With Inclusion in Mind

The local authority's role in promoting wellbeing and social development

MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003
SECTIONS 25-31

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SCOTTISH GOVERNMENT

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SECTIONS 25-31

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Executive Summary

People with a mental disorder are among the most excluded in our society.

The Mental Health (Care and Treatment) (Scotland) Act 2003, which came into force in October 2005, places a clear statutory duty on the local authority to promote wellbeing and social development for those who have, or have had, a mental disorder. In terms of the Act, mental disorder includes mental illness, learning disability and personality disorder[1].

This document provides aspirational guidance and best practice, and includes tools and background information, to enable individuals and services in local authorities to understand and fulfil their duties under Sections 25-31 of the Mental Health (Care and Treatment) (Scotland) Act 2003. These duties have an impact on all aspects of life that come under the aegis of local authorities, such as education, leisure services, economic development and housing. Thus, the tools and practices given here are pertinent to all local authority services, not just social care. In a number of areas of action, local authorities will need to work with their community planning partners to deliver these statutory duties.

The duties under Sections 25-31 of the Mental Health (Care and Treatment) (Scotland) Act 2003 sit within a policy framework that addresses inequalities and the promotion of wellbeing . Local authorities already have a power to advance wellbeing under Section 20 of the Local Government in Scotland Act 2003. They are also required to ensure equal access to services under the Disability Discrimination Act 2005. By fulfilling their duties under the Mental Health (Care and Treatment) (Scotland) Act 2003, local authorities may well find that they are simultaneously meeting the requirements of other Acts[2]. Under the Disability Discrimination Act 2005, people with a mental illness that has a substantial, adverse and long-term effect on their ability to do everyday things are covered, in addition to people with other disabilities. It is unlawful for service providers to treat disabled people any less favourably than others because of the disability, and service providers are now required to ensure that reasonable adjustments are made to allow access to services. To meet the needs of those with a mental illness, measures might include addressing staff attitudes, making flexible learning available, adjusting marketing, providing in-reach services and supporting buddying schemes.

The measures required under Sections 25-31 should be about making services the best they can be for all members of the community and, as such, should not necessarily involve an additional financial burden to local authorities. However, all local authorities have received funding to assist with implementing the Act and almost all have enhanced services in ways that should make implementing these Sections easier.

1 Definitions of these terms can be found in the Glossary.

2 Work on this area will contribute to fulfilling the objectives set out by Disability Rights Commission (2005) *Putting disability at the heart of public policy in Scotland* and also the Disability Equality Duty that came into force in December 2006 as part of the *Disability Discrimination Act 2005.* Additionally, by meeting the duty, authorities will also be contributing to the achievement of the Scottish Government's *Closing the Opportunity Gap* objectives for tackling poverty and disadvantage.

Acknowledgements

This guidance was prepared in consultation and collaboration with a working group whose membership comprised service users, carers, local authority representatives and NHS officers, ADSW (Association of Directors of Social Work) members, the voluntary sector, the Mental Health Foundation, Outside the Box and the Scottish Development Centre for Mental Health.

Additional consultation was carried out with Scottish Government staff from a range of Directorates.

The working group and the preparation and dissemination of the guidance was funded by the Scottish Government's National Programme for Improving Mental Health and Wellbeing.

This document was written by Peter Bates of the National Development Team (**pbates@ndt.org.uk**) for the Scottish Government.

Introduction

This document offers aspirational guidance on the implementation of the duties of local authorities under Sections 25-31 of the Mental Health (Care and Treatment) (Scotland) Act 2003. These Sections concern provision of care and support services as well as services to promote wellbeing and social development; the latter is often referred to, in shorthand, as 'Section 26'.

These duties have implications for many services delivered by local authorities, not only those directly concerned with social care.

Under Sections 25-31, local authorities are required to promote the wellbeing of, and provide services for, individuals who **have or have had** a mental disorder. The term 'mental disorder' includes mental illness, learning disability and personality disorder. Section 26, by promoting wellbeing, addresses mental health and not just mental disorder. This reaches every aspect of life that promotes wellbeing, rather than merely the alleviation of symptoms.

There is clear evidence that people with a mental illness, learning disability or personality disorder have missed out in the past, and ending this inequality will benefit everyone. The Act avoids categorising people by diagnosis. Through its use of the term 'mental disorder' it has broad reaching applicability. At any one time, one in six people has mental health problems, one in 200 has a psychotic disorder, whilst one in 25 has a personality disorder[3] and another 3% have a learning disability[4]. Health and social care services have a duty toward family and informal carers to support people with mental illness[5]. In fact, every single member of the population has an interest in positive mental health and wellbeing and social development.

Although the Mental Health Act does not use the term *inclusion*, Sections 25-31 create the need to move away from segregated services and to strengthen inclusive opportunities. For example, providing a service in a hospital for current inpatients will fail to reach all the people who 'have had' a 'mental disorder'. Thus, the most efficient way to reach all the people included under the Act is to focus upon universal services, rather than just specialist mental health provision. Further, the Scottish Government believes that the best way to implement the requirements under Sections 25-31 of the Mental Health Act is through the provision of integrated and inclusive services.

In order to fulfil these duties, changes are needed across the whole community and throughout the local authority. This aspirational guidance can help. It suggests some underpinning values for developing a coherent response, and indicates a practical way forward. It provides loose leaf ideas sheets for dissemination to the relevant departments and suggests ways of reviewing subsequent changes.

The changes needed involve a long-term process that must be multi-layered and tailored to each community. It cannot be achieved by simply requiring compliance with a rigid set of standards and that is why this guidance does not lay them down. Instead, it sets out a *process* that local authorities and other organisations can use together and over time to measure performance, agree goals and actions, and monitor progress.

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3 Office for National Statistics (2000) *Psychiatric morbidity among adults living in private households,* London: Office for National Statistics

4 Department of Health (2001) *Valuing People: A new strategy for learning disability for the 21st century*, London: Department of Health

5 Scottish Executive (2006) *Response to Care 21 Report: The future of unpaid care in Scotland.* Available at www.scotland.gov.uk/Publications/2006/04//20103316/0

It is important to recognise from the outset that this is designed to achieve much more than a single set of adjustments in policy and practice to meet the needs of a minority of citizens. On the contrary, it is intended to contribute to a long-term process of change, which will benefit the whole community. As such, it fits with the local authority's broad-ranging *Power to advance wellbeing*[6] which enables local authorities to do anything they consider likely to promote or improve the wellbeing of their area and the people within it.

The Role of Mental Welfare Commission

The Mental Welfare Commission has a duty to monitor the Mental Health (Care and Treatment) (Scotland) Act 2003 and to promote best practice in its use. It does this through a number of mechanisms including meeting with people in the community who have a mental illness, learning disability, or personality disorder, to determine the types and quality of services that they are assessing. Feedback from people to the Mental Welfare Commission may help inform the knowledege base of the ways in which local authorities are meeting their duties under the Act.

Examples of good practice

Throughout the guidance, there are boxed texts which illustrate examples of good practice to provide real-world examples of services and actions that potentially would meet the duties under Sections 25-31.

Background to the document

There are several reasons why action is needed under these Sections of the Mental Health Act:

- There is an opportunity gap between the general public and people with mental illness, personality disorder or learning disabilities. This is unjust[7].
- Removing barriers to participation often leads to changes that make life better for us all.
- Scottish society will be enriched if everyone contributes.
- A diverse community with high levels of participation will enhance the positive mental health and wellbeing of the whole population.

[6] Scottish Executive (2004) *Local Government in Scotland Act 2003: Power to Advance Wellbeing Guidance*, Edinburgh: Scottish Executive.
[7] Scottish Executive (1999) *Social justice: A Scotland where everybody matters,* Edinburgh: Scottish Executive.

Scope of the Guidance

Every citizen rather than just a few people

Although Sections 25-31 of the Mental Health (Care and Treatment) (Scotland) Act 2003 refer to people who have, or have had, a mental disorder, mental health and wellbeing are everybody's business, and this is reflected in the focus of this guidance.

Why is this? Poor mental health is one of the biggest social issues in Scotland today. At any one time one in six people experience mental health problems, whilst one in 200 have a psychotic illness, one in 25 has a personality disorder and 3% a learning disability. Diagnostic category, whilst important, is not the whole story and the social causes and consequences of mental disorder vary in different communities and in different societies. There is evidence that the way society responds to mental disorder has a significant effect on outcomes. Poor mental health denies many people opportunities. In February 2006 4.29% of the working age population in Scotland were claiming incapacity benefit in respect of a mental disorder[8]. In some more deprived areas of Scotland this figure reached 7.9%. This means that almost every family has relevant experience. Local authorities will need to ensure that they can assist the minority with severe disorders, such as schizophrenia, bipolar disorder and dementia, and the larger numbers with depression, anxiety and mild learning disabilities. Furthermore, all of the population has an interest in wellbeing and social development.

Sections 25-31 of the Mental Health Act avoid categorising people by tight diagnostic categories. The Act refers to 'mental disorder[9]', and this term covers mental illness, learning disability and personality disorder[10] (see Glossary). Whilst traditional health and social care services have developed services that rest upon differentiating categories of human experience such as mental illness or learning disability, the Act draws them together and encourages a response based on shared humanity, rather than diagnostic labels.

The Act also avoids categorising people by the particular services they receive. These Sections of the Act cover people in and out of hospital. Opportunities are to be offered to people with serious illnesses as well as those with common mental health problems. They are to be offered to people who are detained as well as to voluntary patients. They are to be offered to people who have had a mental health problem in the past, as well as those with current difficulties.

Universal inclusion rather than segregation

Once it is recognised that mental health and wellbeing is not concerned with narrowly-defined groups of people, it becomes clear that local authorities cannot meet their duties under the Act through the provision of segregated services. For example, opening a gym in the hospital for current inpatients will fail to reach all the people who 'have had' a 'mental disorder'. The most efficient way to reach all the people included under the Act would thus be to ensure that they are included in the ordinary provision of services at the local leisure centre and all

[8] Department of Work and Pensions (Data from 28 February 2006)

[9] As the term 'mental disorder' is not in common use amongst services, people using services tend to object to it. It does not bring to mind a segment of provision so this document will use the clearer, if somewhat ungainly, convention of listing the three labels (mental illness, learning disability and personality disorder) except where specifically quoting the Act.

[10] The term 'personality disorder' is not in common use in social care services and few areas have distinct services targeting people with this diagnosis.

other universal services, rather than just included in specialist mental health provision. The Scottish Government believes that this is the best way for local authorities to meet the requirements of the Act.

The principle of removing barriers to the use of universal provision rather than creating more segregated services is further reinforced in Section 25 which requires services to be designed to *give people the opportunity to lead lives which are as normal as possible.* A similar point is made about transport in the Code of Practice that accompanies the Act: *'It would be best practice not to use a distinctive form of transport which may stigmatise the user.'* This reinforces the point that this guidance is for every service of the local authority that is involved with providing, securing or encouraging the provision of any service for any citizen.

Similarly, the Disability Discrimination Act 2005 requires local authorities to consider how they can make all of their services accessible to disabled people, including those with mental as well as physical impairments. To do this local authorities will need to carry out equality impact assessments. The aim of these assessments is to identify and remove barriers that prevent people with disabilities (including those with concentration, comprehension or communication difficulties) from participating in local authority-run or sponsored services in the same way as anyone else.

