

Cardiff and the Vale of Glamorgan

Charter for Adult Mental Health



Contents

- 1. Introduction**
- 2. The Charter for Adult Mental Health**
- 3. The Charter for Adult Mental Health - Graphic Version**
- 4. Recovery: What We Mean**
- 5. Person-Centred Planning**
- 6. What the Charter Means for Individual Workers**
- 7. Guide for Workers on Implementing the Charter**
- 8. Practice Checklist for Individual Workers**
- 9. What the Charter Means for Individuals with Mental Health Needs**
- 10. What the Charter Means for Organisations**
- 11. Guide for Organisations and Teams on Implementing the Charter**
- 12. Practice Checklist for Teams**
- 13. What the Charter Means for Commissioners of Mental Health Services**
- 14. Additional Resources List**

1 Introduction

This Charter is based on a Charter produced in Leicester, led by people using mental health services in partnership with organisations providing and commissioning services.

It has been adapted in Cardiff and the Vale of Glamorgan by a wide cross-section of stakeholders as part of our ongoing development of a modern mental health service. It follows two local conferences to promote adoption of the recovery ethos - the first led by the Cardiff and Vale Service User Forum, the second, through a multi agency partnership. We recognise that we are all on a recovery journey and this is just the starting point.

The Charter brings together the values, rights & responsibilities and principles of our services to produce twelve specific statements. It defines a common, shared value base, regardless of the variety of different perspectives on mental health.

'Recovery' is both a theoretical framework and a practical (and pragmatic) approach to mental health and substance misuse issues.

The Charter is a clear set of statements for service users and carers about what they can expect from services. For staff, it provides one set of consistent values, making clear what is expected of them and what they can expect from their organisations.

The Charter does not sum up all current work that is pertinent to recovery. We recognise that this work co-exists in different places within services. However, we recognise that there needs to be a cultural shift as a whole in all services, to own these changes.

The Charter is a dynamic process and will engage all potential partners. It will be implemented by service users and carers; by local providers, both voluntary and statutory; by specialist services including drug and alcohol services; and by commissioners. It will ensure better services that more effectively support people's recovery from mental distress. Services provided in accordance with the statements contained in the Charter will be person-centered and will support recovery. This means that the actions of staff and organisations are based upon what is important to service users and carers from their own perspectives.

The Charter was launched on 9th February 2011 by representatives from: Cardiff and Vale Service User Forum - supported by Sefyll, (the Service User Involvement Development Project), Cardiff and Vale University Health Board (UHB), Cardiff Council, Vale of Glamorgan Council, and Cardiff & Vale Mental Health Forum.

The Charter has been translated into the following languages: Arabic, Bengali, Chinese, Farsi, French, Gujarati, Polish, Punjabi, Somali and Welsh. The translated versions are available from Cardiff and Vale Mental Health Development Project (CVMHDP), and Cardiff & Vale UHB.

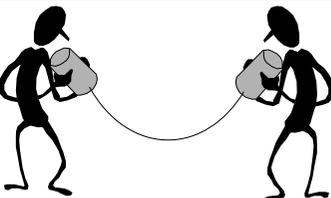
This guide to the Charter contains supporting information and tools for individuals working in services, organisations providing services, people engaging in services and commissioners of services. Further work is being undertaken on audit tools to monitor how well organisations are doing.

The Charter and Guidance will be reviewed after the first year, and bi-annually thereafter.

Charter for Mental Health

Every person in Cardiff and the Vale of Glamorgan has the right to mental health services that:

1. Make a positive difference to each person they serve.
2. Stop doing things that are not working.
3. Are guided by the individual's views about what they need and what helps them.
4. Treat everyone as a capable citizen who can make choices and take control of their own life.
5. Work with respect, dignity and compassion.
6. Recognise that mental health services are only part of a person's recovery.
7. Recognise, respect and support the role of carers, family and friends.
8. Communicate with each person in the way that is right for them.
9. Understand that each person has a unique culture, life experiences and values.
10. Give people the information they need to make their own decisions and choices.
11. Support their workers to do their jobs well.
12. Challenge "us and them" attitudes both within mental health services and in the wider society.

	<p>Make a positive difference</p>		<p>Stop doing things that are not working</p>
	<p>Are guided by the individuals views about what they need and what helps them</p>		<p>Treat everyone as a capable citizen who can make choices and take control of their own life</p>
	<p>Work with respect, dignity and compassion, regardless of age, disability, gender/gender re-assignment, language, race, religion/belief, sexual orientation or background</p>		<p>Recognise that mental health services are only part of a person's recovery</p>
	<p>Recognise, respect and support the role of carers, family and friends</p>		<p>Communicate with each person in the way that is right for them</p>
	<p>Understand that each person has a unique culture, life experiences and values</p>		<p>Give people the information they need to make their own decisions and choices</p>
	<p>Support their worker to do their jobs well</p>		<p>Challenge 'us and them' attitudes both within mental health services and in the wider society</p>

4 Recovery: What We Mean

The term 'recovery' has no one commonly agreed definition. Nor is there one definition of recovery-based practice. People with mental health problems, however, have described it in various ways:

"Recovery is not the same thing as being cured. Recovery is a process not an endpoint or a destination. Recovery is an attitude, a way of approaching the day and facing the challenges." (P E Deegan)

"Having some hope is crucial to recovery; none of us would strive if we believed it a futile effort. (Leete, 1989)

"Recovery... is about what was lost: rights, roles, responsibilities, decisions, potential and support. It is not about symptom elimination, but about what an individual wants, how s/he can get there and how others can support them to get there. It is about rekindling hope for a productive present and a rewarding future and believing that one deserves it." (Curtis, 1998)

