

# coping with meetings



introductory pack for mental health carers and people who use services

# why have we put this pack together

**We have written this Information Pack to give users and carers who want to become involved in meetings about mental health services the information they might need to participate effectively and to exert influence over decisions about services.**

**We want to reassure users and carers that you:**

- have experience and expertise on mental health
- have a valid viewpoint
- have something to contribute because you are a user or a carer
- may also have other experience from other situations and roles that is relevant here.

**The official guidance for the health service and local authorities clearly states that:**

- users and carers are at these meetings as a right
- the health service and local authorities are expected to consult with and involve you and they are not doing their job properly if they don't involve you.

## DO YOU HAVE A GROUP TO SUPPORT YOU?

- Have you access to someone who can give you information about the various aspects of attending meetings, such as joint planning meetings?
- Do you know someone who knows about the different types of meetings that people with mental health problems and carers get invited to?

## IF YOU DO HAVE ACCESS TO SUPPORT, THIS PACK IS INTENDED TO

- give you some ideas about the aspects on which you would like more information and support
- be a starting point for support workers or experienced members of the group who are introducing newer members to meetings
- be a resource you can refer to later on, as new situations arise.

If you have a good support network, or have colleagues who have done this type of work before, you may not need all of the information in the pack. But it is here in case you need it.

## IF YOU DO NOT HAVE ACCESS TO THIS TYPE OF INFORMATION AND SUPPORT, PERHAPS BECAUSE YOU ARE THE FIRST CARER OR SERVICE USER TO BE ASKED ALONG TO THE MEETINGS IN YOUR AREA, THIS PACK IS INTENDED TO

- help provide the type of advice that a support worker would give
- be something that you can refer to when new situations arise
- suggest places where you can get further information.

People who had been in your situation suggested all of the sections in this pack. It is up to you to take what you need from the pack.

# sections of the pack you are likely to use

	people who are on their own	people who have a group	background papers
preparing for meetings	practical suggestions for you	practical suggestions for preparing person before the meeting	
types of meetings			notes on the main types of meeting you might be involved in
consultation meetings and conferences		background material when preparing members	
what if?	suggestions on situations that some people worry about	background material when preparing members	
main organisations that you will come across	useful if you are not yet familiar with the range of mental health services		brief notes on which organisation does what
official guidance on user and carer involvement			summary of the official documents
further information and reading			list of references how Allies in Change can help



# Preparing for meetings

You have been asked to go to a meeting about mental health services because you are someone who uses services, or who is a carer.

You can agree to go to the meeting, or you can say 'no', or you can say 'yes, provided...'. The only person who knows what is right is you.

# Things to consider when attending a meeting

## Will I be able to go?

- Am I well enough?
- Have I got other commitments?
- Have I the time and energy it will need?
- Am I able to give a commitment for long enough?

## Am I able to reach out beyond by own experience and to think and speak in more general terms?

- Am I still upset by the situations I have known?
- Can I talk objectively and calmly about the issues?
- Will I need support to deal with the issues which might be raised for me?
- How relevant is my experience for that topic?

## Are there resources in place to enable me to attend?

- Can I afford the time off?
- Will I be able to manage until I get expenses?
- If I have other costs, will these be met, or can I manage?

## Is this meeting a priority for me and for other service users/carers?

- Are there other ways of dealing with the issue?
- Are there other ways of feeding in your views?
- Is it a priority in terms of the interests of people who use services and their carers?



# consultation meetings and conferences



## Consultation meetings

Consultation meetings are often organised to let the people who are preparing a plan or a proposal hear the views of a wide range of other people.

You might be asked to give your views on a range of topics and issues. This can be your own views, as an individual, or it can be the views of a larger number of people, when you are acting as the representative of a group.

Examples can include:

- Local Community Care Plan
- Local mental health strategy
- Protocols that set out how services will operate - e.g. developing hospital discharge protocols
- A voluntary organisation's policy programme, or plans for services they provide
- Comments on a Government Green Paper - this is a draft paper setting out proposals or policies that the government is considering (Once it is final it becomes a White Paper.)
- Comments on proposals about mental health legislation or policies.

### **Useful points to check beforehand are**

- What is the consultation about?
- Are some things already decided?
- If there are papers to comment on, when will I see them, and will I have time to think about them and discuss the content with other people?
- How many people will be at the consultation meeting?
- What types of people will be at this meeting?
- Is this the only consultation event, or are there others?
- Am I expected to give my own views and experience, or will I be expected to speak for service users or carers generally?
- How will the views be used?
- How and when will I find out what is finally decided?

# Types of conference

One of the first things you may be asked as a user/carer representative is to attend a conference. Conferences bring together people to discuss and hear about more general matters. They come in all different shapes and sizes - anything from a couple of dozen people to 300 people.