The range of requirements under Sections 25-31 of the Act

The Act refers several times to the 'generality' of its requirements. The duty to promote *social, cultural, recreational, training and employment* opportunities is not a narrow or minimum list of specific obligations, but an illustration of the kinds of things that will be considered by any local authority seeking to meet its obligations towards its citizens.

This approach also underpins the provisions of the Disability Discrimination Act 2005 which requires local authorities to promote equality of opportunity across all of its areas of operation, not just within those services designed for disabled people.

Wellbeing rather than mental illness

Section 26 of the Act refers to 'wellbeing' and so addresses mental health and not just mental illness, learning disability or personality disorder. This reaches every aspect of life that promotes wellbeing, rather than merely the alleviation of symptoms[11].

Local authorities are expected to promote 'social development' but this is not defined in the Act. This document uses the term to highlight the importance not only of the formal roles that people may adopt (student, neighbour, employee and so on) but also the nature and quality of friendships and relationships that the person forms and their social, community and civic participation.

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[11] People with mental health issues and those working in mental health services are increasingly referring to 'recovery'. This is much broader than the elimination of symptoms, as shown by the story in the box at the end of this chapter and in the following definition:

> Mental health recovery is an on-going journey of healing and transformation that involves: (1) reclaiming a sense of meaning, hope and a positive sense of self; (2) managing one's mental health to reduce the impact of distressing symptoms or experiences and achieve a higher level of wellness; and, (3) reclaiming roles beyond being a user of services in the mental health system.

Ridgway, P (1999) *Deepening the recovery paradigm: Defining implications for practice: A report of the Recovery Paradigm Project.*

Whilst the Mental Health Act does not use the term 'recovery', the duties set out in the Act undoubtedly call for action that will increase opportunities for people to accomplish these three things.

Recovery

"Me. That's what's changed. For 20 years... I let other people control what I was doing and what I wasn't doing. I let the symptoms of the illness (they call it personality disorder at the moment) become the centre of my universe…
When I came out of hospital, there was a combination of circumstances that were different… For the first time in my life I had my own house! And I had my own furniture and my own television…
I have good days and bad days. Bad days are one voice in my left ear and two in my right, loudly, all the time. But I deal with the bad days by going to work… I couldn't do what I do every day if it wasn't for my partner."

Abridged version of ***Bring on Las Vegas and the Pink Cadillac.***[12]

Communities rather than individuals

A positive and timely response to an individual's illness, disability, or disorder may be critically important, but Sections 25 to 31 call for a much broader response to the person as a whole. This means that the community has a part to play in promoting opportunities for people who have, or have had, a mental illness, learning disability or personality disorder. These include the opportunity to work, learn, make a home of one's own, engage in leisure pursuits and build friendships.

[12] Available at www.scottishrecovery.net

Guiding Principles

This chapter sets out a number of guiding principles for developing a local response to Sections 25-31.

Person-centred and community-centred

Strategies for improvement need to reflect local circumstances. A standardised solution will not be effective, particularly in Scotland where there is a great diversity of communities. Indeed, vibrant communities that engage all their citizens – including those who have, or have had, a mental illness, learning disability or personality disorder – will be unique in their approach to releasing people's gifts and building social and economic capital. Strategies should also be person-centred as 'it makes good business sense to design and deliver better public services which respond to the individual needs of all groups and contribute to effective, efficient and high performing public authorities'[13].

Partnerships

Whilst the duty to promote wellbeing and social development lies with the local authority, this must be conducted in partnership with a wide range of community organisations. By developing opportunities through partnerships with the voluntary sector, local authorities will also be contributing to the *Vision for the Voluntary Sector*[14] and giving recognition to the diverse roles the sector can play and its broad contribution to Scottish life. The types of roles the sector might play include, for example, as a service delivery partner, delivering effective and personalised recovery, social and employment services, and by providing volunteering opportunities to aid positive mental health and wellbeing.

Young people
West Lothian Council pays part of the costs for Penumbra to run a project for young people with drug, alcohol, mental health and self-harm issues who are at high risk of being made homeless.
Local authority staff sit on the project advisory group and can help solve problems that are identified in the work. Training sessions on self-harm have been provided to the staff teams at a number of housing associations.

Information from Fiona Downie 01506 862 457.

Personal autonomy

People need to control as much of their own lives as possible – Part 1, Section 1, Paragraph (3)(c) of The Mental Health Act emphasises the importance of the patient participating as fully as possible, having the necessary support and information about the range of options available. Increasing autonomy means both the principle of *minimum restriction* that is enshrined in the Act[15] and a positive duty to offer *maximum opportunity.*

Work with individuals needs to be driven by that person's unique sense of what makes life worth living, attributes meaning and helps them to develop. Even where the person's preferences are overridden in the interests of safety, they should still be known, valued and acted upon wherever possible, as Part 1, Section 1, Paragraph (3)(c) of The Mental Health Act says that the present and past wishes and feelings of the patient must be taken into account in discharging duties under the Act. This means that arrangements for providing care and support are likely to be individualised, rather than standardised. Individualised support requires a wide array of community-based options that reflect the diverse needs of the whole community - from those who need brief and focused assistance to those who need broad and lifelong support.

[13] From section 1.34 of the Disability Rights Commission *Code of Practice on the Duty to Promote Disability Equality'.*

[14] Scottish Executive, (2005) *A Vision for the Voluntary Sector: The next phase of our relationship,* Edinburgh: Scottish Executive

[15] Part 1, Section 1, Paragraph 4 of the Mental Health Act requires action to be taken in a manner that involves the minimum restriction on the freedom of the patient that is necessary in the circumstances.

As well as increasing autonomy, initiatives for promoting wellbeing and social development need to engage local people from within and beyond mental health services, harness their commitment, values and ideas, and adapt good ideas from other places until they make sense to the specific community[16]. Standardised approaches are less likely to work than an individually tailored, community-centred approach.

Supporting inclusive opportunities

A traditional model of service provision has been to group together all the people with a similar diagnosis in a special building or group. Previous investment in mental health and learning disability services has tended to favour such segregated provision and so one of the challenges of taking an inclusive approach is to rebalance investment in favour of individualised support in mainstream community settings.

Taking an inclusive approach means balancing opportunities to move into mainstream community roles, groups and relationships with more traditional opportunities for mutual support among people who have shared a similar experience. Where separate buildings and groups are developed, there should be clear and accessible pathways into more inclusive and community-based settings.

All areas of life

All aspects of a local authority's services go towards enriching lives. Local authorities are not organised in a uniform manner and so it would not be helpful in this guidance to assign tasks to particular departments or job roles. Instead, the areas to consider addressing to meet the duties of the Act include:

- Housing
- Communities
- Employment
- Personal finances
- Parenting
- Statutory education
- Lifelong learning
- Volunteering
- Civic engagement
- Arts and cultural activities
- Healthy living
- Health and social care services

These areas are used in Appendix 2 to assist in structuring the local authority's response to the duties under the Act; there are suggestions for actions for the response. Why should these areas be included? Below, each one is considered for as to why it has an impact on those with a mental disorder and suggestions of actions are given. References to other strategies are also made in order to highlight the cross cutting nature of working towards inclusion.

Housing

People with mental health problems are one and a half times more likely to live in rented housing, twice as likely to say that the state of property repair is poor and four times more likely to say that their health has been made worse by their housing[17]. Aspects for discussion and review in this area should include, for example, owner occupation and secure tenancies, access to housing in all neighbourhoods and access to the right level of support to maintain a home, with regard to those who have or have had a mental disorder.

[16] Communities Scotland (2005) *National standards for community engagements,* Edinburgh: Scottish Executive

[17] Office of the Deputy Prime Minister (2004) *Mental Health and Social Exclusion*, London: Office of the Deputy Prime Minister.

Communities

Evidence from studies of social capital[18] indicates that a healthy local community, supportive relationships and a sense of connection improve wellbeing . Addressing this issue will also assist the local authority in its duties under *Building Community Wellbeing*[19] and establishing its *Regeneration Outcome Agreement*[20].

Areas for discussion might include neighbourhood groups, use of local amenities, participation in associations and interest groups and connections between diverse groups.

Regeneration
In Argyll & Bute, two mental health clubs that used to be run by the Council have been constituted as charities. A development company has also been established as a company limited by guarantee with the aim of stimulating economic development and the formation of new businesses. The Board is made up of service users and representatives from community education, health, social services and the business community.

Contact: Maureen Beaton 01546 604 152.

Working together
Mental health day services, further education and Jobcentre Plus worked together in Angus to create a work preparation course sited at the local college. Lessons have been learnt about how to market such a programme, how to create sustainable relationships between agencies and how to manage the transitions between the roles of service user, student and employee.
Contact: Adrian McLaughlin 01307 475 239.

Employment

People who enter mental health services are at an increased risk of losing their job, their friends and their home, which can lead to further segregation and isolation. Taking an inclusive approach means investing in job retention and other early intervention initiatives to halt the erosion of these roles and relationships. The employment rate in Scotland for people with any kind of learning difficulty lags at least 50% behind the general population, and for people with any kind of mental health problem it is 65% behind[21]. In 2006, the Scottish Executive published *Workforce Plus: an Employability Framework for Scotland*[22] and *More Choices, More Chances: A Strategy to Reduce the Proportion of Young People not in Education, Employment or Training in Scotland*.[23] Both these documents along with *Healthy Working lives,*[24] set out the importance of partnership working in improving employability services and job opportunities. Local authorities can work with other key organisations, notably NHS Boards, Job Centre Plus and Enterprise Networks to ensure that their services work together to promote employment for people with mental disorders. *Workforce Plus* and *More Choices, More Chances* both highlighted people with learning disabilities and mental health problems as key groups to whom action should be targeted.

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[18] Putnam, R (2000) *Bowling Alone: The collapse and revival of American community,* New York: Simon and Schuster

[19] Scottish Development Centre for Mental Health (2005) *Building Community Wellbeing* Edinburgh: Scottish Executive

[20] Communities Scotland (2004) Community *Regeneration Fund: Guidance on Regeneration Outcome Agreements*, Edinburgh: Scottish Executive

[21] Data on working age employment rate from the Annual Population Survey, Scotland, 2004. These figures compare mid-points of the 95% confidence levels. Figures show that only 4% of people with learning disabilities are in open employment and many of these work for less than 16 hours a week. See www.scotland.gov.uk/Publications/2006/05/22101802/6

[22] Scottish Executive (2006) *Workforce Plus: an Employability Framework for Scotland*, Edinburgh; Scottish Executive

[23] Scottish Executive (2006) *More Choices; More Chances: A Strategy to Reduce the Proportion of Young People Not in Education, Employment or Training in Scotland,* Edinburgh: Scottish Executive

[24] Scottish Executive (2004) *Healthy Working Lives: a plan for action*, Edinburgh: Scottish Executive
The document sets out the vision for the contribution that the workplace can make to health improvement and reducing inequalities. It also identifies a series of practical first steps to offer employees and potential employees the prospect of enjoying and benefiting from *Healthy Working Lives*.

Areas for review should include: employment, vocational guidance, training and self-employment, and their inclusivity and support for those who have or have had a mental disorder.

Personal finances

People with mental health problems are nearly three times as likely to be in debt and may have difficulties obtaining a bank account or financial advice[25]. Tackling this issue will contribute to the *Closing the Opportunity Gap*[26] objectives by lifting people permanently out of poverty.

Areas for review should include access to income maintenance, debt management, insurance, credit, banking and purchasing opportunities.