We see the term 'recovery' as explaining a complex process for each person of adapting to and becoming able to actively participate in managing your own mental health and life. It recognises many of the following features to describe this process:

- Recovery is a process not an endpoint or destination
- Recovery is an attitude...a way of approaching the day and facing the challenges
- Recovery is not a linear process marked by successive achievements
- Professionals cannot manufacture the spirit of recovery and give it to people
- Recovery is a deeply personal, unique process
- Recovery does not necessarily mean cure or returning to where the person was before they became unwell. It is a re-adaptation to the illness that allows life to go forward in a meaningful way
- Having hope is crucial to recovery.. .none of us would strive if we believed it a futile effort
- Recovery is the on-going... regaining of the capacity to take executive control of one's life that is meaningful, satisfying and purposeful

What does the Department of Health say about Recovery?

“Services of the future will talk as much about recovery as they do about symptoms and illness... we need to create an optimistic, positive approach to all people who use mental health services, driven by the right values and attitudes... The mental health system must support people in settings of their own choosing, enable access to community resources including housing, education, work, friendships etc - or whatever they think is critical to their recovery”

The Journey to Recovery, DOH 2001

What does the Welsh Assembly Government say about Recovery?

“Service and workforce reform needs to be underpinned by a culture shift within mental health services.....Services need to ensure timely delivery of evidence based interventions that focus on outcomes and service user recovery”.....‘Such a culture shift will require a change in both service user and staff expectations of where when and how services are delivered...”

The focus on recovery should be available for all individuals within secondary mental health services, regardless of diagnosis or presentation. Recovery means regaining mental health to the maximum extent possible and achieving a better quality of life, lived as independently as possible.

S.5.35 and 5.36 Raising the Standard (Adult Mental Health National Service Framework) October 2005.

The Welsh Assembly Health, Social Care and Wellbeing Committee have recommended: *‘That the Welsh Government adopts the Recovery Model of mental health in Wales and incorporates it into its strategic mental health policies and the National Service Framework.’ [Recommendation 1]*

Welsh Assembly Health, Wellbeing and Local Government Committee: Inquiry into Community Mental Health Services: September 2009.

The Care Programme Approach (CPA) provides many service users with a mechanism to work towards maximising their ability to live fulfilled lives as independently as possible (sometimes referred to as ‘recovery’) by addressing all the aspects of their lives which together contribute to mental health. This recovery approach to care and treatment should be available to all service users within secondary care, regardless of diagnosis or presentation.

CPA provides the key means by which service users can be assisted to achieve recovery. Recovery depends on:

- Empowerment and self-management - CPA should offer the service user the opportunity to agree and take ownership of their care and treatment plan and its implementation.
- Commitment to progress - care and treatment plans should contain the short steps and long term goals to which the service user, their carers, and service providers can commit themselves.

- A holistic approach to care and treatment plans should comprehensively address all the areas of life which collectively contribute to mental health.

The five components of CPA are:

- Assessment** - an assessment of the service user's needs, risks (including vulnerabilities) and strengths.
- Planning of Care and Treatment** - developing a plan to meet the agreed outcomes which will address the identified needs and the management of identified risk (including vulnerability). This includes planning for recovery and achieving maximum individual potential.
- Delivery of Care and Treatment** - in line with the plan, the delivery of care and treatment (and where applicable other services).
- Monitoring and Review** - reviewing the delivery of services and whether these have achieved the expected outcomes, and where necessary, revising plans for delivery of care and treatment.
- Discharge** - the planning for and constructive discharge of the service user from secondary mental health services when they no longer require the intervention of such services.

Welsh Assembly Government CPA Guidance 2010

What is required on an organisational level in order to implement Recovery?

The Centre for Mental Health (previously the Sainsbury Centre for Mental Health), have identified ten key Organisational Challenges as follows:

- Changing the nature of day-to-day interactions and the quality of experience
- Delivering comprehensive, user-led education and training programmes
- Establishing a "recovery education unit" to drive programmes forward
- Ensuring organisational commitment in creating the "culture"
- Increasing personalisation and choice
- Changing the way we approach risk assessment and management
- Redefining user involvement
- Transforming the workforce
- Supporting staff in their recovery journey
- Increasing opportunities for building a life "beyond illness"

*Implementing Recovery, A Methodology for Organisational Change
Sainsbury Centre for Mental Health*

5 Person-Centred Planning

What is Person-Centred Planning?

Person-centred planning is a fundamentally different way of seeing and working with people. Being 'person-centred' or using a 'person-centred approach' means ensuring that everything we do is based upon what is important to a person from their own perspective. Person-centred planning discovers and acts on what is important to a person. It is not only for people who are 'easy to work with'; it is applicable and useful for anyone regardless of age, disability, gender/gender re-assignment, language, race, religion/belief, sexual orientation or background.

Person-centred planning gives us a structure to help us continually listen and learn about what is important to a person now and in the future, and to act on this in alliance with friends and family. It requires a fundamental shift of thinking from a 'power over' relationship to a 'power with' relationship.

The Five Key Features of Person-Centred Planning

- a) The person is at the centre: person-centred planning is rooted in the principles of rights, independence and choice. It requires careful listening to the person and results in informed choice about how a person wants to live and the various supports that best suit the individual.
- b) Family members and friends are full partners: person-centred planning recognises and values the contributions made by families, friends and communities, and gives a forum for creatively negotiating conflicts about what is safe, possible or desirable to improve a person's life.
- c). Person-centred planning reflects each individual's capacities, what is important to that individual now and for the future, and specifies the support they require to make a valued contribution to their community. Services are delivered in the context of the life each individual chooses and are not about slotting people into 'gaps'.
- d) Person-centred planning builds a shared commitment to action that recognises each individual's rights. It is an on-going process of working together to make changes that the individual and those close to them agree will improve the person's quality of life.
- e) Person-centred planning leads to continual listening, learning and action and helps the person get what they want out of life. Learning from planning can not only inform individuals, but can affect service delivery as a whole, and inform and inspire others to achieve greater things.