Many organisations hold annual conferences or one-off conferences which often have a theme, such as employment, mental health promotion, etc. These conferences often have plenary sessions, which is where everyone at the conference can get together in the main hall and listen to speakers, and sometimes debate and ask questions. Conferences also have 'workshops', and these can vary in nature. A workshop might be a group of ten people discussing a particular issue, or it might be a group of 50 people listening to a speaker and then asking questions.

## Things you could ask or check out beforehand

- how big are the workshops?
- will I be expected to speak or can I listen?
- when can I speak if I want to?

Stakeholder conferences are held by agencies planning and delivering services to give everyone who has a 'stake' in the service (for example, users, carers, staff and other agencies) a chance to either receive information, or get their views across. These are like the consultation meetings.

**Booklets in this pack  
that might be useful here**

**2** types of meetings

**6** official guidance on  
user and carer  
involvement

## Someone's story

“ The first contact I had with the user group was attending local user meetings. This started because I was encouraged to go by other people I had met at the drop-in, who I knew would be there to support me if I needed help. After a few months, when I didn't do much more than observe and listen, I started to feel comfortable enough to join in and my confidence began to improve.

It was then suggested that I go to a meeting which was set up by the user group but also included some professionals. Initially I found that I didn't feel that my opinions were relevant so I tended to keep quiet, but over a few meetings I again became more confident.

The next major step I took was attending a large three day conference away from home. I went with another user and the facilitator of our group, both of whom I knew well by this time. I needed to have people I knew and trusted with be whenever I was going into a new situation but once at the conference I was OK, talking to anyone who approached me. (I spent much of the time at the conference working on the information stand that our group was running.)

More recently I have given a speech to a Housing Conference, done an interview on the radio and attended a conference in London on my own. I am now relaxed in any meeting run by users (e.g. the London conference I attended) even if I have not met any of them before, but I would still be uncomfortable in a meeting of professionals if I was the only user there.

I have found that getting involved has not only improved my self esteem and confidence, but has also had the unexpected benefit of helping me make new friends. ”

Member of a local users' group

## Working in pairs

At some meetings, both users and carers might work in pairs. There is more information about this in the set of checklists for people going to and organising meetings.

- Tell the person chairing the meeting if you will do this at the outset, or tell them that you will be doing this from now on.
- Also tell the chair if you want to have a shadow, if you or one of the pair cannot come on some occasions.

## Users and carers speaking for each other at meetings

When speaking on the other user/carer perspective, for example if the other person is not there:

- speak out on issues that are important, or that you know the other person thinks are important
- note when you are drawing on your/your relative's or friend's experiences
- don't claim to speak for the other viewpoint
- if other people comment that you are giving 'the user and carer view' explain that you cannot do this
- encourage the person chairing the meeting to follow up formally with the other person when they are not at that meeting
- if the matter is important it might be better to propose that the discussion is postponed until both the service user and the carer are there
- if you know the other person has strong or different views on a subject, suggest the discussion is postponed.

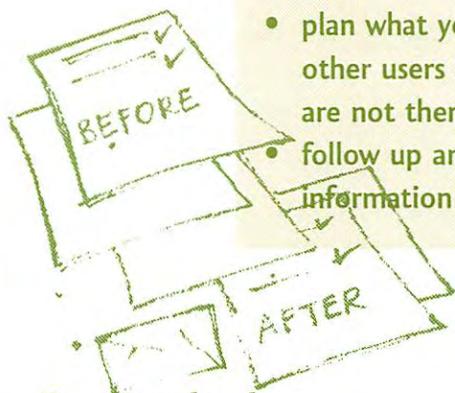


***Booklets in this pack  
that might be useful here***

- 4** *what if?*
- 6** *official guidance on  
user and carer  
involvement*

# Things to do after the meeting

- meetings are hard work, especially at the beginning, so give yourself time to wind down
- arrange to talk over how the meeting went with someone in your support group or with a friend
- plan what you are going to feed back to the other users or carers in your area, even if you are not there as a representative
- follow up any points where you want further information before the next meeting.



*Booklets in this pack  
that might be useful here*

**5** *main organisations that  
you will come across*

## Feeding back

The kind of issues you will need to feed back will include:

- factual information
- areas where the views of service users or carers are sought
- information about matters that users and carers might want to state their views on
- what do other people want you to raise at the next meeting
- how the meeting went, and what will help you to contribute.

## Follow up about the meeting itself

There might also be points that you want to follow up with the person who organised the meeting:

- is there anything you want to get explained or to check up on?
- was the meeting useful for you?
- is there anything that would help make the next meeting more productive?

# types of meetings



# How services are planned

**Many factors influence the planning and development of mental health services. These factors include:**

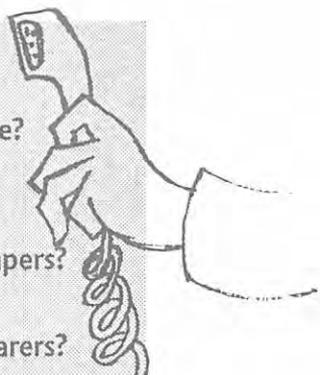
- the experience of people providing the service about what works and what works less well than they would like
- feedback from people who use services
- evidence of gaps in services and unmet needs
- information about the likely future needs of people in a local area
- policies and guidance issued by the Scottish Executive to Health Boards, NHS Trusts and/or local authorities
- the overall strategies and policies agreed jointly for that local area
- new evidence about treatments and types of service responses
- quality assessments and evaluations of particular local services
- practical matters, such as financial pressures and availability of particular types of staff.