Financial inclusion

Falkirk and Stirling Councils and NHS Forth Valley contribute to funding for Artlink Central. Every three months, an Artlink worker meets with the Councils' Local Area Coordinator.

In 2005, one outcome was a project called 'Bank Notes' that was funded by Clydesdale Bank PLC. The project used drama and music to explore numeracy and banking from the perspective of adults with learning difficulties.

Banner photographs from these events tour bank branches, influencing public perceptions of disability.

Contact: info@artlinkcentral.org

Parenting and statutory education

This is a part of life that brings real wellbeing, self-esteem and social development to both parents and their children when it works well, but can be difficult for people with mental illness, learning disability or personality disorder. Access to education, supportive environments, delivery of education in different formats, and teaching of parenting skills, amongst other positive actions, could all be considered.

Lifelong learning

Lifelong learning continues beyond school days into further, higher and continuing adult education opportunities. A lack of basic literacy and numeracy makes everyday life much more difficult, while learning can improve mental health and employment opportunities. One third of survey respondents with mental health issues identified access to education and training opportunities as a key issue[27]. Widening access to educational opportunities will help the local authority to achieve its *Lifelong Learning Strategy*[28].

Areas for review might include transport routes to education establishments, the support needs of staff within the establishment and mental health awareness raising training for all staff in the establishment. For further clarity on the roles and responsibilities of colleges, local authorities and NHS Boards, in making and managing support arrangements for students with additional needs studying at college, see the 2005 Scottish Executive publication *Partnership Matters: A Guide to Local Authorities, NHS Boards and Voluntary Organisations on Supporting Students with Additional Needs in Further Education.*

[25] Office of the Deputy Prime Minister (2004) *Mental Health and Social Exclusion*, London: Office of the Deputy Prime Minister.

[26] Scottish Executive (2004) *Closing the Opportunity Gap.* Edinburgh: Scottish Excecutive

[27] Office of the Deputy Prime Minister (2004) *Mental Health and Social Exclusion*, London: Office of the Deputy Prime Minister.

[28] Scottish Executive (2003) *The Lifelong Learning Strategy for Scotland*, Edinburgh: Scottish Executive

Volunteering

Volunteering can help people increase their confidence, self-esteem, sense of purpose and belonging, control over their lives, and links with people who do not have a mental illness, learning disability or personality disorder. Crucially, it can give people the opportunity to be a giver as well as a receiver[29,30]. Expanding these opportunities will assist Councils and others in developing a local volunteering strategy. Volunteering can include service giving, mutual aid and campaigning, either formally, such as through an employee scheme, or informally, such as helping a neighbour.

By encouraging and supporting local volunteering strategies, authorities will contribute to their work on meeting the principles of the Scottish Government's Volunteering Strategy.

Volunteering

The City of Edinburgh Council contributes to the funding of the Volunteer Centre and a key staff member from the Department of Health and Social Care provides support and guidance to the centre's strategy group. As a result, every year around 300 people with mental health issues, learning disabilities or other support needs volunteer their time. All agencies that involve volunteers in Edinburgh are working together to create a 'compact' – an agreement identifying good practice in volunteering.

Contact: Jean Cuthbert at the Volunteer Centre 0131 225 0630.

Civic engagement

Civic engagement of all the community improves the quality of decision-making and supports the sense of affiliation and empowerment of individuals and groups[31]; it can include political activity and community planning.

Some people may have difficulty participating appropriately at meetings and would benefit from buddying arrangements to facilitate their participation. Others may be eager to take on particular roles, such as chair or treasurer of a group, but may be concerned that a mental health problem could make this difficult; in such instances, a co-chair arrangement could help. For further suggestions see Appendix 2 and Community Scotland's *National Standards for Community Engagement*[32].

Arts and cultural activities

It is widely accepted that arts and cultural activities have a beneficial impact upon wellbeing, participation and self esteem. Initiatives are underway to increase participation opportunities for people with mental illness, learning disability or personality disorder. The opportunity to take part in such activities should not be confined to the therapeutic setting and instead action needs to be taken to ensure that universal services are inclusive of those who have a mental illness, learning disability or personality disorder.

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[29] Bates, P (2002) *A Real Asset: A manual on supported volunteering,* Manchester: National Development Team.

[30] Clark, S (2003) *You cannot be serious: A guide to involving volunteers with mental health problems,* London: National Centre for Volunteering.

[31] As part of the Disability Equality Duty within the Disability Discrimination Act 2005, public authorities, when carrying out their functions, must have 'due regard' to the need to encourage participation by disabled people in public life.

[32] Communities Scotland (2005) *National standards for community engagement*, Edinburgh: Scottish Executive

Healthy living

People with mental illnesses, learning disabilities or personality disorders have poorer physical health and a shorter life expectancy compared to the general population[33]. Access to primary healthcare is addressed below, but the suggestions for action in Appendix 2 focus on diet, lifestyle and physical exercise. The Scottish Diet Action Plan (SDAP)[34] is one of the country's best developed and most mature health improvement programmes. It sets out the various steps that individuals and organisations can take to improve diet. The implementation of the SDAP is being supported by a programme of communication and public education.

The health effects of an inactive life are serious. The National Physical Activity Strategy[35] highlights the benefits of physical activity and details a strategy, including recommendations, to increase the level of physical activity across the population.

Sports
A physiotherapist who works in mental health services in Midlothian encourages people to exercise and supports them to take up mainstream leisure classes. Leisure centres offer free admission to people referred by health staff, and to a supporter chosen by the person. The local Mental Health Forum oversees the project and includes representatives from education, employment and the voluntary sector.

Contact: Michael Skelly 0131 536 7681.

Open to all
A Healthy Living Centre in Moray is open to the whole community and promotes good health through exercise, sharing health information and a range of other activities. People concerned about their mental health can self refer, utilise a range of complementary therapies and request membership of the 'exercise on referral' scheme. This means that people have improved access to a range of ways to address mental illness and promote mental health.

Contact: Margaret Christie 01343 567 356.

Health and social care services

These services have a role in supporting all the above opportunities, by working with universal services and individuals to promote rather than hinder opportunities.

[33] For mental health data see www.mentalhealth.org.uk/page.cfm?pagecode=PEPRPH and for learning disability see Espie, C, Curtice L, Morrison J, Dunnigan, M, Knill-Jones, R and Long, L (1999) *The role of the NHS in meeting the health needs of people with learning disabilities,* University of Glasgow for the Scottish Executive.

[34] Scottish Executive (1999) *Eating for Health: A Diet Action Plan for Scotland,* Edinburgh: Scottish Executive

[35] Scottish Executive (2003) *Let's make Scotland more active: A strategy for physical activity,* Edinburgh: Scottish Executive

Formal roles and informal relationships

It is important to promote opportunities for people to become employees, informal carers, students, neighbours and sports players. However, action to promote inclusion must also respect and nurture the less visible connections and activities that represent the social capital of communities and neighbourhoods. Finding and holding the delicate balance of opportunity without coercion will pay dividends. Friendship-friendly workplaces can be more productive, colleges and leisure activities that give people time to get to know each other have lower drop-out rates and neighbourhoods where people keep an eye on each other's homes have less crime.

Managing risk

Ayrshire and Renfrewshire pay Partners for Inclusion to support individuals. Partners tailor-makes the support for each person using Person-Centred Planning. This often involves specific arrangements to support people's friendships, as well as practical things like securing a home and finding things to do.

One person needed detailed help to enable him to reduce fire setting and self-harm. The Housing Department fitted a sprinkler system to his flat and Partners was closely involved, along with the GP and emergency services. Partners reject nobody and have stayed in touch during the tenant's prison term, ready to support again on discharge.

Contact: Doreen Kelly 01563 825 5555.

Many partners, many layers

There is a complex web of interaction between different formal and informal agencies in the community. This highlights the need for local authorities to adopt a multi-layered approach with a wide variety of partner organisations. The work that leads to increased opportunities needs to be done with individuals, within and between organisations and at a strategic level, including partnerships with the voluntary sector[36].

Challenges

The challenges that accompany such an inclusive, interactive approach include an increased need for communication, such as through the Community Planning process; co-ordination, perhaps with an Action Plan; and progress monitoring, by embedding targets into current performance management frameworks. There should also be arrangements in place for identifying and resolving conflicts and difficulties that will inevitably arise as different agencies increasingly work together.

Conclusion

These principles – to be person-centred and community-centred, to support inclusive opportunities, to reach all areas of life, to pay attention to both formal and informal relationships and adopt a multi-layered, mainstreaming approach – form the common threads of a response to Sections 25-31 of the Mental Health Act.

[36] The voluntary sector provides services, volunteering opportunities and advocacy. Linking with this sector will also will also contribute to the *Scottish Government's Vision for the Voluntary Sector* and meet the principles of the Scottish Compact and the *Scottish Government's Volunteering Strategy.*

Building an Action Plan

Change rather than maintenance

In almost every area of life that is valued by the general population, there is an opportunity gap which means that people with mental illness, learning disability or personality disorder miss out[37]. It will take a considerable, sustained effort across the whole of society to close the gap and 'promote wellbeing and social development'[38].

While local authorities are charged with this statutory duty, they cannot achieve it on their own. Individual citizens and voluntary, statutory and commercial agencies all have a part to play. Some of the skills that will be needed are not traditionally found in health or social services. This document aims to show how local authorities can discharge their duties by working in partnership with a variety of community organisations. It recommends harnessing the skills and commitment of universal community organisations rather than providing segregated activities for specific client groups.

Lifelong learning

The Skills Training Service in Clackmannanshire used to provide computer training to groups of students with mental health issues. It now works as a flexible support service both within and beyond education. They encourage community organisations and their staff to be welcoming and also provide support to people to move on beyond their service until that support is no longer needed.

Contact: Sylvie Vernis 07811123922

It is important to note that many of the actions needed to fulfil the duty to promote wellbeing and social development under the Mental Health Act will also satisfy other obligations, such as the duty to promote disability equality[39], to tackle poverty and disadvantage, to provide community care and to promote participation in public life.

Making a considered response to Sections 25-31 of the Mental Health Act is a long-term, complex process that will need to be led, co-ordinated and monitored. Local authorities should consider carefully how these functions are to be achieved. For example, asking social work or joint mental health managers to lead may inadvertently suggest to other services that they have little or no part to play. Equally, mental health and learning disability specialists have valuable expertise that will need to be harnessed if all the other services are to make the most of their opportunities. **Authorities will want to assign the leadership task within their own organisation to a specific individual employed at a senior level.**

Successful co-ordination of actions designed to meet obligations under these Sections of the Mental Health Act will need a plan. Elements of this plan should be incorporated within other published documents[40], but the local authority will need to draw these elements together to make a coherent response to the requirements of the Act. One mark of progress would be the extent to which the agenda is embedded in other plans developed across the community and in the local authority.

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[37] Myers, F, McCollam A and Woodhouse A (2005) *Equal Minds* Edinburgh: Scottish Development Centre for Mental Health

Office of the Deputy Prime Minister (2004) *Mental health and social exclusion: Social Exclusion Unit Report,* London: Office of the Deputy Prime Minister

[38] Section 26, Mental Health (Care and Treatment) (Scotland) Act 2003

[39] The local authority has a positive duty to promote equality: in race (The Race Relations Amendment Act 2000), in disability (Disability Discrimination Act 2005) and in gender (Equality Act 2006). See, for example Disability Rights Commission (2006) *The Duty to Promote Disability Equality: Statutory Code of Practice,* London: Disability Rights Commission.

