

# Cambridge and District Citizens Advice Bureau



Provision of Mental Health Services

Monitoring Report

For

Cambridgeshire County Council

April 2005 to March 2006



## Summary

The year 2005 to 2006 has seen many changes to Mental Health Service provision in Cambridgeshire due to a severe shortage of funds in the region and many existing Mental Health service providers have either closed down or pared down their services (e.g. Cambridge Day Centre in Trumpington Street has closed and Fulbourn Hospital Social Work Team is paring down its client list). As a consequence, we at Citizens' Advice have been overstretched to meet the increased demand, with both the specialist mental health team and the general advisors running at full capacity.

Citizens' Advice is a well known charity: free, impartial and open to all, we are often the last port of call for people who have no recourse to help elsewhere. This year we have dealt with a record number of clients with mental health problems and have experienced difficulties in the waiting area from aggressive clients who see us as one of the few places where they are safe.

Despite record achievements and increased volunteer support we are concerned that further cuts planned to Mental Health Services in Cambridgeshire in the coming year (e.g. reduction in the Young Peoples Services) will increase even further the demand on Cambridge Citizens' Advice Bureau. A demand we will be unable to meet without additional funding.

## Team Structure & Budget Report

The Mental Health specialist team is made up of two part time caseworkers working 3 days and 2 days a week respectively, so adding up to one full time caseworker between them. Their duties are split, with the former caseworker responsible for clients with more acute mental health problems and the latter taking on clients with less acute mental health problems. The cost structure for these workers is given below:

<i>Annual Costs</i>	<i>Total - £34,370</i>
Staff	£25,446
Office and Associated Costs	£3,329
Travel and Expenses	£400
Training and Support	£420
Management and Admin	£4,775

As you can see the cost of funding a full time post is greater than the funding provided (£31,673 actual funding from April 2005 to March 2006). In





In addition the above cost structure does not take into account the amount of volunteer work being provided by the Bureau for clients with mental health issues.

In fact the Mental Health Team includes three regular volunteer advisors accounting for 1 day a week of work. Two of these provide support for clients with less acute mental health conditions and the other supports more acute cases. In order to focus as much of the funding as possible on caseworkers, we have provided administration support for the Mental Health Specialist Team largely through volunteers. The value of this work equates to about £7,000.

In addition many clients with mental health problems are dealt with by our Volunteer General Advice Team and not referred to the Mental Health Team, either because their problem does not fall within the remit of the Mental Health Team or because, as is increasingly the case, the caseworkers' diary is already full. About a fifth of the clients dealt with by the General Advice Team are suffering from medically recognised mental health problems. The actual cost to the bureau of this work is about £18,500

Part of the remit of the Mental Health Specialist Team is to provide training and support to the General Advice Team on working with clients with mental health problems.

### **Key Achievements**

The Mental Health Team saw about 244 clients in 2005 to 2006. In addition our General Advice Team dealt with an average of 10 clients a day with mental health problems.

The paid caseworkers alone undertook 1,124 sessions with clients, and answered 665 queries, some enquiries taking several sessions to deal with. Information for the volunteer staff in the Mental Health Team is not currently collated, but will be for the coming year

The paid caseworkers generated £201,746 worth of annual benefit income for their clients. Volunteers do not currently record income generation, however for the Mental Health Team volunteers this information will be collated from here on.

In 2005 Cambridge Citizens' Advice Bureau won the Cambridge County Council tender to provide an Income Maximisation Project in the county. This is an outreach and home visiting service focusing on new benefit claims for people who otherwise would not have access to these services. The Income Maximisation Team works closely with the Mental Health Specialist Team providing benefit advice for clients with