Person-Centred Planning is not...

- The same as assessment and care planning: it is not concerned with eligibility for resources or other predetermined criteria.
- Only for people who are 'easy to work with: it is applicable and useful for anyone regardless of ability, cultural background, or the challenges they present to services.
- An end in itself: person-centred planning can be a powerful tool in enabling someone to change their lives; however there are serious risks in focusing on achieving large numbers of plans rather than people getting the lives they want.
- A replacement for other necessary forms of planning. For example, services may need to plan in ways that help them ensure services are competent and reliable. However, it is important that other forms of planning reflect and respond to person-centred planning.

Why is it Important?

If person-centred planning is to be effective, it must result in real change for people. The purpose of person-centred planning is to enable people to live the lives they want in their communities.

People who have used person-centred planning are finding that it can:

- help people work out what they want in their lives and make them feel stronger and more confident
- clarify what support people need to pursue their aspirations
- bring people together to support people in joint problem solving and to energise and motivate people, based upon better understanding of and commitment to the person
- help direct and shape the contributions made from service agencies, to ensure that they are based upon what is important to a person from their own perspective

Who is Involved in Planning?

Individuals, families, friends and people paid to provide services may all be involved in person-centred planning. There are booklets to help people who want to plan for themselves, and have the energy and commitment to make changes, sometimes with the help of others.

If a person does not want or is not able to plan for themselves, whatever the reason, a family member or a friend may help. This is what most of us do when we are contemplating change in our lives. We use family and friends to support

us to think about choices and possibilities and to make decisions.

If a person does not have anyone close to them to help them plan, they will usually rely on someone who is paid to work with them.

6 What the Charter Means for Individual Workers

Every citizen in Cardiff and the Vale of Glamorgan has the right to mental health services that:

a) Make a positive difference to each person they serve

This means that you:

- (i) Identify what would make a positive difference to each person you work with.
- (ii) Use this information to inform the support that the person receives.
- (iii) Check regularly with the person your work is making a positive difference.
- (iv) Give priority to promoting each person's recovery.
- (v) Make sure that each person you work with feels listened to.

b) Stop doing things that are not working

This means that you:

- (i) Make sure that each person you work with feels listened to.
- (ii) Ask each person if they think the treatment/support is working.
- (iii) Discuss other options and the possible implications.
- (iv) Support the person in their decisions as far as possible.
- (v) Support the person in getting independent advocacy.
- (vi) Allow people to express their feelings, including anger and sadness, without automatically attributing it to their illness.

c) Are guided by the individual's views about what they need and what helps them

This means that you:

- (i) Explore possibilities for advance directives with each person you work with.
- (ii) Ask simple, yet powerful questions such as: What happened? What do you think would be helpful? What are your goals in life? What worked for you previously?
- (iii) Find out about the person's whole life and what is most important to them.
- (iv) Record the individual's responses in their own words wherever possible, rather than translating the information into professional language.
- (v) Try to give each person control over where and when meetings/ appointments happen and who is invited.
- (vi) Do not make assumptions about what a person is ready to do.
- (vii) Explore with each person different ways of providing support (for example through using Direct Payments).
- (viii) Think about what each person can do for themselves, what their support networks can do, and what others within and outside of your organisation can contribute.
- (ix) Check out regularly what the person feels about their progress.

d) Treat everyone as a capable and intelligent citizen who can take control of their own life

This means that you:

- (i) Explore all the barriers or obstacles to care and do not assume a person is "unmotivated" or "non-compliant".
- (ii) Ask the person what has worked for them in the past and use this in planning support.
- (iii) Are mindful of the power of language and careful to avoid the negative messages that professional language can convey.
- (iv) Avoid using diagnostic labels as a means of describing a person.
- (v) Identify people's skill, strengths and abilities.
- (vi) Acknowledge the person's right to make mistakes.
- (vii) Explore self-directed funding opportunities e.g. Direct Payments (for those individuals who meet the eligibility requirement).

- (viii) Recognise that people are in charge of their own lives and respect people's rights to take risks.

e) Work with respect, dignity, and compassion, regardless of age, disability, gender/gender re-assignment, language, race, religion/belief, sexual orientation or background

This means that you:

- (i) Address each person by their preferred name/mode of address.
- (ii) Do not use diagnostic labels or inappropriate terminology as a means of describing a person.
- (iii) Encourage and support the person you are working with to feel hopeful about the future even through hard times.
- (iv) Write notes or talk about a person as if they were sitting next to you.
- (v) Seek a person's permission before you access their records.
- (vi) Develop a trusting relationship with each person so that they are able to express their fear, anxieties, feelings and concerns without worry of ridicule, rejection or retribution.
- (vii) Acknowledge people's skills, coping strategies and the fact that they have survived, often through very difficult circumstances.
- (viii) Ask everyone involved in a person's support to contribute to planning, including reviews.
- (ix) Recognise that workers who are not professionally qualified often play the most significant part in people's recovery.

f) Recognise that mental health services are only part of a person's recovery

This means that you:

- (i) Take action to prevent them from losing important things in their life, for example their job, housing, income, and relationships, if they have to be admitted to hospital.
- (ii) Learn about what resources, services or support there is in the local community.
- (iii) Encourage and support people to access these resources.