[40] The most obvious link is with the *Disability Equality Scheme 2006*, published in December 2006, by the Scottish Executive which sets out arrangements for delivering the diability equality duty. As part of the scheme, all public bodies (including local authorities) are required to report annually on: the steps they have taken to fulfil the general duty; the results of the information gathering that they were required to carry out as a result of the scheme; and the use they have made of the information they have gathered.

Funding

Responding to Sections 25-31 of the Mental Health Act requires a range of actions, many of which are already established requirements. There was funding to help implement the new Mental Health Act and no new funding is being made available to assist in meeting this specific duty.

Monitoring progress as distance travelled

As the scope for change is so broad and local circumstances call for different forms of action from different agencies, progress cannot be satisfactorily monitored by a simple system of benchmarks. Progress will be made where people listen carefully, acknowledge complexity and sponsor creativity[41]. Therefore, rather than presenting a rigid action plan and suite of obligatory performance indicators to the local authority, this document seeks to analyse, encourage and inspire. Distance travelled is suggested as a basis for discriminating between local authorities that have addressed the challenges of the Act and those that have avoided them. The key question is 'Have things improved since last year?' and the key people to ask are people with mental illnesses, learning disabilities or personality disorders. **Part of the review process should thus include establishing a baseline.**

Below, we consider steps to take in building an action plan. The two Appendices provide some ideas and reference materials to assist in the development of an action plan. These are resources to promote ideas and clarify aspirations, rather than a rigid description of how to achieve 'minimum compliance' with the Act or 'pass' an external inspection.

Steps:

- Consider who should be involved. It is vital to achieve a shared ownership of the agenda from the outset, with Community Planning Partnerships playing a key role. All discussions will need representation from people with mental illnesses, learning disabilities or personality disorders using services.
- Review current opportunities in your local area, including whether they are reaching the right people and are of a sufficiently high quality – this will form your baseline. A comprehensive review of progress on removing access barriers will examine such areas of a community as:

  Housing
  Communities
  Employment
  Personal finances
  Parenting
  Statutory education
  Lifelong learning
  Volunteering
  Civic engagement
  Arts and cultural activities
  Healthy living
  Health and social care services

[41] Chapman, J (2004) *System failure*, London: Demos

The service user-led audit in Appendix 1 will provide insights into the experience of people using the services in question, while the whole-system approach explained in Appendix 2 will provide starting places for this discussion.

- Then, having established a baseline, consider what modifications will be required to meet the statutory duties under Sections 25-31.
- Prioritise[42], by thinking both about which actions would make the most difference, and what other local priorities are already in place.
- Make a plan and submit it for adoption by senior officers and elected members. Engaging support from key individuals (such as Chief Executives) will be vital at this stage of the process.
- Build your actions, review and reporting processes into other routines.
- Incorporate the plan into other duties.

Inspection and accountability

As these are duties under the Mental Health (Care and Treatment) (Scotland) Act 2003 the local authority may be subject to legal challenge on whether it has met its obligations under the Act.

The Scottish Government's mental health delivery plan *Delivering for Mental Health*, published in December 2006, requires local authorities to play their part in helping people with a mental disorder to live a full and meaningful life, thereby contributing to each individual's recovery journey. Monitoring tools are being considered to assist in measuring compliance with the plan.

Other monitoring systems that apply across the local authority may take cognisance of *With Inclusion in Mind* and revise their criteria accordingly. A coherent, sustainable response to the Act by the local authority will include reporting to the public and other interested partners.

Local authorities and their partners who aim for continuous improvement will welcome feedback from staff and the public about what is working and will gather, interpret and learn from data about outcomes in people's lives. Local authorities are required to report on progress against their disability equality scheme every year, and demonstrating outcomes of actions to deliver Sections 25-31 of the Mental Health Act will help them to do that.

Reviews

People with a mental illness, learning disability or personality disorder who attempt to access community opportunities may provide exactly the kind of 'mystery shopper' that is needed to identify the barriers to participation. The goal is that people who need support have the same access to opportunities as other citizens[43], and local authorities will wish to monitor this by reviewing the available data for their area. Such data will also be needed for Equality Impact Assessments of all their policies and services to find out how far their services encourage the increased participation of disabled people. Since Equality Impact Assessments cover all equalities they will also identify where policies and services may have different implications for people with mental health problems as a result of their gender, sexual orientation, age, race or religion.

[42] People with a mental illness, learning disability or personality disorder should be fully involved in all these decision-making processes.

[43] Part 1, Section 1, Paragraph (3)(c) of the Mental Health Act underlines the need to ensure that, unless it can be shown that it is justified in the circumstances, the patient is not treated in a way that is less favourable than the way in which a person who is not a patient might be treated in a comparable situation. By contrast, and unlike other anti-discrimination legislation, the Disability Discrimination Act 2005 allows public bodies to treat disabled people more favourably than others.

Glossary

Learning disability means that the person has severe difficulties in understanding and learning things, and in generalising the learning to new situations.

Mental health can be defined positively. The positive dimension refers to the concept of wellbeing and the ability to cope in the face of adversity. This encompasses various dimensions including: resilience, confidence, a sense of mastery, coherence and control, optimism and hope, and the ability to initiate, develop and sustain mutually satisfying personal relationships.

Mental health problems arise when a problem, life event or situation disrupts the way we think and feel. This can either be temporary – for example, following a bereavement – or be more enduring. Mental health problems can include suffering stress, constant worrying, deep-seated or chronic unhappiness, loneliness, lack of self-esteem, an inability or lack of resilience in dealing confidently with adverse life events or circumstances and an inability to build and maintain healthy relationships. 'Mental health problem' is often used to describe conditions seen as less serious and as distinct from severe and enduring mental illness. Mental health problems are more common, are usually less severe and of less duration than mental illness but may develop into a mental illness.

Mental illness refers to a diagnosable illness which significantly interferes with a person's functional, cognitive, emotional or social abilities. Mental illness can include clinical depression, severe anxiety, schizophrenia, bi-polar affective disorder, obsessive compulsive disorder, eating disorders, drug and alcohol addiction and dementia (organic illness). Mental illnesses are usually defined medically by using internationally recognised classifications. However, terminology can still vary across professions and cultures.

Personality disorder refers to severe and enduring patterns of perceiving, relating to, and thinking about oneself and the environment in ways that are unhelpful and distressing to the person or to those around them.

Wellbeing is a positive feeling about one's life situation, physical and mental health. It can be independent of circumstances or health.

Appendix 1: Service user-led audit

The service user-led audit involves the following steps:

- A group of people with mental illness, learning disability or personality disorder meet to plan together. It might be helpful if those with experience of monitoring or auditing were available to support or guide them in the early stages.
- They choose a particular place to review, such as the local further education college or a leisure centre.
- They decide whether to get permission from the person in charge before making the visit. Some people think this is best while others think that an unexpected visit will be more true to life.
- The group decides whether to visit together or individually.
- The group decides in advance how they will make a record of the things that they learn. They might write down the key points, simply talk to someone, or record their views on video.
- There are questions below that cover the main things the group will want to think about. Examples of questions are given where a group of learning disabled people are visiting a further education college and a mental health group are visiting a gym. Each group will need to change these detailed questions so that they are relevant to the place they are planning to visit.
- The group or individuals visit the place (rather like a 'mystery shopper' review) and/or ask people with mental illness, learning disability or personality disorder, who usually go there, to share their observations.
- The group then meets again to draw together their observations. They think about the balance of praise and criticism and whether they are going to identify individuals in their report.
- Finally, the group gives feedback to the manager or a group of staff from the place that they have visited. The goal is to provide information that will assist managers and their staff to do a good job and improve services for all users of their organisation.
- It might be helpful to send a copy of the report to more senior managers in the authority responsible for the service, or to managers who may be buying a service on behalf of others.

The results and observations from the service user-led audit may be useful to local authorities in fulfilling their requirements for annual reporting under the Disability Discrimination Act 2005.

The questions given below are suggestions for a service user-led audit. The numbered questions are general but they cover the main things that a group will want to think about. After each numbered question, examples of further questions are given. In these examples, the questions show how the topic might be expanded by a group of learning disabled people visiting a further education college(c); and then by a mental health group visiting a gym(g). Many of the questions could be used by anyone visiting any setting.

1. Is the building suitable and does it have the right facilities?

- C *Is the college easy to get to? Is it well maintained, attractive and warm? Is it safe? Can students who use a wheelchair get to all the classrooms? Is the necessary equipment available?*
- G *Is the gym on a bus route? Is the building clean? Are a variety of exercise and sports activities available? Are there subsidies or passes available and do they increase opportunity, stigma or both? Can you get changed in a private space?*

2. Are the people you meet here friendly?

- C *Are college reception staff, canteen workers, tutors and cleaners friendly and respectful towards students with learning difficulties? Do arrangements make it easy for the students who need support to get to know other students? Have you made new friends?*
- G *Do staff say hello when you meet them in the reception area, in the corridor or in the gym? Are sessions designed to help people get to know each other, especially at the beginning of any courses? Is there a programme of social events?*

3. Are people with mental illness, learning disability or personality disorder involved here?

- C *Does the number of students with learning difficulties attending the college reflect demand? Can people with significant impairments access all courses? Are there opportunities in all subject areas? Do students get involved in the social life of the college?*
- G *Are proportions of people with mental health issues here reflective of the local community? What is it like for people who are unfit, anxious about their body image or fearful? How do people react to someone who has problems relating to others, or who behaves unusually?*

4. Can you get short and long-term help when you need it?

- C *Are teaching materials adjusted for people who need big print or other formats? What provision is made for students who need help to use the toilet or who don't use words to communicate? Is there a counsellor and are they helpful to people with learning difficulties? Do college staff ever speak to health and social care staff?*
- G *Do gym staff have a good understanding of mental health issues including the possible effects of medication on fitness and energy levels? Do discussions about medication or health conditions happen in private? Is your privacy respected? Is it easy to get guidance or reassurance about your fitness programme from the staff?*

5. Are complaints and occurrences of discrimination properly dealt with?

- C *Have there been reports of harassment by staff or students? Do people feel that it is worth telling anyone if they are subject to harassment? What happens when a complaint is made?*
- G *What does the general tone of banter and humour tell you about how people are respected here? Is everyone treated equally or do the systems favour one group over another? Is there an easy way to report discrimination?*

6. Are people with mental illness, learning disability or personality disorder involved in decision-making here?

C *Do students keep a record of their own sense of their educational development? Do students get involved in shaping the content of their own study programme? Are students involved in the wider decision-making groups in the college?*

G *Are participants regularly consulted about their own sense of progress, fitness and satisfaction? Is there an advisory group that helps with running the gym and does it includes people with mental health issues?*

7. Do people here have a chance to learn, develop, grow and enrich their lives?

C *Do students feel frustrated and stuck? Can people spend longer on parts of the programme if they need to do so? Do courses lead anywhere? Is career advice available? Do lots of people who attend this college get jobs afterwards or move into other activities that fit their objectives? Do students sometimes get a job in the college?*

G *Do participants have a way of tracking their developing fitness? Can people take time out when things are not so good and return at a later date? Are there ways to move from casual attendance to membership of clubs and groups within the gym? Are there pathways from the gym to other social and healthy activities in the community?*

Appendix 2: Ideas for the whole system review

Sections 25-31 of the Mental Health (Care and Treatment) (Scotland) Act 2003 require the local authority to work with others to promote the wellbeing and social development of people who have, or have had, a mental illness, learning disability or personality disorder. What follows below are general headings, first seen in Chapter 3 'Guiding Principles', that outline various areas of life, with suggestions of actions that a local authority could promote to improve opportunities.