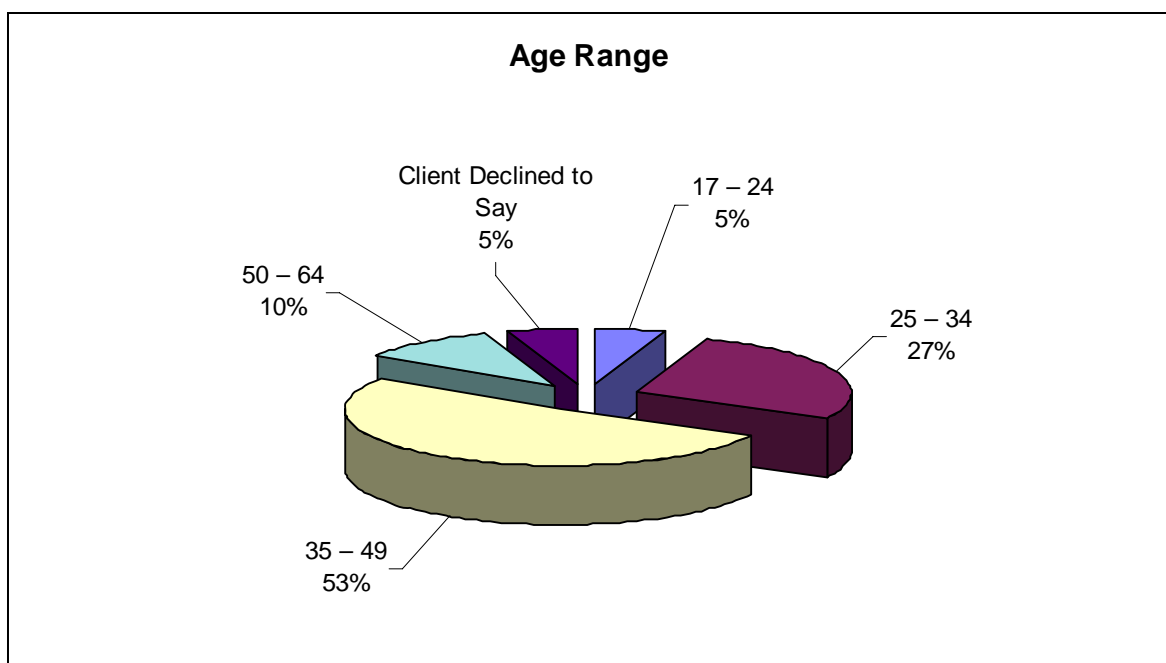
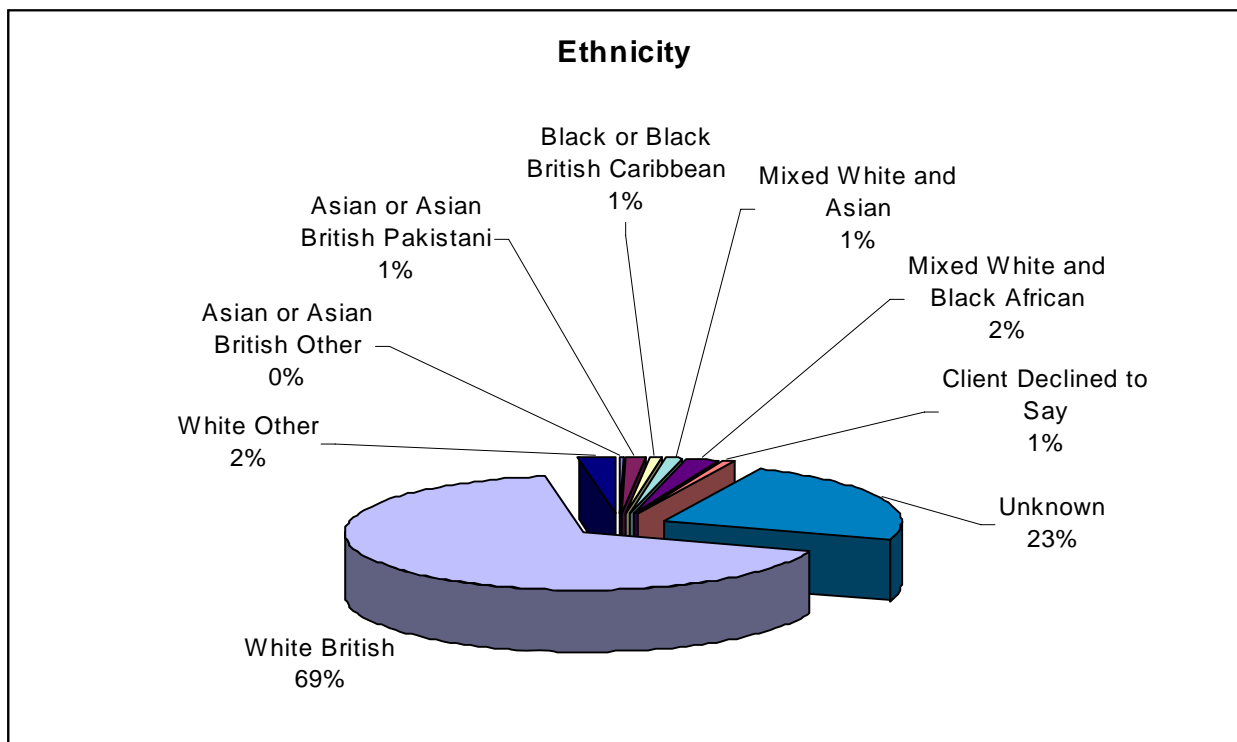