- (iv) Find out about the whole of the person's life and what is important to them, and support them to achieve their goals.
- (v) Find out if the person you are working with has any worries about Issues, which might include:
 - Physical health
 - Housing
 - Employment
 - Income
 - Relationships
 - Sleep
 - Identity
 - Social Inclusion
 - Cultural Difference
- (vi) Link people to the right advice and support.
- (vii) Think about what each person can do for themselves, what their support networks can do, and what others within and outside your organisation can contribute.

g) Recognise, respect and support the role of carers, family and friends

This means that you:

- (i) Make sure carers know who the person's care co-ordinator is and who to contact in a crisis.
- (ii) Ask the person you are working with whom they get support from and how they should be involved.
- (iii) Know what support and information is available for carers, family and friends and support them to access this.
- (iv) Listen to carers, family and friends and take seriously what they say and act on the concerns they raise.
- (v) Know what rights carers have and offer a carer's assessment.
- (vi) Recognise that there may be tensions between the rights of a service user and the rights of carers and communities, and try to resolve these where possible.

h) Communicate with each person in the way that is right for them

This means that you:

- (i) Get an interpreter or translated information, if the person you are working with needs it.
- (ii) Understand that people have different communication styles.
- (iii) Work with the person to help clarify any misunderstanding.
- (iv) Give people enough time to understand and to respond to you, and check their understanding.
- (v) Learn about how you address specific communication needs, for example for people who have sensory impairment.
- (vi) Identify any barriers to communication and address them.
- (vii) Seek appropriate support if you are having difficulty communicating with somebody.
- (viii) Consider the impact on the person of what you intend to say.
- (ix) Use plain and clear language.

i) Understand that each person has a unique culture, life experiences and values

This means that you:

- (i) Understand your own culture, values and life experiences and the possible assumptions this may lead you to make.
- (ii) Think about the impact of this on the people you support.
- (iii) Use supervision, peer support etc, to explore how your culture, values and life experiences may impact on your practice.
- (iv) Are sensitive to the way in which you explore a person's cultures, values and experiences.
- (v) Develop your awareness of issues of inequalities and power.
- (vi) Check out with the person that you are working with your understanding of their culture, values and life experiences and what that it means to them individually.

j) Give people the information they need to make their own decisions and choices

This means that you:

- (i) Ensure the information you are giving is easy to understand.
- (ii) Check out that the information you have given is understood.
- (iii) Give people information about:
 - Ways of complaining
 - Rights and responsibilities
 - Treatment options
 - Medication they are on
 - Ways of helping themselves
 - Where else they can get information
 - Who to contact in a crisis
- (iv) Ensure that information is given in a way that is right for the person.
- (v) Check out regularly with the person that they have the information they need.

k) Support their workers to do their jobs well

This means that the organisation you work for provides:

- (i) Jobs that are designed to be fit for purpose.
- (ii) Induction into new roles and changing roles within the organisation.
- (iii) Induction geared to the individual and their role.
- (iv) Training pertaining to mental health, equality legislation and equality & diversity awareness.
- (v) Regular and effective supervision.
- (vi) Learning and development opportunities:
 - self reflective practice
- (vii) Hold regular team meetings, which would include:
 - opportunities for reflective practice
 - team building
- (viii) Access to resources, for example, the internet.
- (ix) Safe and healthy working conditions:
 - management of workload
 - flexible work practices
 - responsiveness to the needs of employees
 - tackling bullying and harassment

I) Challenge “us and them” attitudes both within mental health services and in the wider society

This means that you:

- (i) Learn about and use effective ways of challenging prejudice and discrimination against age, disability, gender/gender re-assignment, language, race, religion/belief, sexual orientation or background.
- (ii) Develop your awareness of issues of inequalities and power.
- (iii) Develop your awareness and challenge your own “us and them” attitudes, prejudices and discriminatory behaviour.
- (iv) Are welcoming of people with life experience and people from other backgrounds [regardless of age, disability, gender/gender re-assignment, language, race, religion/belief, sexual orientation or background] as colleagues.
- (v) Challenge the stigma and prejudice associated with “mental illness” in the wider society.
- (vi) Do not use diagnostic labels as a means of describing a person.

7 Guide for Workers on Implementing the Charter

This Guide has been produced in Leicester and adopted in Cardiff and the Vale of Glamorgan by the Recovery Strategy Steering Group, a sub-group of the Mental Health Advisory Planning Group. The Group is developing an audit tool, by which service users and carers can evaluate the service they are receiving. It is expected that this audit tool will eventually be used by all organisations on an annual basis.

In addition, the Group will be developing recovery, person-centred planning and recovery-based training. Information will be circulated in due course. In addition to this Guide, there are:

- a) An Implementation Guide for teams and organisations
- b) Two Self-Assessment Tools, one for individuals and one for teams
- c) A wide range of resources

We hope that this Guide and the other documents will help you to:

- Acknowledge your good practice
- Identify areas where you are not so strong
- Come up with ideas for improving and developing in these areas

Guide for implementing the Mental Health Charter

a) Assess and improve your practice

- Go through the self-assessment tool included in this Resource Pack.
- Identify what you do well and whether there is room for improvement.
- Think about what actions you could take that would most improve your practice.
- Use these to develop a personal action plan and use this in supervision.
- Take part in your team's self-assessment.
- Review your practice at regular intervals, using the self-assessment tool and your personal action plan.
- Support the service users and carers you work with to take part in the Charter audit process when it is rolled out.

b) Training

- Find out what training is available: the Recovery Steering Group plans to co-ordinate free training locally on for example, recovery, values-based practice, social inclusion, person-centered planning, and equality & diversity awareness.
- Look out for training on Direct Payments and Individual Budgets. Work through the training modules for the ten Essential Shared Capabilities / Training Modules of the Scottish Recovery Network (see *Additional Resources sheet for details on how to access these*).

c) Resources

- Find out who is your organisation's lead on the Mental Health Charter, and get in touch with them.
- Look at what resources are available on the internet: CVMHDP will also have downloadable leaflets and other links available on their website www.cvmhdp.org.uk.

d) Support

- Think about what practical and emotional support you need in order to work well and how you can get what you need.
- Acknowledge what you do well.