The headings for each set of actions may also suggest who should conduct or lead the review on that topic. So, for example, a housing group may consider the content of the first set. They will probably wish to invite people with mental illness, learning disability or personality disorder, and staff in housing related services, to contribute to the discussion.

Each action block stands alone and no one suggested action is more or less important than others though all can be seen as interdependent. Each group leading a review is also likely to develop its own actions.

In addition to considering actions that a local authority could promote, other ways to use the blocks include:

- Using them as an opportunity for review. Take them as a starting point and then question:
  - Which of these items already exist in our local area?
  - Does availability vary for children, people of working age, and older people, or does it vary according to where you live or other circumstances?
- Considering which services or actions are currently available or being undertaken. Highlight the blocks that show these and review after a year. Does anything else need to happen to recognise the positive work that is already happening?
- Using them to consider financial allocations. Which actions or services could be developed within current resources or by reallocating resources?
- As a questioning tool to examine equalities issues. Do different groups have differing viewpoints? Ask people using services, staff in community agencies and staff working in specialist services, younger and older people, representatives of ethnic minority groups, men and women, people living in different places. NHS staff working in specialist services may have a distinct perspective.
- Using the blocks to decide on priorities. Which actions do people think would make the biggest difference?

At the end of Appendix 2 a table has been left blank for you to devise your own version of current or proposed actions and services. You will find that your discussion and review of discrete areas will bring forth new or current actions and services that contribute to the wellbeing and social development of those who have, or have had, a mental illness. These can form the basis of more detailed discussions and ongoing review.

There are a large number of suggestions made in these blocks. There may be too many to attempt at once, especially if you find many need to be undertaken. This is intended as a resource to enable you to identify and prioritise the issues that need to be addressed in your locality.

The action blocks and corresponding references (pp22-44) have also been included, as stand alone pages, in the pocket at the back of this document. It may be useful for local authorities to distribute these individual pages to the relevant areas for their ease of reference and to enable them to inform action plans.

Housing

Sustained contact between key people in housing and health and social care services, to provide expertise as required

Housing staff have effective referral routes for their tenants who need additional help

Training, short and long-term/ intensive support available to enable people to live in their own homes

Housing providers consider how they can support people to get to know their neighbours

All areas have access to community facilities and open spaces

Promotion of wellbeing and social development is considered by housing advice agencies and strategy groups

Address homelessness and poor housing, e.g. by schemes to upgrade properties, as these are harmful to mental health and wellbeing

Training and awareness raising in mental illness, learning disability and personality disorder for housing staff, helping staff to respond respectfully

Crisis house available

Efforts are made to bring home anyone funded to live out of the area by providing suitable local accommodation and support

Housing allocation systems are fair to people with mental illness, learning disability and personality disorder

Identify and meet the housing needs of people with mental illness, learning disability or personality disorder

Housing management support (benefits and budgeting, maintenance, neighbour disputes) is available to people who need it

Help people keep their homes through periods in hospital or to return to them even from secure settings

Tenant and resident consultation is conducted in an accessible format for people with mental illness, learning disability or personality disorder

There are schemes that encourage neighbours to help each other out with home maintenance tasks, such as voluntary exchange/barter or timebank schemes

Arrangements are in place so people with mental illness, learning disability or personality disorder can move into attractive and suitable accommodation with good security of tenure

A co-ordinated approach is taken to finding out and applying what works in supporting people with mental illness, learning disability and personality disorder to access housing

Training and awareness raising in mental illness, learning disability and personality disorder is available to neighbours and residents in the context of confidentiality for individuals

Neighbourhood wardens manage difficulties by assisting communities to be accepting and so enable people to remain in their communities rather than taking an over-zealous approach to eviction

Initiatives to provide housing support to people with co-morbid difficulties (e.g. substance misuse or offending in addition to mental illness, learning disability and personality disorder)

Additional resources on housing

Audit Commission (1998) *Home Alone*, London: Audit Commission

Chartered Institute of Housing (1999) *Housing and services for people with support needs – good practice briefing*, Coventry: Chartered Institute of Housing

Department of Social Security (1998) *Supporting people: a new policy and funding framework for support services,* London: Department of Social Security

Douglas, A (1998) *Living independently with support: service users' perspectives on 'floating' support,* Bristol: The Policy Press

Fletcher, P (2000) *Social Inclusion for vulnerable people: linking regeneration and community care – the housing, care and support dimensions,* Brighton: Pavilion Publishing

Goss, S (1998) *A framework for housing and support,* London: National Housing Federation

Kinsella, P (1993) *Supported Living: a new paradigm?*, Manchester: National Development Team

Morris, S (2002) *A Life More Ordinary: The pursuit of quality in supported living,* Federation of Local Supported Living Groups. Available at www.supported-living.org/docs/LMO.pdf

National Housing Federation (1999) *Risk management in supported housing,* London: National Housing Federation

O'Leary, J (1997) *Beyond help: improving service provision for street homeless people with mental health and alcohol or drug dependency problems,* London: National Homeless Alliance

Quilgars, D (1998) *A life in the community – Home-Link: supporting people with mental health problems in ordinary housing,* Bristol: The Policy Press

Scottish Development Centre for Mental Health Services (1998) *Developing housing services for people with mental health problems,* Edinburgh: Scottish Development Centre for Mental Health

Scottish Executive Development Department (1999) *Modernising community care; the housing contribution,* Edinburgh: Scottish Executive

Watson L (1998) *Not mad, bad or young enough: helping young homeless people with mental health problems,* Bristol: The Policy Press

Watson L and Tarpey M, (1998) *Pick and mix: Developing flexible housing choices in community care,* Coventry: Chartered Institute of Housing

Communities

Reduce anti-social behaviour, as it harms wellbeing. Ensure police awareness of vulnerable groups is enhanced	Increase opportunities for participation in community events, encourage local festivals, etc.	Access for all to green open spaces, shops and community leisure amenities	Affordable and comfortable meeting places are available to local groups
Consider how to promote and support local entrepreneurs, artists and traders, reviving local traditions as well	Public transport enables people with mental illness, learning disability or personality disorder to get to community activities and work (timetables, access, staff skills, routes, cost)	Mental wellbeing and social development is addressed by Community Development workers and strategy groups	**Initiatives are working to address community safety, e.g. street lighting, cameras, neighbourhood watch schemes, community policing**
Policies and processes that create or sustain excluded neighbourhoods are redesigned to promote inclusion	Ensure that Anti-Social Behaviour Orders are not used as a substitute for appropriate care and support	Training for both formal and informal neighbourhood groups in mental illness, learning disability and personality disorder	The local authority works with faith groups and other community-based initiatives to build social capital and strengthen diverse communities
Ensure that neighbourhood and environmental projects support people who have a mental illness, learning disability or personality disorder to join in as givers as well as receivers	Encourage informal as well as formal befriending schemes	Creative ways to ensure that all the local people hear about the activities, groups, and changes that are taking place so that they can decide how to be involved	**A co-ordinated approach to finding out and applying what works in engaging people with mental illness, learning disability and personality disorder in neighbourhood and interest groups**
Mental illness, learning disability and personality disorder services help people think about their political, spiritual, diversity and neighbourhood connections and what is available	Community figures (shopkeepers, bar staff, bus drivers, etc.) are friendly and welcoming towards people with mental illness, learning disability and personality disorder		

Additional resources on communities

Bates, P and Davis, F (2004) 'Social capital, social inclusion and services for people with learning disabilities' *Disability and Society* Vol. 19, No. 3, pp196-207

Befriending Network (Scotland) in partnership with the Scottish Mentoring Network (2002) *The nature and extent of befriending and mentoring in Scotland.* Available at www.befriending.co.uk/pdfstore/Map_of_Befriending_and_Mentoring_in_Scotland.pdf

Clegg, C and Rosie, M (2005) *Faith communities and local government in Glasgow,* Edinburgh: Scottish Executive

Department for Transport (2000) *Social exclusion and the provision and availability of public transport*

Flint, J and Kearns, A (2004) *The role of Church of Scotland congregations in developing social capital in Scottish Communities: Enabling and cohesive or irrelevant and divisive?*, Glasgow: ESRC Centre for Neighbourhood Research

Ironside Farrar Ltd (2005) *Minimum standards for open space,* Edinburgh: Scottish Executive

The Public Service Vehicles (Conduct of Drivers, Inspectors, Conductors and Passengers) (Amendment) Regulations 2002

Scottish Development Centre for Mental Health, in association with Scottish Council Foundation and OPM (2003) *Building community wellbeing : An exploration of themes and issues,* Edinburgh: Scottish Executive

Scottish Executive (1999) *Safer communities in Scotland*

Scottish Executive (2003) *The Scottish Compact,* Edinburgh: Scottish Executive

Scottish Executive (2005) *A vision for the voluntary sector: The next phase of our relationship,* Edinburgh: Scottish Executive

Scottish Executive (2006) *The Scottish Compact Good Practice Guides: Advice on the Scottish Executive's relations with the voluntary sector,* Edinburgh: Scottish Executive

Scottish Public Mental Health Alliance (2002) *With Health in Mind: improving mental health and wellbeing in Scotland,* Edinburgh: Scottish Council Foundation

Shiel, L, Clark, I and Richards, F (2005) *Approaches to community safety and anti-social behaviour in the Better Neighbourhood Services Fund Programme,* Edinburgh: Scottish Executive

Skidmore, P and Craig, J (2005) *Start With people: How community organisations put citizens in the driving seat,* London: Demos

Skinner, S (1997) *Building community strengths: A resource book on capacity building,* London: Community Development Foundation

Employment

Develop a culture that encourages staff to naturally support each other in the workplace, as well as mentoring and buddying schemes

Marketing materials show positive images of people with diverse needs working

Stimulate the economy to grow and create new well-paid opportunities, especially for business start-up so self employment is an option

Jobseekers have access to advice, vocational profiling, benefits advice, skill development, work experience, and job trials with real prospects.