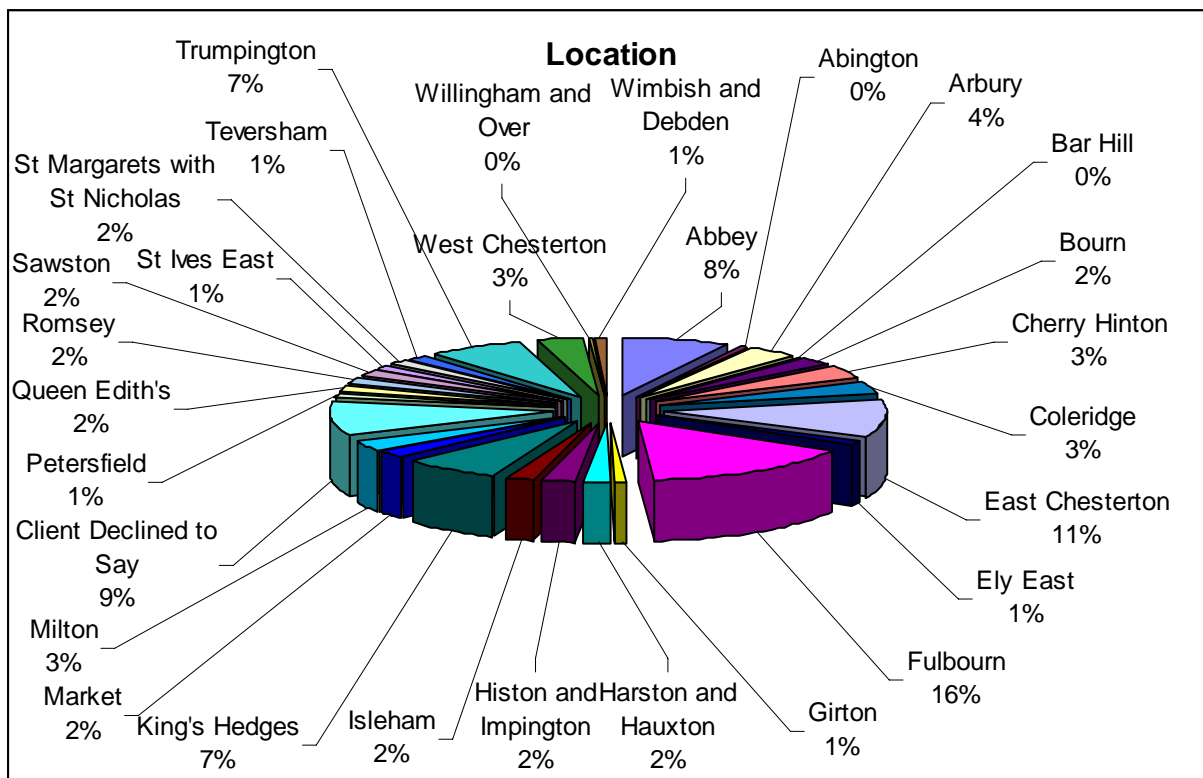
less acute mental health problems. In 2005 to 2006 this team generated about £63,000 of new benefits for clients with mental health problems and has greatly increased access to our services.