10. I check out with each person how they prefer to be addressed	1	2	3	4	5	6	7	8	9	10	
11. I always seek a person's permission before I access their records	1	2	3	4	5	6	7	8	9	10	
12. If someone I'm working with has to be admitted to hospital, I try to make sure they don't lose things important to them, e.g. employment, housing, income, relationships	1	2	3	4	5	6	7	8	9	10	
13. I know what support people can access when they have concerns, e.g. about employment, housing, physical health, relationships, money, sleep, identity, social inclusion, cultural difference	1	2	3	4	5	6	7	8	9	10	
14. I know all the carers who support the people I work with, and I have offered all of them a carers assessment	1	2	3	4	5	6	7	8	9	10	
15. When carers, families or friends have concerns, I take them seriously and act on them	1	2	3	4	5	6	7	8	9	10	
16. I know how to access interpreters, including need for British Sign Language	1	2	3	4	5	6	7	8	9	10	
17. If I give people information, I always make sure they have understood it	1	2	3	4	5	6	7	8	9	10	
18. I know where to get support if people have specific communication needs	1	2	3	4	5	6	7	8	9	10	
19. I know what other agencies support the service users and carers with whom I work	1	2	3	4	5	6	7	8	9	10	
20. I have thought about how my own culture, life experiences and values influence the way I work with people	1	2	3	4	5	6	7	8	9	10	

21. I am aware of issues of inequality and power for the people I work with	1	2	3	4	5	6	7	8	9	10	
22. I give the people I work with information about: their rights, how to complain, treatment options, medication and side-effects, who to contact in a crisis, where they can get other information, ways they can help themselves	1	2	3	4	5	6	7	8	9	10	
23. I regularly check out with each person whether they've got all the information they need	1	2	3	4	5	6	7	8	9	10	
24. I value colleagues who have experienced/are experiencing mental health difficulties themselves	1	2	3	4	5	6	7	8	9	10	
25. I have received good induction, training and supervision in my job	1	2	3	4	5	6	7	8	9	10	
26. I have access to the resources and support I need to do my job well	1	2	3	4	5	6	7	8	9	10	

Action Plan

List 5 actions that you think would most improve your practice

Action		How will you know if your practice has improved?
1		
2		
3		
4		
5		

9. What the Charter means for Individuals with Mental Health Needs: A Guide for Service Users on Implementing the Charter

These guidelines have been drafted by members of the Service User Forum, supported by Sefyll:

- Treat staff with dignity and respect (as you would want to be treated yourself).
- Participate as far as possible in a jointly agreed individual recovery process.
- Be open to the consideration of different options.
- Tell staff what works for you and where support is needed.
- Be honest when something isn't working and provide feedback.

The above is subject to appropriate consideration of a person's mental health when expecting these responsibilities to be met.

10. What the Charter Means for Organisations

These implications were developed directly from the twelve statements of the Charter for Mental Health, and then grouped according to themes shown below to make it easier for organisations to work towards implementation of the Charter.

- a . Values**
- b. Resources**
- c. Organisational Development**
- d. Human Resources**
- e. Management**
- f. Learning and Development**
- g. Performance Management/Audit/Evaluation**
- h. Communication**
- i. Partnerships**

a) Values

Organisations should aim to:

- Demonstrate and evidence commitment to principles of service user and carer involvement, recovery, person-centered planning, social inclusion and mental health promotion.

- Challenge the stigma and prejudice associated with “mental illness” in their own organisations and in wider society.
- Include the Mental Health Charter in their policies and literature.
- Give the Mental Health Charter to service users, carers and staff.
- Support peer-led and peer-run services.
- Demonstrate and evidence commitment to partnership working.
- Promote and support opportunities for self-directed care (e.g. Direct Payments, Individual Budgets, Advance Directives, Person-Centered Planning).
- Prioritise training and staff development as an essential function to increase individual practitioners’ competencies in providing recovery oriented care.

b) Resources

Organisations should aim to:

- Identify and ask for resources that meet the cost of the service provided, to ensure sufficient capacity.
- Incorporate new technologies as service options to enhance self-management (e.g. web-based applications and self-help resources).
- Ensure that physical environments are fit for purpose.
- Provide good access to internet resource, and website-based or helpline support.

c) Organisational Development

Organisations should aim to:

- Show evidence of mental health service user and carer involvement in the shaping of policies, design of services, training, evaluation and recruitment.
- Provide transitional support for service users and staff during organisational change.
- Reimburse and support service users and carers who provide inputs into services.
- Promote and support opportunities for self-directed care (e.g. Direct Payments, Individual Budgets, Advance Directives, Person-Centered

Planning).