**In every local area there will be a structure to bring together these sources of information, with a view to agreeing a shared overall plan for the development of mental health services.**

# Things to check before the meeting

## Points to find out about

- What type of meeting is it?
- What will the outcome of the meeting be?
- What is the length and frequency?
- Who else will be there?
- Have I got, and can I understand, the papers?
- Am I going there as myself, or as the representative of other service users or carers?
- How do I get there?
- Will I get expenses, and is there support for childcare, respite care, etc?



You should have been contacted by the person who is chairing the meeting or the person who organises the papers, etc, to check you have all the background information, and to answer your questions. If this has not happened, you could contact them and ask for a preliminary meeting before the first main meeting.

If there are practical matters - for instance transport, expenses - that you have not been told about, ask.

If you do not understand the papers about the meeting, for example because there is a lot of jargon, make a list of the terms or issues about which you would like an explanation.

***Booklets in this pack  
that might be useful here***

- 2** *types of meetings*
- 5** *main organisations  
that you will come  
across*

## Representativeness

Users and carers attending a meeting may be there as representatives of others or as individuals in their own right. It is important to clarify this from the beginning. Will you:

- bring a general user/carer perspective, but not cover the wider experience of other people?
- draw on the wider experience of users or carers?
- formally represent users or carers, and check back to the wider network in that area?
- represent people from the user/carer group or network you are linked to, which may concentrate on people in a particular situation or illness?
- cover the interests of all people with mental health problems, or all carers, in a particular area?

The letter of invitation to the meeting should make clear what role you are expected to fill. If it doesn't, you should raise this point.

If you have a different view - for example, you are asked to formally represent the views of carers generally, but you feel you can speak only from your own experience - explain this to the person who asked you to go to the meeting.

### PRACTICAL ISSUES

Information about the practical aspects of the meeting can be checked and sent out in advance, but you may have to ask for details to be sent to you:

- where the meeting is
- how to get there
- parking
- bus routes and times
- train times
- map
- internal map of the building or set of buildings: where the meeting room is, toilets etc.

# Things to look out for at the meeting



## At the start of the meeting

There will probably be brief introductions at the beginning of the meeting. Prepare what you will say about yourself. If it helps, write it down. This is a good place to make clear whether you are speaking on your own behalf, or are also representing other service users or carers.

## How to raise points

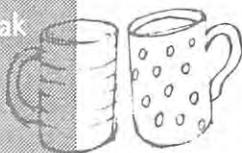
- styles of meeting can vary a lot and even the 'formal' ones may not be particularly formal in style
- listen to whether people speak through the person who is chairing the meeting
- tell the person chairing the meeting about points you want to raise, e.g. if it is not clear where it can fit in the agenda
- it is OK not to say anything at the first meeting if you prefer to listen
- it is important to raise the matter of needing to check back with colleagues - this is perhaps best done through the person chairing the meeting
- it might be useful to ask 'where do our comments or recommendations go to?'



## Breaks

There should be reasonable breaks for tea, fresh air, etc. Check this out beforehand or at the start of the meeting. It might be helpful if you suggest an arrangement for breaks that you will find convenient, for example 'I find it helpful to have a 10 minute break every hour or so'.

Check beforehand about drinking water, and take a bottle with you if you like to be sure.



## EXPENSES

EXPENSES THAT YOU MAY BE ABLE TO CLAIM FOR INCLUDE:

- travel
- other out-of-pocket expenses such as meals
- child care and other care responsibilities.

YOU WILL ALSO NEED TO KNOW:

- how the expenses will be met, and what information is required when you claim
- whether you will get money on the day
- whether you will have to pay for anything at the meeting, e.g. lunch, coffee from a machine, parking.

Ensuring that you are paid expenses is the responsibility of the person organising the meeting.

More information on expenses and other practical aspects of meetings is in the checklist for people going to meetings. It is part of a set that includes checklists for people setting up meetings, and for groups nominating user or carer representatives, which are available from Allies in Change. Copies have been sent to all local authorities, Health Boards and Trusts, as well as to organisations in touch with mental health users and carers.

## Being made to feel excluded from the meeting

Recognise that the other people at the meeting may ignore you, or treat you as a token rather than a full member of the meeting. It may not be intentional, although this doesn't excuse it.

Points to remember that can help here are:



- preparing well for the meeting can minimise the likelihood of this happening
- you are there as a matter of right
- use tactics at the meeting, such as learning to make general points beyond your personal experience.