Health and local authority as exemplary employers, holding providers of contracted out services to the same standards

As required specialised on-site job induction and ongoing support, especially to assist retention

Create a mentally healthy work/life balance and workplace culture

Employee Assistance Programmes support all employees in difficulty

Flexible working arrangements (e.g. working at home, annualised hours, part time hours) are available

Vocational support continues to be available to those in employment outwith work time, encouraging career development

Develop line managers so they support employees whilst maintaining productivity, and have ready access to expert help as required

Health and social care services support the person's potential for employment

Initiatives such as wage subsidy and permitted work maximised

Use local employability partnerships. Including JobCentre Plus, Enterprise Networks and NHS Boards, to plan services for delivery to people with a mental disorder

Policies and practices in the workplace monitored to ensure they do not result in discrimination

Economic regeneration initiatives include mental health promotion as a key objective

Assist employers to make reasonable accommodations at recruitment, in work and at return to work after sickness absence (DDA)

Workplace buildings are accessible, safe and pleasant to work in with good facilities and signage

Ensure all contracts, application processes, interviews, etc., do not discriminate, especially in relation to literacy or other demonstrations of skills

Trades Unions, professional groups and employer organisations have appropriate policies and practices in place to combat discrimination

Segregated employment opportunities (e.g. social firms) provide an effective stepping stone into mainstream jobs

A co-ordinated approach to finding out and applying what works in employment for people with mental illness, learning disability and personality disorder

Employers, co-workers, human resources and occupational health staff receive awareness training in mental illness, learning disability and personality disorder (e.g. Mental Health First Aid, suicide prevention training)

Contracts of employment and absence management systems are fair to people with mental illness, learning disability or personality disorder while maintaining productivity

Additional resources on employment

Anthony, W and Blanch, A (1987) 'Supported employment for persons who are psychiatrically disabled: An historical and conceptual perspective', *Psychosocial Rehabilitation Journal* Vol.11, No. 2, pp 5-23

Becker, D and Drake, R (1994) 'Individual placement and support: A community mental health center approach to vocational rehabilitation', *Community Mental Health Journal* Vol. 17, No. 2, pp 193-206

Beyer, S and Kilsby, M (1997) *Supported employment in Britain,* London: DfEE

Bond, G, Drake, R, Mueser, K and Becker, D (1997) 'An update on supported employment for people with severe mental illness', *Psychiatric Services,* Vol. 48, pp 335-346

Crowther, R, Marshall, M, Bond, G and Huxley, P (2000) *Vocational rehabilitation for people with severe psychiatric disorders,* Cockrane Library

Department of Health (2002) *Mental Health and Employment in the NHS,* London: Department of Health

Department of Trade and Industry (2002) *Social enterprise: a strategy for success,* Available at: www.dti.gov.uk/socialenterprise/pdfs/startegy.pdf

Durie S, (2004) *Mental health and employment policy for Scotland,* Edinburgh: Scottish Development Centre for Mental Health Employment Programme

Grove, B, Secker, J and Seebohm, P (eds) (2005) *New thinking about mental health and employment,* Abingdon: Radcliffe Publishing Ltd

Institute of Applied Health and Social Policy (2002) *Hidden skills, hidden talents,* London: IAHSP

O'Bryan, A and O'Brien, J (1995) *Supported employment quality assurance,* Manchester: National Development Team

Scottish Executive (2004) *Healthy Working Lives: a plan for action,* Edinburgh: Scottish Executive

Secker, J, Grove, B and Seebohm, P (2001) 'Challenging barriers to employment, training and education for mental health service users: The service user's perspective', *Journal of Mental Health,* Vol. 10, No. 4, pp 395-404

Warr, P (1987) *Work, unemployment and mental health,* Oxford: Oxford University Press

Zadek, S and Scott-Parker, S (2000) *Enabling Business: Working with disability,* Employer's Forum on Disability

Scottish Executive (2006) Workforce Plus: an *Employability framework for Scotland*, Edinburgh: Scottish Executive

Scottish Executive (2006) *More Choices, More Chances: a Strategy to Reduce the Proportion of Young People Not in Education, Employment or Training in Scotland*, Edinburgh: Scottish Executive

Personal finances

Financial services buildings are accessible, safe, pleasant, well equipped and offer privacy for interviews

Access to all forms of insurance, particularly holiday, house and contents insurance

Specific initiatives to help people obtain and manage a bank account

Short and long- term support with personal budgeting, savings and debt management for people who need it

Start-up money or furniture for people moving into independent accommodation from sheltered accommodation

LETS, Timebanks, Credit Union, food co-operative schemes, fuel and food poverty programmes

Finance and money advice specialists deliver sessions in mental illness, learning disability and personality disorder services

Local initiatives to promote Direct Payments and enable people to participate who need ongoing support

Help is available to obtain support from trading standards if person has bought faulty goods or feels subject to poor service

Promotion of wellbeing and social development is addressed by strategy groups that combat poverty and promote wealth

Finance advice in relation to employment – better off calculations, tax and pension advice, start-up payments for work

Help for people in financial crisis, including emergency access re disconnections or evictions, which may occur more frequently for people with mental illness, learning disability or personality disorder

Training in mental illness, learning disability and personality disorder for staff in financial services and advice agencies, advising them on expert referral routes as required and assisting them to act respectfully

Access to welfare benefits advice, appeals, legal advocacy, etc., is easy and non-stigmatising for people with mental illness, learning disability or personality disorder

Council debt recovery services (council tax, rent arrears, etc.) are accessible to people with comprehension, memory or communication impairments

Finance agencies develop specific expertise in relation to mental illness, learning disability or personality disorder (e.g. details of permitted work and other relevant regulations, communication)

Council debt recovery services staff are trained to recognise when mental illness, learning disability or personality disorder is a barrier to people complying with their requests

Local arrangements in place to pay people with mental illness, learning disability or personality disorder if they are involved in decision-making or training activities

A co-ordinated approach to finding out and applying what works in supporting people with mental illness, learning disability or personality disorder to access finance services

Access for people with mental illness, learning disability or personality disorder to academic training in business studies, economics, and welfare rights. User led account management in services

Additional resources on personal finances

Adams, E (1999) *Incapacity Benefit in Glasgow: comparative study,* Glasgow: Institute of Social and Economic Research

Association of British Insurers (2001) *A life and disability insurers' guide to the Disability Discrimination Act 1995.* London: Association of British Insurers

Bird, L, Faulkner, A and Majumdar, A (1998) *Citizens Advice Bureaux for people with mental health problems,* London: Mental Health Foundation

Brown, G and Moran, P (1997) 'Single mothers, poverty and depression', *Psychological Medicine,* Vol. 21, pp 21-33

Bundy, R (2001) 'Mutual Benefits: providing advice on benefits entitlements and debt in a primary care setting', *Health Service Journal,* Vol. 111

Davis, A and Hill, P (2001) *Poverty, social exclusion and mental health: A resource pack*, London: Mental Health Foundation

Drentea, P (2001) 'Age, debt and anxiety', *Journal of Health and Social Behaviour,* Vol. 41, pp 437-450

Employer's Forum on Disability and Swindon People First (2002) *It's your money,* London: Employer's Forum on Disability

Financial Services Authority (2006) *Financial capability in the UK: Delivering change,* London: Financial Services Authority

Gillespie, M, Mulvey, G and Scott, G (2005) *Transitions to employment: Advising disadvantaged groups,* Edinburgh: Scottish Executive

Hayton, K, Gray, L and Stirling, K (2005) *Scottish Credit Unions – Meeting member demands and needs,* Edinburgh: Scottish Executive

Kammerling, R and O'Connor, S (1993) 'Unemployment rate as a predictor of psychiatric admission', *British Medical Journal,* Vol. 307, pp 1536-1539

Kempson, E (1994) *Outside the banking system: a review of households without a current account,* London: Stationery Office

Manley, C and Aldridge, T (2000) 'Can LETS make it better? A Stirling example', *A Life in the Day,* Vol. 4, No. 4, pp 3-10.

Marks, S (2002) 'Getting insured - the problems for people with mental problems', *Evidence,* Vol. July.

National Association Of Citizens Advice Bureaux (2003) *Summing up: bridging the financial literacy divide,* London: NACAB

Platt, L (2002) *Parallel lives? Poverty among ethnic minority groups in Britain,* London: CPAG

Scottish Executive (2004) *Closing the opportunity gap,* Edinburgh: Scottish Executive

Scottish Executive (2005) *Financial inclusion action plan,* Edinburgh: Scottish Executive

Sharp, C (2004) *On the cards: the debt crisis facing Scottish CAB clients,* Edinburgh: Citizens Advice Scotland

Parenting and statutory education

The number of children making full time use of special schools and units is reducing and there are easy routes from special schools into mainstream education

Children's nurseries, childminders, clubs in schools and community settings and local authority organised events are open, accessible and welcoming to all

Unacceptable behaviour in schools is managed in ways that strengthen rather than erode relationships (e.g. restorative justice)

Parents report that early diagnosis and support is in place, respectful and effective

Training and mentoring in parenting skills

Staff supporting Looked After Children and those who offend, and people running children's clubs, are trained in mental illness, learning disability and personality disorder

Children's events arranged or funded by the local authority include wellbeing themes

Support and skilled advice is available regarding behaviour management and emotional development, as well as in each child's preferred mode of communication

Teaching staff welcome children with mental illness, learning disability and personality disorder, who should always have appropriate classroom support

The child health service is fluent in response to children with mental illness, learning disability or personality disorder

Links between schools, child and adolescent mental health services and paediatric services

Educators and others take an active problem-solving approach to supporting parents with a mental disorder

Students, schools and parents consider how volunteering could support pupils, such as through buddying and Circles of Support

Peer support is available as needed for parents and young people with mental illness, learning disabilities and personality disorder

Communication between parents and the school (and also with other agencies involved with the family) is timely and effective

Information about drugs, safe sex and healthy lifestyles is accessible to young people with concentration, comprehension or literacy difficulties

The duty to protect children is thoughtfully worked out in the context of supporting parents with mental illness, learning disability or personality disorder

Learning materials are differentiated to accommodate children with difficulties in concentration, learning or communication

Participation in the life of the school (parents evenings, PTAs, School Forums/Boards, concerts, etc.) and contribution to policy or continuous improvement includes parents with mental illness, learning disability or personality disorder

Parents are informed, empowered and supported (perhaps by independent advocacy) to express their views, especially around the times when important decisions have to be made

Health visitors, school nurses, guidance teachers and others have access to specialist help from mental illness, learning disability and personality disorder services

Schools consider and plan with young people to make positive transitions from school to lite post-school

Additional resources for parenting and statutory education

Booth, T and Ainscow, M (2004) *Index for Inclusion. Developing learning, participation and play in the early years and childcare,* Bristol: Centre for Studies in Inclusive Education

Booth, T, Ainscow, M, Black-Hawkins, K, Vaughan, M and Shaw, L (2000) *Index for Inclusion: developing learning and participation in schools,* Bristol: Centre for Studies in Inclusive Education

Bunch, G (1999) *Inclusion: How to. Essential classroom strategies,* Toronto: Inclusion Distribution

Education (Additional Support for Learning) (Scotland) Act 2004

Hopkins, B (2003) *Just Schools: A whole school approach to restorative justice,* London: Jessica Kingsley

Jupp, K (1992) *Everyone belongs,* London: Souvenir Press

Mason, M (2000) *Incurably human,* London: Working Press

Rieser, R and Peasley, H (2002) *Inclusion in schools,* London: Disability Equality in Education

Rieser, R, Chapman, M and Skitteral, J (2002) *Inclusion in early years,* London: Disability Equality in Education

Ritchie, P, Sanderson, H, Kilbane, J and Routledge, M (2003) *People, plans and practicalities: achieving change through person centred planning,* Edinburgh: SHS Ltd

Rogers, R (revised 1999) *Developing an inclusive policy for your school,* Bristol: CSIE

Scottish Executive (2004) *Health for all children: Guidance on implementation in Scotland,* Edinburgh: Scottish Executive

Scottish Executive (2005) *The mental health of children and young people: A framework for promotion, prevention and care,* Edinburgh: Scottish Executive

Scottish Executive (2005) *Safe and well: Good practice in schools and education authorities for keeping children safe and well,* Edinburgh: Scottish Executive

Scottish Executive Education Department (2004) *Supporting Children's Learning: Code of Practice,* Edinburgh: Scottish Executive

Scottish Executive (2005) *Happy, safe and achieving their potential: a standard of support for children and young people in Scottish schools,* Edinburgh: Scottish Executive

Scottish Executive (2006) *More Choices, More Chances: a Strategy to Reduce the Proportion of Young People Not in Education, Employment or Training in Scotland*, Edinburgh: Scottish Executive

Scottish Schools (Parental Involvement) Act 2006

Standards in Scotland's Schools etc. Act 2000

Thomas, G and Vaughan, M (eds) (2004) *Inclusive education: readings and reflections,* Oxford University Press

Lifelong learning

People with poor Basic Skills are supported to develop them

Student counselling services are available to all who need it

Creating a mentally healthy study/life balance and learning culture

Courses available to equip service users to work as trainers, opportunities for them to do so and be paid

Further and higher education ensure access to those who have or have had a mental disorder

Staff trained in Mental Health First Aid and suicide awareness programmes, such as Applied Suicide Intervention Skills Training

Where discrete classes are provided, there is a pathway into mainstream classes. All students have equal access to all curricula

Arrangements are in place for tutors to obtain expert help when needed to assist them with their students

Return to learning and bridging courses available that include career planning and study skills

Strategic alliances between planners in the education, social care and employment sectors, including combining funding sources creatively

Facilities for open learning (private study areas with support, library and internet access, etc.)