- Provide training and practical assistance that supports staff to implement organisational development.

d) Human Resources

Organisations should aim to:

- Make active efforts to recruit and retain a workforce that is representative of the communities that they serve.
- Have policies in place [including Equal Opportunities] and make active efforts to recruit and retain staff with mental health illness/disability, including making reasonable adjustments to support continued working.
- Demonstrate how the Equality Act 2010 is being implemented and how inequalities of access are overcome.
- Use equalities monitoring, complaints and other information to identify problems in access, and take action to address any problems.
- Provide training to respond to mental distress or disability in colleagues/staff.
- Respect self-disclosure by employed persons in recovery but do not either require or prohibit self-disclosure, by policy or practice.
- Include the Mental Health Charter in staff's job descriptions.
- Show commitment to providing a mentally healthy workplace, as evidenced by Human Resources policies (e.g. anti-discrimination, pre-retirement planning, work life balance, anti-violence initiatives, induction and supervision, adoption and implementation of Health & Safety Executive Stress Management Standards).

e) Management

Organisations should aim to:

- Ensure all staff take responsibility for supporting individuals to maintain or move towards the life they want, which may include access to (for example) employment, housing, education and leisure opportunities.
- Support staff to offer practical assistance to service users and carers in the community contexts in which they live, work, learn and relax.

- Promote and support opportunities for self-directed care (e.g. Direct Payments, Individual Budgets, Advance Directives, Person-Centred Planning).
- Respect self-disclosure by employed persons in recovery but do not either require or prohibit self-disclosure, by policy or practice.
- Provide good induction and supervision, geared to the individual and his or her role.
- Ensure safe and healthy working conditions:
 - management of workload
 - flexible work practices
 - responsiveness to the needs of employees
 - tackling bullying and harassment
- Regularly review staff satisfaction and take action to address problems raised by staff.
- Ensure that teams hold regular meetings which include opportunities for reflective practice and team building.
- Make promotional material/leaflets on wellbeing and mental health available and accessible for their employees.

f) Learning and Development

Organisations should aim to provide training that ensures:

- Awareness of equalities legislation and specific needs pertaining to age, disability, gender/gender re-assignment, language, religion/belief, race, sexual orientation or background.
- Mental health promotion
- Awareness of the needs of particular vulnerable groups
- The ability to be welcoming and to signpost to other services
- Awareness of the forces at societal level which undermine recovery and community inclusion
- Ensure that clinical directors and organisational leaders take part in training so that there is consistency between proposed recovery-oriented practices and the system's administrative structures.
- Ensure that front-line staff have awareness of child and adult abuse issues, can respond appropriately to disclosure and signpost to sources of support.

- Involve service users and carers in providing training.

g) Performance Management/Audit/Evaluation

Organisations should aim to:

- Involve diverse service users and carers as a significant proportion of their boards, management committees and working groups.
- Routinely collect measures of satisfaction from service users and carers.
- Have formal complaints/grievance procedures available to service users and carers to address dissatisfaction with services.
- Routinely involve service users and carers in quality assurance and audits.
- Make good use of information and audit: report to boards/management committees, take action, give feedback to those who provide the information.
- Develop ways of routinely monitoring and evaluating outcomes.

h) Communication

Organisations should aim to:

- Provide accessible, easy to understand information about the service, and who is eligible for it, which includes:
 - Ways of complaining
 - Rights and responsibilities
 - Treatment options
 - Medication
 - Ways of helping themselves
 - Where else to get information
 - Who to contact in a crisis
- Ensure that any specific communication needs are met (e.g. through access to interpreting services, Braille translation, BSL, spoken word information etc.).

i) Partnerships

Organisations should aim to:

- Involve diverse service users and carers as a significant proportion of their boards, management committees and working groups.

- Reimburse people for the time they spend providing input into services, providing peer support and mentoring, and/or providing educational and training sessions for service users, carers or staff.
- Actively participate in joint planning and joint working.
- Clearly understand their role within overall local service provision, and signpost appropriately to other services.

11. Guide for Organisations and Teams on Implementing the Charter

This guide is a simple step-by-step guide to assist organisations and teams in implementing the Charter.

The Recovery Strategy Steering Group will be developing an audit tool and it is expected that this will eventually be used by all organisations. Organisations will be expected to use their existing audit arrangements to monitor and evaluate how well their services match the principles of the Charter.

For larger organisations, implementing the Charter will be a more complex process. It is recommended that implementation takes place at both the individual and the team level, with the organisation taking on wider responsibilities for supporting this.

On signing up to the Charter, all organisations should agree to undertake a recovery audit and list five areas for improvement.

In addition to this Guide, there are:

- An implementation Guide for individual members of staff
- Two Self-Assessment Tools, one for teams and one for individuals
- A wide range of resources

Information about recovery, person-centred planning, value-based training and audit tools will be made available in the future.

Key Wider Organisational Responsibilities

a) Commitment

- There is a commitment at Chief Executive Officer, Board and Senior Management level in each organisation.

b) Communication

- This commitment must be communicated to staff, along with the expectation that teams implement the Charter and evaluate their performance against the Charter.
- Communication should be on-going. It may be necessary to develop a Communications Plan for this and to involve whoever has responsibility for communication within your organisation.
- All service users and carers need to be familiar with the Charter and what it means. This means displaying copies of the Charter in all public areas of your organisation (reception, clinics) as well as those areas used only by service users and carers.

c) Support

- Provide support to teams to undertake an audit, including making available the resources to support teams and individuals.

d) Reporting

- Bring together the outcomes of the work undertaken by teams, to report to the Joint Operational Group and Advisory Planning Group, to share good practice and to incorporate relevant actions into Business Plans

e) Team Level implementation

Step 1:

Undertake an audit to find out where you are now:

- Become familiar with the Charter first: all staff need to be familiar with the Charter and its implications for them.
- What existing data do you have? There may be relevant information available from previous service user surveys, patient, ward or other service user forums, or analysis of comments and complaints.
- Use the self-evaluation tool provided with the Charter. This will give you a baseline against which future self-evaluation and audit results can be compared to show progress.
- Identify what you do well and areas you would like to improve.