## **Voluntary organisations organise the following types of meeting for their members which often include users and carers**

**Management committee** meetings held every four to eight weeks to oversee the running of a service or project.

**Annual general meetings (AGMs)** held each year to elect new management committee member, to look over the annual accounts and to give a report of the year's activities.

## **Meetings about services for individual people**

**Community care assessments** - users and carers should be involved in meetings with social workers set up to identify their needs.

**Commissioning services for individuals** - meetings between social work, health and voluntary organisations.

**Care management meetings** Users meet with their care manager, key workers and carers to review how the services they get are going.

## **Both the voluntary and the statutory sectors will organise the following types of meeting**

**Person centred planning meetings** - this is a particular way of working, which focuses on the needs of the individual service user. Meetings are arranged to help someone identify what they want out of life and what they might need to achieve this. This is a particular approach that is not practised in all areas.

**Consultations** - including public meetings, focus groups, surveys, meetings arranged by specific services to hear the views of people who use them.

## Meetings about assessing the quality of services

### **Monitoring, reviewing and evaluating services.**

These meetings will review how a service is going and check that the right information is being collected. They may also plan consultations with service users, staff or people who refer to the service, in order to get feedback about it. Held by statutory and by voluntary organisations.

### **Registration and inspection.**

The Health Board registers Nursing Homes, and supported accommodation services are often registered with local authorities. They both carry out inspections of these services. Where services are registered, service users should at least be asked for their opinions during inspections.

*Booklets in this pack  
that might  
be useful here*

**3** *consultation  
meetings and  
conferences*

**5** *main organisations  
that you will come  
across*

**6** *official guidance  
on user and carer  
involvement*

**SOMEONE'S STORY** A member of a users' group was invited to attend a series of meetings which would involve health professionals discussing treatment around the mental illness she has. Prior to the meeting, the group's support worker introduced her to the person chairing the meeting, so that they could have a chat about her experience and therefore the kind of contribution she could make to the meeting. Because of this meeting, the Chair knew when he could bring her into the meeting which allowed her to make some points she might not have had the confidence to make herself. She also arranged to meet the Chair before going into the actual meeting, so that she would not be going in alone, and he could introduce her to everyone else.



# **main organisations that you will come across**

## **How you might use this booklet**

**We have summarised the main responsibilities of the various bodies, and described how many of them work. When we were developing this pack, people commented that the arrangements in their local area seemed different, or they thought an organisation was not doing something that it should.**

**You might want to use this section as a starting point for a discussion with organisations in your local area about what they do and how their arrangements reflect the views of people who use services and their carers.**

## **Local Authorities**

The parts of local authorities with which mental health service user and carer activists will probably have most contact are the social work and housing departments or sections. In some local authorities these are 2 distinct departments. In other places there are joint departments, which aim to ensure more working links between the housing and social work staff.

There are 32 local authorities in Scotland. Until 1996, there were two layers of local government: district councils and regional councils. Following the 1996 re-organisation of local government there is now one layer of local government. These local government agencies are called 'councils' or 'local authorities'.

Local authorities have various legal responsibilities that involve amongst other issues, housing, social work services, and care and support services, including services for people with mental health problems.

Local authorities plan, provide and commission/purchase services. Many mental health services funded by the local authority are run by voluntary organisations on a contract basis. Local authorities are also responsible for registering residential homes and inspecting providers of social work services.

## **You have a physical disability, and are not sure about access to the meeting**

Suggestions are:



- ring up beforehand and ask about access, whether the room has a hearing aid loop, or whatever you require
- ask to see the building and the room before the meeting
- get in touch with the local disability group, as they will probably know about which rooms and buildings are accessible, and will help you raise the issue if there turns out to be a difficulty.

## **You want someone to accompany you to the meeting, as a supporter or advocate**

Suggestions are:

- raise this beforehand with the person who invited you to the meeting, or is organising the meeting
- put it as 'I am planning to come to the meeting with (person), who will help me. Will this be OK?'
- take this into account when thinking about whether you are ready for the meeting
- even if you have been going to meetings for a while, it can still be a good idea to bring someone with you for a particular issue, or if you are having a spell when you need extra support. Tell the person chairing the meeting you are planning to do this.

## You are worried about what to wear

Suggestions are:

- wear something that is comfortable
- if wearing more formal clothes - a shirt and tie, jacket, dress - will make you feel that you fit in better, and this makes you more comfortable, then go for this
- borrow clothes from friends if you don't have anything that is formal
- wearing something that is clean is more important than the style of what you wear
- wear layers of clothes that you can take off and on, since some meeting rooms get hot and stuffy, or when the window is opened it gets cold.

## You've forgotten the papers

Suggestions are:

- the person who organises the meeting will probably have some spares, since people often forget, so ask if there is a spare
- if there isn't a spare set, ask the person next to you if you can share theirs
- try to avoid the situation by looking out all your papers the night before.