**Client Profile Information**

The gender split of clients referred to the Mental Health Specialist Team was fairly even. 50% of the clients were male, 40% female and 10% asked for their information to be kept anonymous.

Additional profiling information is given in the charts below:





**Service Provision**

The focus of the Mental Health Specialist Team remains income maximisation. To ensure maximum coverage the team concentrates on benefit issues and relies on the Money Advisers provided by our Legal Service Commission contract for debt advice. However, this is putting serious strain on the LSC contract as clients with mental health issues often require a greater amount of support and time from the caseworker than allowed for within the LSC contract. For client issues outside income maximisation,





the Mental Health Team work closely with the General Advice Team to give a holistic service.

Referrals made to the Mental Health Specialist Team are primarily for welfare benefit advice and completion of benefit application forms. Often CPNs will refer clients for this service as they do not have time to complete the forms themselves and because the welfare benefit system changes so frequently it is difficult for them to keep up. Clients are also referred to our Team to discuss mental health treatments being received and possible future treatments. This can include issues related to lack of treatment, difficulty attending appointments, lack of appointments and complaints about hospital staff.



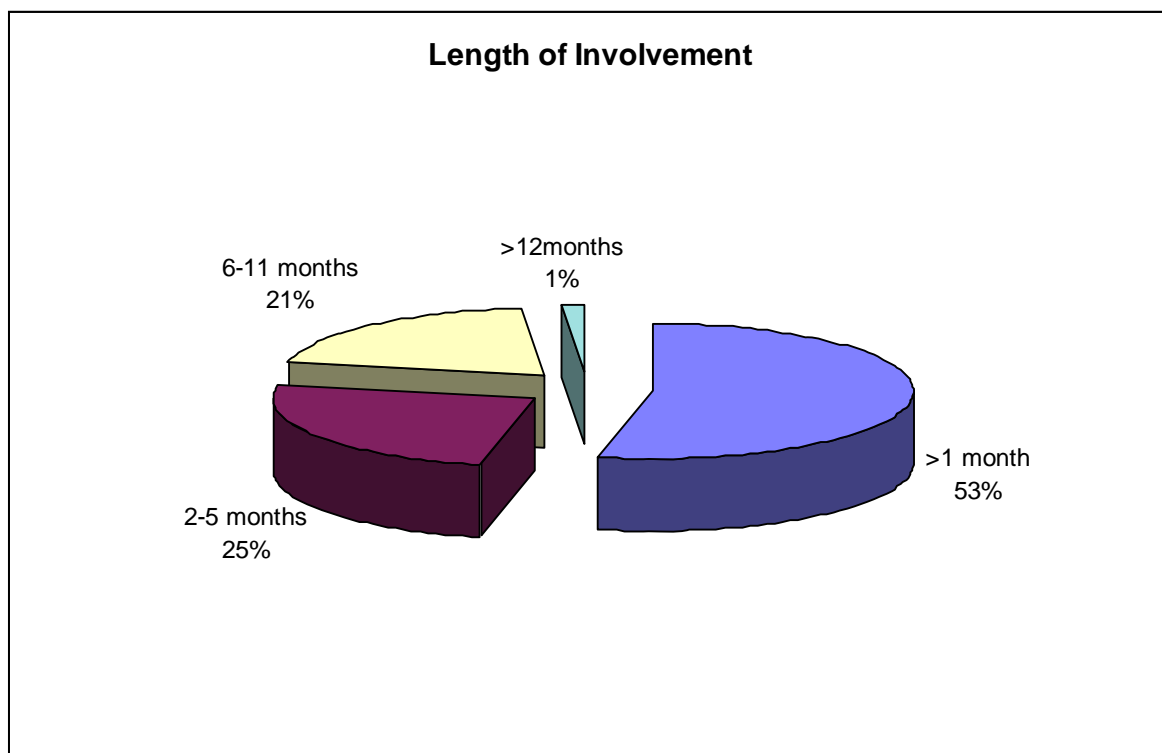


### Length Of Involvement

Wherever possible all volunteer advisers and caseworkers at the Citizens' Advice Bureau promote self help. Our role is to show clients what options are available to them and to highlight the pros and cons behind each option. It is up to the client to decide what they feel is the best course of action for them and to act on this decision. We do not promise to solve our clients' issues but rather to give them the knowledge and tools they need to manage the situation. However, it is fair to say that some clients require more support than others and, whilst the decision re what option to take will always remain up to them, they may be less able to act on this decision by themselves. Many clients with mental health problems, particularly the more acute cases, fall into this category and usually require more time than average.

We have detailed below the length of time taken to resolve the closed cases, however it is true to say that whilst the majority of issues are satisfactorily dealt with within 1-2 months, many clients having accessed our services once will return again later with a new query.

The table below is an indication of how long it takes to resolve the client's current issues.





## **Referrals**

The Mental Health Specialist Team continues to work closely with other mental health service providers and to take referrals from a wide range of sources. Our caseworkers are in regular contact with professionals from Fulbourn Hospital Mental Health and Social Work Team, the Community Mental Health Teams through clients' CPNs or support workers, Cambridge Community Mental Health Centre (up to its recent closure), Auckland Road Community Mental Health Team, the City Council's and South Cambs District Council's Housing Support Services through the Floating Support Team, the English Churches Housing Sustainment Team, the Lifecraft Centre in Gwydir Street (a drop in centre), Cambridge Independent Advocacy Service and the Assertive Outreach Team. We take referrals from these groups, provide telephone advice and support to the professionals working within them and utilise their services for the clients. We also get many referrals by word of mouth, where former clients have given our details to a friend or colleague.