Co-ordinated approach to finding out and applying what works in education for people with mental illness, learning disability and personality disorder

Aspects of mental wellbeing and social development, self-esteem, anger management, confidence building and personal development should be available throughout the curricula

Consultation with learners who have mental illness, learning disability or personality disorder is used to develop positive policies and improve the practices of learning providers

Information, advice and guidance on education and employment opportunities is available and accessible to those with mental health problems, learning disabilities or personality disorder

Tutors offer individual interviews and encourage students to disclose their learning support needs resulting in appropriate learning partners, mentors and trained learning support assistants being made available

Staff in mental illness, learning disability and personality disorder services recognise the benefits of learning and promote learning opportunities

Courses are flexible with and without the award of qualifications, modular, daytime, evening and at weekends, correspondence, distance learning, variably sized classes and adaptable in demands on students but encourage progression

Procedures for risk assessment and disclosure of information (including private interview spaces and non-stigmatising forms) are effective for people with mental illness, learning disability or personality disorder

Mandatory training in mental illness, learning disability and personality disorder for tutors, front-line education staff, reception and admin staff to increase understanding and respectful engagement

Marketing materials reflect the voice of learners with mental illness, learning disability and personality disorder and, alongside tasters, are effective in boosting demand for learning

Additional resources on lifelong learning

The Association of Managers of Student Services in Higher Education (2001) *Responding to student mental health issues: 'Duty of care' responsibilities for student services in higher education,* Winchester: Association of Managers of Student Services in Higher Education

Bee, E and Martin, I (1997) 'The educational dimensions of mental health work', *Adults Learning,* January, pp128-31

Braund, J (1999) 'The Lancashire Stepping Stones programme', *A Life in the Day,* Vol. 3, No. 1, pp 4-8

Downing, J (2002) *Including students with severe and multiple disabilities in typical classrooms: Practical strategies for teachers,* Training Resource Network www.trninc.com

Further Education Funding Council (1996) *Inclusive learning: Report of the learning difficulties and/or disabilities committee,* Coventry: FEFC

James, K (2001) *Prescribing learning: A guide to good practice in learning and health,* Leicester: NIACE

Kemp, A (2002) 'Opening doors: widening participation in higher education for students who experience mental health issues', *A Life in the Day* Vol. 6, No. 3, pp 26-29

Mather, J and Atkinson, S (2003) *Learning journeys: A handbook for tutors and managers in adult education working with people with mental health difficulties,* Leicester: NIACE

Scottish Executive (2003) *The lifelong learning strategy for Scotland,* Edinburgh: Scottish Executive

Scottish Executive (2005) *Partnership matters: A guide to local authorities, NHS Boards and voluntary organisations on supporting students with additional needs in further education,* Edinburgh: Scottish Executive

Scottish Executive (2005) *Supporting You at College: A Guide for young people with additional needs on support in Scotland's further education colleges,* Edinburgh: Scottish Executive

Scottish Further Education Unit (1994) *Mental health matters: Guidelines for supporting students with mental health difficulties,* SFEU

Scottish Executive (2006) *More Choices, More Chances: a Strategy to Reduce the Proportion of Young People Not in Education, Employment or Training in Scotland*, Edinburgh: Scottish Executive

Secker, J, Grove, B and Seebohm, P (2001) 'Challenging barriers to employment, training and education for mental health service users: The service user's perspective', *Journal of Mental Health,* Vol. 10, No. 4, pp 395-404

Skill (2000) *Students with mental health difficulties: Your questions answered,* London: Skill

Skill and Scottish Further Education Unit (1994) *Expanding the boundaries: Readings in mental health and education*

Wertheimer, A (1997) *Images of possibility: Creating learning opportunities for adults with mental health difficulties,* Leicester: NIACE

Volunteering

Volunteering is valued as a community contribution as well as work preparation

Specifications for contracted-out services include responsibility to promote volunteering

Reimbursement of expenses, criminal records checks and health and safety arrangements work smoothly

An increasing range of types of volunteering is available, including single-event and irregular, as well as opportunities demonstrating diversity and good practice

Information, advice, support and guidance is available at the beginning and throughout the time the person volunteers

Volunteer preparation training is available, whilst volunteer partner, mentoring and peer support schemes provide continued support to volunteers

Local authority funding is made available for specific volunteering projects and infrastructure organisations

The contribution of volunteers with additional support needs is addressed in the local volunteering strategy

Prospective volunteers have good information about the impact of volunteering on welfare benefits

The local authority and NHS are exemplar Volunteer Engaging Organisations (VEOs) and all services assess how to engage volunteers in their work especially in areas where they are essential like school boards and emergency planning

Local arrangements are in place to set standards and assure the quality of volunteering opportunities, including supervisors having access to good practice guidance and skills to include volunteers of differing abilities

Training for volunteer-engaging organisations in mental health awareness, learning disability and personality disorder (e.g. suicide prevention awareness programmes, Mental Health First Aid)

Volunteer retention support is in place for the times when volunteers experience mental health problems or other difficulties

Clear pathways from volunteering to paid work, via links with Jobcentre Plus, Supported Employment services, Careers Scotland, etc.

Employers have a positive policy promoting volunteering by employees in and out of working hours (e.g. mountain rescue, Business in the Community) also promoting mental health and wellbeing

The volunteering labour force is representative of the community's diversity, so there are opportunities for people of all abilities and interests

Workers from the mental illness, learning disability or personality disorder services provide individual support to volunteers and VEOs

Health and social services have a clear and positive view about people volunteering in the setting where they have received a service

Mental illness, learning disability and personality disorder services and GPs have a good understanding of volunteering and promote it in partnership with the local volunteer services

Protocols between VEOs and health and social services for sharing information about volunteers with a mental illness, learning disability or personality disorder

A co-ordinated approach to finding out sharing and applying what works in supporting people with mental illness, learning disability or personality disorder to engage in volunteering

Additional resources on volunteering

Baker, F (1998) *Greater Expectations: Challenges of volunteering today for volunteers with mental health problems,* Mid Sussex Volunteer Development Agency

Bates, P (2002) *A Real Asset: A Manual on Supported Volunteering,* Manchester: National Development Team

Clark, S (2003) *You cannot be serious: A guide to involving volunteers with mental health problems,* London: National Centre for Volunteering

Davis Smith J (1998) *The 1997 national survey of volunteering,* London: Institute for Volunteering Research

Harris, T, Brown, G and Robinson, R (1999) 'Befriending as an intervention for chronic depression among women in an inner city. 1: randomised controlled trial', *British Journal of Psychiatry* Vol. 174, pp 219-224

Home Office (1999) *Giving time, getting involved: A strategy report by the working group on the active community,* London: Home Office Communication Directorate

Scottish Executive (2004) *Volunteering Strategy,* Edinburgh: Scottish Executive

Scottish Volunteer Bureau Network and Scottish Council Foundation (2001) *A virtuous circle? Volunteers with extra support needs,* Edinburgh: Scottish Council Foundation

Seyfang, G (2001) 'Spending time, building communities: evaluating time banks and mutual volunteering as a tool for tackling social exclusion', *Voluntary Action: The Journal of the Institute of Volunteering Research,* Vol. 4, No. 1, Winter 2001

Skill (1998) *Disability equality in volunteering,* London: Skill

Spear, J, Kaanders, H, Moulton, J and Herzberg, J (1997) 'A volunteer project for elderly people with mental health problems', *Psychiatric Bulletin* Vol. 21, No. 7

Volunteer Development Scotland (2000) *A rich slice of time,* Stirling: VDS

van Willingen, M (2000) 'Differential benefits of volunteering across the lifecourse' *Journal of Gerontology,* Vol. 55, pp 308-318

Civic engagement in decision-making

Decision-makers trained in awareness of mental illness, learning disabilities and personality disorder. Events are held in accessible buildings and interpreting services are available

Initiatives that promote confidence and assertiveness so people feel their opinion is worth sharing. Civic engagement valued by employers and society

Funding for collective advocacy organisations to enable them to assist service users to influence mainstream services that they use, e.g. transport, banking and health services

Support for community initiatives that promote mental wellbeing and social development

Arrangements in place to support people taking on new responsibilities. People encouraged and supported into key roles like secretary

Initiatives to promote political affiliation and voting by people with mental illness, learning disabilities or personality disorder

Support (perhaps from Community Development) for people with mental illness, learning disabilities or personality disorder to form self-help groups

Support for community groups to improve access, buddying and other support arrangements for people who have difficulty participating in meetings. Re-design organisations that make participation difficult

Utilise diverse consultation and decision-making systems that engage people with communication difficulties, including recruiting researchers from those with personal experiences of mental disorder

Staff working in mental illness, learning disability and personality disorder services recognise the value of civic engagement

Training and support for people with mental illness, learning disabilities or personality disorder in civic participation and lobbying

Local authority follows the National Standards for Community Engagement (developed by Communities Scotland) in encouraging people with a mental disorder to participate

Policies on payment of expenses and payments for participation in place in the local authority and elsewhere

Encourage more organisations to engage people with mental illness, learning disabilities or personality disorder in their decision-making

Challenge organisations that over-simplify issues for consultation, ignore consultation findings, fail to re-design in line with findings or exclude people from decision-making altogether

Press office encourages positive media representation of the civic contribution of people with mental illness, learning disability or personality disorder

In their work to set priorities for local communities, Community Planning Partnerships take account of the need to promote wellbeing and social participation by people with mental illness, learning disability or personality disorder

A co-ordinated approach to finding out and applying what works in supporting people with mental illness, learning disabilities or personality disorder to engage in decision-making

The pace of decision-making, number of separate issues discussed at a single sitting and the use of jargon is reviewed to ensure that people with attention, comprehension or concentration difficulties can participate

Monitor representation in decision-making and, where necessary, set targets for increasing the contribution of people with mental illness, learning disabilities or personality disorder

Additional resources on civic engagement in decision-making

Advocacy Safeguards Agency (2004) *Commissioning, investing and safeguarding advocacy,* Edinburgh: Scottish Executive

Atherton, G and Hashagen, S (2002) *Involving local people in community planning in Scotland,* London: Community Development Foundation

Burns, D, Heywood, F, Taylor, M, Wilde, P and Wilson, M (2004) *Making community participation meaningful,* Bristol: The Policy Press in association with the Joseph Rowntree Foundation