## You need a break - for example, for a cigarette, to get some air

Suggestions are:

- try to hold on until there is a break
- if there isn't a break, for example if people just help themselves to a coffee machine in the room and keep on talking, then wait till the discussion is moving on to a new topic and tell the person chairing the meeting that you're going out for a few minutes
- if you feel panicky and have to get out, then just slip out quietly.



## **You want to go to the toilet**

Suggestions are:

- use the break times
- if there are no signs, ask anyone passing where the ladies/ gents is, or head back to reception and ask there.

## **You get thirsty and need a drink of water**

- if there is a jug of water, ask someone to pass it to you
- in case water isn't provided at the meeting, take a small bottle of water with you.



## **You don't understand what the people at the meeting are talking about**

Suggestions if there are only a few points you don't understand:

- ask the person to explain
- make a note for yourself and find out about it afterwards, if it seems better not to interrupt at this point.

Suggestions if there is a lot you don't understand:

- say that this is outside your area of knowledge
- ask for a quick update or background
- say the people at the meeting will have to take into account that you are excluded on this topic
- say you will try to find another way of feeding in the user/ carer perspective on this issue, and will discuss it with the person chairing the meeting afterwards.



## You don't understand the abbreviations and initials

Suggestions are:

- if you prefer not to say anything at this point, make a note for yourself to find out after
- ask what the term means
- if it is happening a lot, say that you are not familiar with these terms, and could the people at the meeting explain the terms they are using.

## You meet your psychiatrist or CPN at the meeting

Suggestions are:

- don't let it put you off
- remember that they are there as a doctor (or whatever), not as **your** doctor
- treat them as fellow members of the meeting who you know
- remember that the other person has to respect confidentiality and cannot comment on your or any other individual person's experience, even if you ask them to
- if it is helpful, discuss with them afterwards how you are going to manage this situation - for example, are you going to keep discussions about your care and about matters at the meeting separate, do you want to work together as allies on a matter you both feel strongly about?

Some groups/organisations are linked with specific illnesses e.g. Manic Depression Forum, National Schizophrenia Fellowship (Scotland), while others are for all people with mental health problems e.g. Scottish Users' Network, Scottish Association for Mental Health.

Most voluntary organisations are managed by Management Committees, the members of which are usually unpaid. Voluntary organisations receive funding from a variety of sources, including local authorities, central government, charitable trust funds and the National Lottery Charities Board.

## **Scottish Parliament and Committee Structure**

The Scottish Parliament is organised in a similar way to the U.K. Parliament at Westminster. The First Minister of Scotland is head of the Government. The Scottish Cabinet consists of Ministers and Deputy Ministers who are responsible for specific issues. The Ministers with responsibility for issues of direct relevance to mental health are:

- the Minister for Health and Community Care
- the Deputy Minister with responsibility for Community Care
- the Minister for Communities
- the Deputy Minister with responsibility for Local Government.

The Scottish Parliament also has 16 backbench committees, where Members of the Scottish Parliament (MSPs) debate and develop policy and legislation. The committees relevant to mental health are:

- the Health and Community Care committee
- the Social Inclusion, Housing and the Voluntary Sector committee.

Some issues of relevance to mental health, such as employment and welfare benefits, are not within the remit of the Scottish Parliament and are still dealt with at Westminster and by Government Departments or Agencies that implement policies throughout the United Kingdom.

## **Scottish Executive**

The Scottish Executive was, until July 1999, known as the Scottish Office. It is staffed by civil servants who are accountable to Ministers, and through them to the Scottish Parliament.

The Scottish Executive is organised into departments which reflect the responsibilities of each of the Ministers in the Scottish Cabinet. Housing and other issues such as local government and social inclusion are the responsibility of the Development Department. The Health Department deals with health, social work and community care issues.

The Scottish Executive issues legislation and policy as well as practice guidance. It does not provide services, such as support or advice, directly to the public, but instead provides funding to other agencies.

For further information on organisations in this section, contact the Information Centre at the Scottish Association for Mental Health (address in Further Information) or your local Association for Mental Health (contact address available from SAMH).

*Booklets in this pack  
that might be useful here*

**2** types of meetings

**6** official guidance on user  
and carer involvement

**official**  **guidance**  
**on user**  
**and carer**  
**involvement**

~ a summary

**This is a brief outline of what various key Government documents in Scotland say about user and carer involvement. If you want more information on any of the reports, please send for the full paper in Further Reading.**

**Details of how to get hold of copies of each document are given. They are free unless stated otherwise. The majority of the documents can also be found on either the Scottish Executive web-site (<http://www.scotland.gov.uk>), or the Scottish Health on the Web web-site (<http://show.scot.nhs.uk>). These can be printed for free.**

**The main point from all the guidance is that representatives or groups of users and carers participating in formal meetings are present as a right not as a privilege.**

Although the local authority has certain responsibilities for housing, most of the public sector houses in Scotland are provided by Housing Associations.

The authorities are run by elected councillors and are ultimately responsible to the electorate. Day to day planning and running of council services is undertaken by council staff (also known as 'officers' or officials') on behalf of the council.