We run an outreach session at Fulbourn hospital (once a week) and clients are of course referred through our General Advice Team which holds daily drop-in advice sessions in Cambridge, and regular outreach sessions Sawston, Addenbrookes and Girton. Referrals also come in through the Income Maximisation Project. As this project is an outreach and home visit service it greatly extends access to our services.

Most cases are dealt exclusively within the Bureau either by the Mental Health Specialist Team or in conjunction with the General Advice Team and the LSC Money Advice Team. Very few cases are referred elsewhere (less than 10%). Examples of where cases have been referred out of Bureau include referrals to a solicitor for criminal matters, referrals to the PALS (Patient Advocacy and Liaison Service) for medical complaints, and CIAS where clients need representation and or support as a matter of advocacy not advice.

We may also recommend other organisations as a next step after working with the client for some time, for example if the client is looking for a job we may recommend a back to work scheme.

## **Concerns for 2006 to 2007**

We have already seen an increase in demand from clients with mental health problems due to the scaling down of services elsewhere. Not only have the number of clients requesting our services gone up, but also the issues are becoming more complex as clients are suffering from additional pressures and depression because they are finding it increasingly harder to gain sufficient support elsewhere. Much of this increased





workload is being picked up by the volunteer advisers in the first instance and as a consequence the mental health caseworkers are having to spend more time training and supporting the volunteers as well as taking on or following up the more complex and long-term cases.

During 2005/2006 we consolidated our advice process into two teams: the General Advice Team and the Specialist Casework Team. The Mental Health Specialist Team, was merged into the latter, making significant economies of scale and allowing us to provide them with increased admin and management support without increasing the cost base. We were also successful in increasing the number of volunteers that provide specific support to this Team. Through other projects, such as the income maximisation project, we have increased access to the services of the Mental Health Specialists through an expansion in our outreach and home visit services. By maximising our resources in this way we have just about managed to keep up with demand, however we are stretched to the limit and cannot handle any further increase in demand from individuals with mental health issues without an increase in funding.

We have a desperate need for a debt adviser to work in partnership with our existing benefit specialists supporting mental health clients. Our current funding for debt advice does not stretch far enough and the time scales allowed to not take into account the additional time required to help clients with mental health problems.

