enforcement by bailiffs before this can be achieved, with the risk of aggravating the client's mental health problems. Agnes' case illustrates this problem.

Agnes has mental health problems. She lives with her grown up children who are in and out of work and benefits. She came to us with substantial rent arrears due to problems over non-dependant deductions from her Housing Benefit. Agnes is difficult to work with as she cannot concentrate on one issue and her post can remain unopened for varying lengths of time. We asked her landlord to hold recovery action to give us time to examine them and to wait for the imminent decision on a tribunal appeal for PIP. However the landlord applied for a possession order, causing Agnes great anxiety. It was only when the PIP appeal was granted that the possession order was suspended and we were able to negotiate repayment of the reduced arrears.

Joan lives with her grown up child. She suffers from severe depression and other health problems and has been in receipt of ESA in the Support Group. She has no computer skills and because of her depression shuts herself away when she feels under pressure. When she had to transfer to Universal Credit we advised her to make her claim by telephone under the special procedure for vulnerable applicants. But when she explained her difficulties she was still directed to apply online. A relative helped her to do this, but when Joan came to us to check whether the claim had been input correctly she did not know any of the login details. Fortunately the relative was able to provide details over the phone, but neither we nor the relative can be expected to maintain her online account on a day to day basis.

Conclusion

We recommend the Advice Forum discuss each of the above four issues in order to agree how we can collectively work towards a resolution.