Services are funded in a number of different ways including central government funding, council tax or charges from the people who use the services.

## **Health Boards**

There are 15 Health Boards in Scotland. Health Boards are the agencies which plan and commission/purchase health services. They do not provide direct health care services, except for the three Island Health Boards (Orkney, Shetland, and Western Isles).

Areas where Health Boards have a more active role are Health Promotion and Public Health - planning for the overall health of a local community.

## **NHS Primary Care Trusts and NHS Acute Trusts**

NHS Trusts are the agencies that provide health services. All areas except for West Lothian and the Islands have two types of Trust in operation: Acute Trusts and Primary Care Trusts. (West Lothian has a combined Trust, and the three Island areas have services that operate through the Health Boards.)

The Primary Care Trusts are responsible for providing both hospital and community mental health services, as well as any services that have a community base.

The Acute Trusts operate hospital services excluding psychiatric hospitals. They do have responsibility for the immediate mental health needs of patients who use their services, including Accident and Emergency (this is called Liaison Psychiatry).

## **Local Health Care Co-operatives**

Local Health Care Co-operatives (LHCCs) are groupings of G. P. practices. The idea is for LHCCs to cover areas that are a natural community. Not every area has a LHCC, as they are not compulsory.

Most LHCCs began to form themselves in 1999. The aim is to strengthen the ability of individual practices to deliver health care to local communities and encourage the development of community-based services provided by, for example, community psychiatric nurses, health visitors and other professions allied to medicine (PAMs) such as occupational therapists and counsellors.

LHCCs operate as an integral part of the local Primary Care Trust and are financially accountable to the Trust, but hold their own budgets.

## **G.P. Fundholders**

The G. P. fundholding system has been replaced by the formation of LHCCs. In areas where there are no LHCCs, G. P. practices will continue to individually hold the budget for community based services in their area. G.P. practices which do not want to join a LHCC will be allocated a budget for prescribing. Local community services will be provided by the co-operative that covers the majority of their area.

## **Health Councils**

Health Councils are independent statutory organisations that exist to represent the public interest in the NHS. There is one Health Council in each Health Board area (except for the Western Isles where there are two Health Councils). Health Councils provide information and advice on the NHS, assist with complaints, consult the public and monitor the provision of health services.

## **Mental Welfare Commission for Scotland**

The Mental Welfare Commission for Scotland is an independent body that aims to safeguard the welfare and rights of people with a mental illness or learning disability. The Commission visits people in hospitals, residential facilities and in their own home and investigates complaints and reports on individual situations. The Commission also monitors cases of compulsory detention and guardianship. It is funded by the Scottish Executive.

The Commission makes visits to hospitals and to local areas, and will feed back their findings to the NHS Trust or Health Board or local authority. In some areas there will then be a feedback on this report, and on any issues the commission has raised, at the joint planning meetings.

## **Scottish Health Advisory Service (SHAS)**

The Scottish Health Advisory Service is an independent agency which monitors hospital and community services for people with a mental illness, learning disability, physical disability and frail older people. It reports on services commissioned by health authorities. The Scottish Health Advisory Service focuses on services as a whole, whereas the Mental Welfare Commission for Scotland focuses on the care of individuals. The Scottish Health Advisory Service is funded by the Scottish Executive.

SHAS has a programme of formal visits to local mental health services, which comment on the range and the quality of the services provided. These visits will include getting views from people who use services.

The reports are usually then discussed at the joint planning meeting, and there might be a series on reports of follow-up action. The reports are available to members of the public, on request.

## **Voluntary Organisations**

Voluntary organisations are agencies which are non-statutory. Statutory agencies, such as Primary Care Trusts and local authority Social Work Departments are agencies which are required to exist by law and are legally obliged to provide specific services. Voluntary organisations are not legally required to exist.

Voluntary organisations vary in both size and function. Some are run entirely by volunteers, some employ a handful of staff, whilst others employ hundreds of people. Some are locally-based and only undertake work for a particular area, such as local Associations for Mental Health or users' groups. Others work nationally, such as Scottish Association for Mental Health and the National Schizophrenia Fellowship (Scotland).

Voluntary organisations carry out a number of different functions, including campaigning, providing information and advice, or running services such as housing with support, drop-in centres and advocacy projects. Some exist only, or mainly, to let people with a shared interest meet and support each other, such as many local and national users' groups.

**Health, Social Work and Related Services for Mentally Disordered Offenders in Scotland (NHS MEL(1999)5) - Scottish Executive, Health Department, Edinburgh, 1999**  
Available from Scottish Executive Health Department.  
Tel. 0131 244 2426, and on the Scottish Executive website.

This document outlines the Government's policy on services for mentally disordered offenders. It aims to co-ordinate care and support for the individual as well as to ensure public safety. In the chapter on Future Social Care Provision, it is acknowledged that there is an important role for patients, their families and other informal carers in the organisation and planning of services.