Step 2:

Use your findings to take action:

- Using the outcomes from your self-evaluation, identify a manageable number of practical actions that you could undertake.
- It may be helpful to develop a simple action plan that identifies what actions will be taken, who is responsible for each action and a target date to complete each action.

Step 3:

Communicate:

- Report back to senior management the outcomes of your work.
- Share good practice.

Step 4:

Check out how you are doing:

- Regularly check the action plan to ensure that you are on track.
- Repeat the self-evaluation, at least annually.
- The Recovery Strategy Group will also be working on a simple audit process and audit tool. When these are available, they can be used to get views from service users and carers on how they assess your service.

**These steps are repeated.
Implementing the charter is an on-going process
of team and individual development.**

12 Practice Checklist for Teams

	How does the service your team provides match up to these statements? Score the team against each, from 1-10, 10 being the highest score.	We don't do this very well	We do this very well	How do you know how well you do this? What evidence do you have? Give examples of how you do this.
		←	→	
1	We can show that our service improves the lives of the service users and carers we work with.	1	2 3 4 5 6 7 8 9 10	(e.g. Do you have person-centred plans showing what people want to achieve? Do your records show this?)
2	We routinely check out and record whether people are happy with our service.	1	2 3 4 5 6 7 8 9 10	(e.g. Do you do regular service user and carer surveys?)
3	We support the people we work with to take the lead in developing their support plans.	1	2 3 4 5 6 7 8 9 10	(e.g. How many people have been offered Direct Payments?)
4	All the support plans we help with include information about people's skills, strengths and interests.	1	2 3 4 5 6 7 8 9 10	(e.g. Can you collate this from support plans? How often do you review support plans as a team?)
5	The people we work with think that we treat them with respect and dignity, as capable and equal partners.	1	2 3 4 5 6 7 8 9 10	(e.g. Do you ask this in service user/carers surveys?)
6	We know who else supports the people we work with, and we consider their needs and include the, in support planning wherever we can.	1	2 3 4 5 6 7 8 9 10	(e.g. How many people do you work with where family members or friends provide significant support? Have all these carers been offered carers assessments?)

7	We have a wide range of information to give to people about other support available in the area, including: employment, education, leisure, money, housing, relationships, physical health, coping with abuse and violence	1	2	3	4	5	6	7	8	9	10	(e.g. Do you have a store of leaflets? In different languages? How often is this reviewed/updated? Do all the staff have good internet access and know about useful websites, e.g. LAMP Direct, Multikulti? As a team do you map what resources there are in your geographical area?
8	We always use interpreters (inc. British Sign Language) when they're needed, whether face to face or for phone calls	1	2	3	4	5	6	7	8	9	10	(e.g. Have you got record of first/preferred language? Have you got a record of use of interpreters, including language line?)
9	As a team we feel we get the emotional and practical support that we need in order to do our work	1	2	3	4	5	6	7	8	9	10	(e.g. How many of the team get regular supervision and appraisal? How many training days/conferences have the team attended in the last year? How is the teams sickness absence record?)
10	We are able to meet the needs of everyone equally regardless of age, disability, gender, language, race, religion, sexual orientation or background	1	2	3	4	5	6	7	8	9	10	(e.g. Do you know the ethnicity/gender/age breakdown of who the team works with? Do you know the breakdowns for inpatient admission, Mental Health Act assessments for your team? How many of the team have been on good equalities training? In team meetings do you discuss inequalities issues that have arisen in cases?
11	We manage to support the people we work with to retain or return to employment and education	1	2	3	4	5	6	7	8	9	10	(e.g. How many of the people you work with are in paid employment (full-time, part-time), voluntary employment, education?
12	We successfully support the people we work with to access mainstream social and leisure opportunities	1	2	3	4	5	6	7	8	9	10	(e.g. Do you know how many of the people you work with use mainstream social/leisure facilities?)

Action Plan

List 5 actions that you think would most improve practice as a team.

	Action	How will you know if your practice has improved?
1		
2		
3		
4		
5		

Have you got any comments about the process and how it could be improved?

--

13 What the Charter Means for Commissioners of Mental Health Services

These implications were developed directly from the twelve statements of the Charter for Mental Health and then grouped according to themes to make it easier for Commissioners to work towards implementation of the Charter.

If strategic commissioners of mental health services (e.g. Local Authorities, Health Boards, Supporting People) adopt the Mental Health Charter, they will need to consider two elements: their own practices and the practices of the provider organisations from which they decide to commission services.

a) Commissioning Organisations' Own Practice

Commissioners should work towards the development of a Commissioning Strategy that aims to:

- Understand the populations they serve, their needs and the types of services they want.
- Identify groups who are not covered by current services and address this.
- Commission services provided by service users and carers.
- Commission a range of services and support from a range of providers, including the voluntary sector.
- Avoid duplicating services already available in the mainstream community.
- Maximise opportunities for self-directed care, e.g. Direct Payments and Individual Budgets.
- Increase access to non-pharmacological sources of support for people, including older people, black & minority ethnic, and lesbian gay & bi-sexual groups. This includes social prescribing, access to information leaflets and books, psychological therapies and self-help groups, helpline or websites.
- Incorporate new technologies (e.g. tele-medicine and web-based applications and self-help resources) as service options to enhance self-management.
- Involve service users and carers in commissioning processes - e.g. drawing up service specifications, taking part in tender panels.
- Influence wider partners to ensure that people who experience mental health problems have good access to mainstream services and resources.
- Commission and monitor services in ways that ensure they have the capacity to work in line with the Mental Health Charter.
- Inclusion of the Mental Health Charter in Service Level Agreements.
- Develop outcome-focused monitoring.
- Ensure that their own practices meet the standards they set for providers for example, in terms of support for their workers, service user and carer involvement accountability.