*'The Patient's Charter requires that this should include, where possible, involvement in care and treatment decisions, the running of particular services or facilities, and service planning.'*

**Priorities and Planning Guidance for the NHS in Scotland 1999-2002. Scottish Executive, NHS Management Executive, Edinburgh, 1999**  
Available from Scottish Executive Health Department.  
Tel. 0131 244 2841.

This document provides a framework for the planning and delivery of all health services in Scotland over a three-year period. It focuses on the national priorities, one of which is mental health. The document states that:

*'a multi-agency approach to the planning and provision of services is essential. It is equally important to secure the close involvement of those using the service and those who care for them.'*

**Towards a Healthier Scotland - A White Paper on Health - Cm 4269. Scottish Executive, Edinburgh, 1999**

Available from the Stationery Office Bookshop, 71 Lothian Road, Edinburgh. Tel. 0131 228 4181. Price £6.

This White Paper outlines ways in which the Government wants to improve the health of people living in Scotland, including mental health. It focuses on action at a local, community level:

*'Strong, healthy and safe communities - a key objective for this Government - are most likely to flourish where goals are shared, views are respected and people are part of new initiatives. Every part of the community has a contribution to make to better health.'*

**Booklets in this pack  
that might be useful here**

**2 types of meetings**  
**5 main organisations  
that you will come  
across**

Further  
information  
and  reading



# Further information

These organisations are a good starting point, and will be able to point you towards other sources of information.

## **National Schizophrenia Fellowship Scotland**

130 East Claremont Street, Edinburgh, EH7 4LB

Tel. 0131 557 8969

[www.nsfscot.org.uk](http://www.nsfscot.org.uk)

You can contact the Information Officer or look at the website

## **Scottish Users' Network**

SUN at Firs Park, Firs Street, Falkirk, FK2 7AY

Tel. 01324 632869

## **Scottish Association for Mental Health**

Cumrae House, 15 Carlton Court, Glasgow, G5 9JP

Tel. 0141 568 7000

You can contact the Information Centre or look at the website.

Both can provide information about a wide range of organisations in the mental health field and about policy issues.



## **MIND**

79 Buckingham Road, Brighton, BN1 3RJ

Tel. 01273 749600

This is an organisation that covers mental health issues and activities in England and Wales.

## A Framework for Mental Health Services in Scotland - Scottish Executive, Edinburgh, 1997

Available from Scottish Executive Health Department.

Tel. 0131 244 2426.

This document deals exclusively with mental health issues. The aim is to assist local agencies in developing a joint approach to the planning, purchasing and provision of mental health services. It sets out the features which should be incorporated into a local strategy, such as:

*'the close involvement of people who use the service, their relatives, carers and advocates at all stages'*

and outlines the elements that a comprehensive service should provide in order to meet people's needs.

The document states that people who receive services should have the opportunity to be involved in the planning, commissioning and monitoring and evaluation of services, as well as being involved in the planning of their own care. It then goes on to say that:

*'service commissioners and providers - including primary care - have a responsibility to ensure that people who receive services and those who care for them receive the necessary support and facilitation to enable them to participate effectively in these processes at all levels.'*

It suggests that advocacy can help people have their views represented. A list is provided of the different ways in which mental health agencies can empower people who receive a service and those who care for them to contribute to service development.

**Designed to Care - Renewing the National Health Service in Scotland - Cm 3811. Scottish Executive, Edinburgh, 1997**  
Available from Stationery Office Bookshop, 71 Lothian Road, Edinburgh. Tel. 0131 228 4181. Price £6.80.

This document is a White Paper which deals with health services as a whole, rather than just mental health services. It sets out the Government's vision for the NHS in Scotland and suggests changes to the way in which health services are organised, which are now being put in place through legislation.

In the section Better Services for Patients it says that:

*'our starting point is that every aspect of the planning and delivery of services should be designed from the perspective of patients.....Central to a designed health care system is involving patients more in decisions about their own care.'*

**Modernising Community Care. An Action Plan**  
**Scottish Executive, Edinburgh, 1998**

Available from Scottish Executive. Tel. 0131 244 5481

This action plan outlines changes that the Government thinks should be made to the way in which community care services are provided. It is concerned with all community care services, not just mental health services. The action plan acknowledges that community care is provided by various different organisations, but states that local authorities should be seen as the lead agencies.

The chapter Better and Quicker Decision-making, includes a section on partnerships with people who use services and their carers. It states that:

*'Throughout community care, we expect people who use services and their carers to be central to all decisions made about themselves and the services planned. This means building new partnerships between those responsible for planning and delivering services and those receiving or needing them. Effective partnerships with people who receive services and their carers is a central part of our new agenda.'*

**Aiming for Excellence - Modernising Social Work Services in Scotland - Cm 4288.** Scottish Executive, Edinburgh 1999  
Available from the Stationery Office Bookshop, 71 Lothian Road, Edinburgh. Tel. 0131 228 4181. Price £7.30.