b) Provider Organisations' Practices

- Commissioners should encourage mental health provider organisations to adopt the Mental Health Charter, if they have not already done so.

c) Commissioners should aim to commission services that:

- Have a strong, positive value base.
- Demonstrate and evidence commitment to principles of service user and carer involvement, recovery, person-centred planning, social inclusion, mental health promotion, and partnership working.
- Include the Mental Health Charter in their Job Descriptions for staff.

d) Involve Service Users and Carers

- Have policies [including Equal Opportunities] in place and make active efforts to recruit and retain staff with mental health illness/disability including making reasonable adjustments to support continued working.
- Demonstrate through workers and systems a positive and accepting attitude to employees with mental health problems, and training to respond to mental distress or disability in colleagues/staff.
- Can show evidence of mental health service user and carer involvement in the shaping of policies, design of services, training, evaluation and recruitment.
- Reimburse and support service users and carers who provide input into services.
- Involve diverse service users and carers as a significant proportion of their boards, management committees and working groups.
- Ensure that their staff are trained in opportunities for self-directed care e.g. Direct Payments, Individual Budgets, Advance Directives, Person-Centred Planning, and can evidence that they encourage and support these opportunities.

e) Provide Good Access to their Services

- Provide accessible, easy to understand information about the service, including who is eligible for it.
- Demonstrate and evidence how the Equality Act 2010 is being implemented and how inequalities of access are overcome.
- Follow recruitment and training practices that ensure that their staff

have a good awareness of:

- equalities legislation and issues pertaining to age, disability, gender/gender re-assignment, language, race, religion/belief sexual orientation or background
 - mental health promotion
 - needs of particularly vulnerable groups
 - how to be welcoming and how to signpost people to other services, support and interventions, as appropriate
 - suicide and suicide prevention
- Ensure that front-line staff have awareness of child and adult abuse issues.
 - Can respond to the disclosure appropriately and sign-post to sources of support.
 - Respond to the needs of their service users in terms of location and timing of the service.
 - Use interpreters when needed.
 - Make active efforts to recruit and retain a workforce that is representative of the communities they serve.
 - Use equalities monitoring, complaints and any other information to identify problems in access and take action to address any problems.

f) Give Choice/Options

- Promote and support opportunities for self-directed care, e.g. Direct Payments, Individual Budgets, Advance Directives, Person-Centred Planning.
- Provide information about other appropriate services, support and interventions.
- Do not have policies or practices that require service users to progress through a pre-determined continuum of care.
- Are willing to offer their service users and carers' practical assistance in the community contexts in which they live, work, learn, and relax.
- Ensure that all staff take responsibility for assisting people to maintain or access meaningful employment, education and leisure opportunities.

g) Support their Workers Well

- Show commitment to providing a mentally healthy workplace, as evidenced by HR policies e.g. anti-discrimination, pre-retirement planning, work life balance, anti-violence initiatives, induction & supervision, and adoption & implementation of Health and Safety Executive Standards for the management of work-related stress.
- Demonstrate how the Equality Act 2010 is being implemented and how inequalities of access are overcome.
- Have policies [including Equal Opportunities] in place and make active efforts to recruit and retain staff with mental health illness/disability, including making reasonable adjustments to support continued working.
- Provide training to respond to mental distress or disability in colleagues/employees.
- Prioritise training and staff development as an essential function to increase individual practitioners' competencies in providing recovery-oriented care.
- Ensure that clinical directors, senior managers and agency leaders take part in training, so that there is consistency between proposed recovery-oriented practices and the system's administrative structures.
- Regularly review staff satisfaction and take action to address problems raised by staff.

h) Are Accountable

- Involve diverse service users and carers as a significant proportion of their boards, management committees and working groups.
- Routinely collect measures of satisfaction from people in recovery and their carers.
- Have formal complaints/grievance procedures readily available to people in recovery and their loved ones to address their dissatisfaction with services.
- Routinely involve service users and carers in quality assurance and audits.
- Make good use of information and audit: report to boards/management committees, take action, and give feedback to those who provide the information.

- Develop ways of routinely monitoring and evaluating outcomes.

14 Additional Resources List (websites only)

1. The National Development Team's Social Inclusion Planner:

<http://www.ndti.org.uk>

2. The 10 Essential Shared Capabilities: Guidance Notes and Learning Modules:

http://www.lincoln.ac.uk/ccawi/esc/esc_web/assets/index01.html

3. The National Development Team's Database of social inclusion strategies:

<http://www.ndt.org.uk>

4. Department of Health Capabilities for Inclusive Practice:

<http://www.socialinclusion.org.uk>

5. The Line Managers' Resource is a booklet and website that gives advice and information for managing and supporting people with mental health problems in the workplace:

<http://shift.org.uk>

6. Local mental health information, including searchable service directories:

www.cvmhdp.org.uk

7. Realising Recovery Training - six modules designed to support all mental health workers to develop their recovery focused practice, developed jointly by the Scottish Recovery Network and NHS Education for Scotland:

<http://www.scottishrecovery.net>

Glossary

Definition of adult mental health : Any adult with mental health or substance misuse needs