This White Paper proposes changes to legislation with the aim being to modernise social work services by strengthening the protection of children and vulnerable adults, primarily through the regulation of services and workers. It is concerned with all social work services, not just those which are specifically mental health services. One of the objectives of the White Paper is to:

*'involve people who need care, and those who care for them, in planning services; and tailoring services to their individual care needs with effective measures in place to respond to suggestions.'*

**Modernising Community Care - The Housing Contribution. A Guidance Note.** Scottish Executive, Development Department, Edinburgh, 1999

Available from Scottish Executive Development Department.  
Tel. 0131 244 5524.

This guidance suggests ways of improving administrative arrangements for co-operation between housing, social work, and health agencies on the housing element of community care. It deals with services for everyone with community care needs. In the section on Users' and Carers' Interests it states:

*'Users' and carers' interest, often through their advocates, must be central to the development of the local housing and community care strategy.'*

Local authorities can support the development of a forum or look to existing organisations and networks of groups for the representation of interests. Representative bodies must have sufficient and understandable information on the issues being discussed, as well as an opportunity to gain knowledge and expertise. Statutory agencies should be supportive.

**Implementing the Care Programme Approach  
Social Work Services Inspectorate, Accounts Commission for  
Scotland, Edinburgh, 1998**

Available on the Scottish Executive website ([www.scotland.gov.uk](http://www.scotland.gov.uk)).

This document is the report of a survey of the implementation of the Care Programme Approach (CPA), undertaken by the Social Work Services Inspectorate for Scotland (part of the Scottish Executive) and the Accounts Commission.

In the section on the involvement of people on the CPA and their carers it is suggested that:

- It is important that all people on the CPA and their carers are fully involved in their care planning
- The people responsible for CPA in each local area should ensure that people on the CPA and their carers have information about the CPA and the standards of care they can expect
- People on the CPA and their carers should receive copies of their care plans and where at all possible, be involved in meetings about their own care.

# Other services

Your local library or local association for mental health may also be useful sources of information.

## Other useful addresses

### Scottish Executive Health Department

St Andrews House, Regent Road, Edinburgh, EH1 3DG

Tel. 0131 244 2805

[www.scotland.gov.uk/health](http://www.scotland.gov.uk/health)

### Scottish Executive Development Department

#### (Housing and Area Regeneration)

Room 3-H35, Victoria Quay, Edinburgh, EH6 6QQ

Tel. 0131 244 0803

### Scottish Executive Development Department

#### (Social Inclusion Division)

Room 2-F74, Victoria Quay, Edinburgh, EH6 6QQ

Tel. 0131 244 0803

### Mental Welfare Commission for Scotland

K Floor, Argyle House, 3 Lady Lawson Street, Edinburgh, EH3 9SH

Tel. 0131 222 6111

### Scottish Health Advisory Service

Elliott House, 8-10 Hillside Crescent, Edinburgh, EH7 5EA

Tel. 0131 623 4325

### Scottish Parliament

George IV Bridge, Edinburgh, EH99 1SP

Tel. 0131 348 5000

[www.scottish.parliament.uk](http://www.scottish.parliament.uk)

**book 7** further information and reading



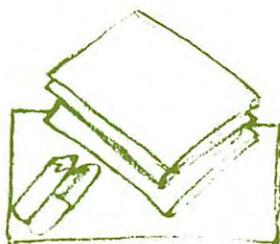
# Reading

**What's the Official line on User and Carer Involvement?** Scottish Development Centre. Available from Allies in Change.

**Meetings Checklists (for setting up and going to meetings)** Allies in Change.

**Exchange - an information exchange bulletin for mental health planning and development.** Scottish Development Centre for Mental Health Services, 17a graham Street, Edinburgh, EH6 5QN.

**Information Resource on User and Carer Involvement.** Scottish Development Centre for Mental Health Services, 17a graham Street, Edinburgh, EH6 5QN.



**Allies in Change**

1a Washington Court, Washington Lane, Edinburgh, EH11 2HA.

Tel. 0131 538 7717

# Introducing Allies in Change

Allies in Change is a consortium that draws together a wide range of people and organisations who want to see the involvement, participation and inclusion of people with mental health problems, and of friends and families who care for them, promoted and developed.

The main aims of Allies in Change are to:

- Support and give practical help to local user and carer groups in contributing to service planning, particularly in parts of Scotland where the networks are not yet well developed
- Enable carer and user representatives to develop skills which they will find useful in their roles as activists and in other walks of life
- Support and encourage professionals in local authorities, the health service and voluntary organisations in improving the ways they involve carers and users

The logo for Allies in Change is a large, light-colored oval shape. It is split horizontally into two sections. The top section is white and contains the word "ALLIES" in a large, serif, all-caps font. The bottom section is a light yellowish-green and contains the word "CHANGE" in the same font. In the center, where the two sections meet, there is a small circular emblem containing the letters "in" in a stylized, lowercase font.

ALLIES  
CHANGE