Chanan, G, Garrat, C and West, A (2000) *The new community strategies: how to involve local people,* London: Community Development Foundation

Communities Scotland (2005) *National standards for community engagement,* Edinburgh: Scottish Executive

Community Planning Task Force (2003) *Final report of the Community Planning Task Force,* Edinburgh: Scottish Executive

Connor, A (2006) *What helps people participate in planning for good mental health in their community?* Working paper for discussion, Edinburgh: Outside the Box Development Support with the Mental Health Foundation

Cooperrider, D and Whitney, D (2000) *Appreciative inquiry: A positive revolution in change,* San Francisco: Berrett-Koehler Communications

Dundee City Council (2004) *The community engagement toolkit: Participation scrapbook,* Dundee: Dundee City Council

Henderson, P (2003) *Choice: examples of community participation methods in Europe,* London: Community Development Foundation

Joseph Rowntree Foundation (2005) *Effective participation in anti-poverty and regeneration work and research,* York: Joseph Rowntree Foundation

National Institute for Health and Clinical Excellence (2005) *Community engagement for health: A preliminary review of training and development needs and existing provision for public sector organisations and their workers,* London: NICE

Reid-Howie Associates (2002) *Good practice guidance: consultation with equalities groups,* Edinburgh: Scottish Executive Central Research Unit and Equality Unit

Scottish Executive (2003) *Building community wellbeing,* Edinburgh: Scottish Executive

Arts and cultural activities

Lend specialist equipment (e.g. public address systems) for community arts events

Activities are available in the daytime, not just in the evenings and at weekends. Organisations offer taster sessions

Art, theatre, music by people with mental illness, learning disability or personality disorder taken into schools

Improving mental health and supporting social development is addressed by strategy groups and key personnel in arts and culture

Consider funding art, drama and music therapists in the community

Networking opportunities for mainstream arts providers to encourage inclusion and to disseminate information

Support is available to help individuals with a mental disorder join existing arts groups and for arts appreciation e.g. attending concerts, visiting museums

Local authority press office uses opportunities to promote positive media representation of people with mental illness, learning disability or personality disorder

Admission charges and processes do not exclude or stigmatise people on low income. Discounts are offered where facilities would be inaccessible

Activities span the whole range of ability levels, ages and interests and focus on skills development, pride in creativity and intergenerational work

Training for community arts groups and infrastructure organisations in mental illness, learning disability and personality disorder

Disability equality promotion initiatives use the arts as a medium (e.g. show a short film on coping with stress in cinemas alongside other adverts)

Fund and support exhibitions, performances, art installations and publication of work by people with mental illness, learning disability or personality disorder

Arts agencies include people with mental illness, learning disability or personality disorder on advisory groups and management boards, as volunteers and in paid jobs

Ongoing support for community arts groups that encourage and are attended by people with mental illness, learning disability or personality disorder

A co-ordinated approach to finding out and applying what works in supporting people with mental illness, learning disability and personality disorder to engage in the arts

Council employees (e.g. community artists, community development workers) support art groups for people with mental illness, learning disability or personality disorder

Befriending and buddying schemes support people with mental illness, learning disability or personality disorder to participate in the arts

Mainstream arts providers to provide 'in-reach' arts activities to people using mental illness, learning disability or personality disorder services who are unable at present to use community opportunities

Clear pathways help people transfer from arts activities in health and social care settings or special groups into community arts groups used by the general public

Additional resources on arts and cultural activities

Angus, J (2002) *A review of evaluation in community-based arts for health activity in the UK,* London: CAHHM/HDA.

Curtis, T, Dellar, R, Leslie, E and Watson, B (2000) *Mad Pride: A celebration of mad culture,* London: Spare Change Books

Dodd, J and Sandell, R (2001) *Including museums: perspectives on museums, galleries and social inclusion,* Leicester: Research Centre for Museums and Galleries, University of Leicester

Everitt, A and Hamilton, R (2003) *Art, Health and Community – A Study of Five Community Arts in Health Projects,* Durham: CAHHM

Faulkner, A and Layzell, S (2000) *Strategies for living: A report of user-led research into people's strategies for living with mental distress,* London: The Mental Health Foundation

Goodley, D and Moore, M (2002) *Disability arts against exclusion,* Kidderminster: British Institute of Learning Disabilities

Health Development Agency (2000) *Arts for health: A review of good practice in community-based arts projects and interventions which impact on health and wellbeing,* London: Health Development Agency

Jermyn, H (2004) *The art of inclusion,* London: Arts Council England

Malley, S, Dattilo, J and Gast, D (2002) 'Effects of visual arts on the mental health of adults with mental retardation and mental illness', *Mental Retardation* Vol. 40, No. 4 pp 278-296

Matarasso, F (1997) *Use or ornament? The social impact of participation in the arts,* Stroud: Comedia

Moon, M (1994) *Making school and community recreation fun for everyone: Places and ways to integrate,* Baltimore: Paul H. Brookes Publishing Co

Parr, H (2005) *The arts and mental health: creativity and inclusion,* Dundee: University of Dundee

Ruiz, J (2004) *Literature review of the evidence base for culture, the arts and sport policy,* Edinburgh: Scottish Executive

Scottish Executive (2005) *Quality of life and wellbeing: Measuring the benefits of culture and sports: literature review and thinkpiece,* Edinburgh: Scottish Executive

VicHealth (2002) *Creative connections: Promoting mental health and wellbeing through community arts participation,* Carlton: VicHealth

White, M and Angus, J (2003) *Arts and adult mental health literature review,* Durham: Centre for Arts and Humanities in Health and Medicine

Williams, D (1997) *How the arts measure up: Australian research into the social impact of the arts,* Stroud: Comedia

Healthy living

Volunteers co-participate in physical activity with people who need ongoing support (such as a gym buddies scheme)

Improving mental health and wellbeing and supporting social development is addressed by Disability Sports Officers and strategic groups

Specific exercise opportunities for people who are unable to use community facilities (such as detained patients)

Pathways into spectating and supporters groups enable people to make connections

Physical activity providers encourage participants to make social connections with each other

Leisure Centres have been awarded the 'Inclusive Fitness Mark' of quality

Buildings are pleasant, safe, accessible, well-signed and equipment is easy to use, with additional supervision available at advertised open sessions

Admission charges and processes do not exclude or stigmatise people on low income. Discounts are offered where facilities would be inaccessible

Exercise referral scheme with effective recruitment and move-on support so people transfer into 'ordinary' attendance

Connections between physical activity and healthy eating, smoking cessation and sensible drinking initiatives so that people receive both messages and opportunities

Regular forum for exchange of information, monitoring and problem-solving between physical activity personnel and mental disorder specialist services

Co-ordinated approach to finding out and applying what works in supporting people with mental illness, learning disability or personality disorder in physical activity

Marketing materials show images and use language that celebrates diversity and encourages participation by people with mental illness, learning disability or personality disorder

Customer consultation takes place and engages with participants who have a mental illness, learning disability or personality disorder, encouraging them to join advisory groups and boards

Customer attendance in exercise venues is monitored and people with mental illness, learning disability or personality disorder show similar patterns to the general population

A wide range of opportunities are available and in use, including options for people who are very unfit or lacking in confidence (e.g. relaxation, slow exercise). Taster sessions are on offer

Training for private and public sector leisure centre staff (including managers, reception staff, fitness instructors and lifeguards) in mental illness, learning disability and personality disorder, leading to understanding and respectful behaviour

Arrange focus events that encourage participation and healthy lifestyles, such as a 'fun run' for everyone, but particularly reaching people with mental illness, learning disability or personality disorder

Staff conducting induction sessions are sensitive to new starters with mental illness, learning disability or personality disorder

Leisure centre staff have assigned responsibility for visiting specialist services, marketing opportunities and introducing people to physical activity

Additional resources on healthy living

Biddle, S, Fox, K and Boucher, S (2000) *Physical activity and psychological wellbeing,* London: Routledge

Biddle, S and Mutrie, N (2001) *Psychology of physical activity: determinants, wellbeing and interventions,* London: Routledge

Blumenthal, J (1999) 'Effects of exercise training on older patients with major depression', *Archives of Internal Medicine,* Vol. 159, No.19, pp 2349-2356

Curtice, L (1997) *Health promotion and community care: the perceptions of users, purchasers and providers of community care services,* Edinburgh: Health Education Board for Scotland

Daley, A (2002) 'Exercise therapy and mental health in clinical populations: is exercise therapy a worthwhile intervention?', *Advances in Psychiatric Treatment,* Vol. 8, pp 262-270

Department of Health (2005) *Choosing health: A physical activity action plan,* London: Department of Health

Grant, T (2000) *Physical activity and mental health: National consensus statements and guidelines for practice,* London: Health Education Authority

Griest, J, Klein, M, Eischens, R, Faris, J, Gurman, A and Morgan, J (1979) 'Running as a treatment for depression', *Comprehensive Psychiatry,* Vol. 20, pp 41-54

Health Education Authority (1999) *Effectiveness of physical activity promotion schemes in primary care: A review,* London: HEA

Health Education Authority (1999) *Physical activity 'in our lives': qualitative research among disabled people,* London: HEA

Hutchinson, D, Skrinar, G and Cross, C (1999) 'The role of improved physical fitness in rehabilitation and recovery', *Psychiatric Rehabilitation Journal,* Vol. 22, No. 4

Kay, R (1984) *Physical fitness and mental health,* Maryland: National Institute of Mental Health

Morgan, W (1997) *Physical activity and mental health,* London: Taylor and Francis

Reynolds, V (1999) *The Green Gym: An evaluation of a pilot project in Sonning Common, Oxfordshire,* Oxford: Oxford Brookes University

Scottish Executive (2004) *Plan for action on alcohol problems,* Edinburgh: Scottish Executive

Scottish Executive (2004) *Healthy Working Lives: a plan for action*, Edinburgh: Scottish Executive

Scully, D, Kremer, J, Meade, M, Graham, R and Dudgeon, K (1998) 'Physical exercise and psychological well being: A critical review*', British Journal of Sports Medicine*, Vol. 32, pp 111-120

Tkachuk, G and Martin, G (1999) 'Exercise therapy for patients with psychiatric disorders: Research and clinical implications', *Professional Psychology: Research and Practice,* Vol. 30, No 3, pp 275-282

Health and social care services

GPs and other health and social care professionals have the appropriate and relevant information to support people to retain or regain their ordinary lives

Strategies, monitoring and funding recognise and value work that supports mental wellbeing and social development for all client groups

Vocational guidance specialists employed by mental illness, learning disability or personality disorder services

Risk management plans for those with a mental disorder support inclusive lifestyles and, as far as possible, keep everyone safe

Creatively combine funding from mental disorder organisations to create new opportunities

Direct Payments are promoted and used to support mental wellbeing and social development

Seamless transitions: from child and adolescent services to adult services, and then to older people's services, into and out of the area

Intensive support to arrange and support community participation and inclusive activities is available to those who need it in and out of office hours

Extra effort is put into finding ways of assisting people in secure settings or out of area placements connect with and return to ordinary living

Track the experiences of people with two or more impairments (e.g. mental health difficulties and dementia) to make sure that they have to access to health and social care services when required

Training sessions are open to staff, volunteers and service users. Service users contribute as trainers in pre-qualifying and in-service training events

Eligibility and discharge criteria are arranged in a way that enables preventative work and supports people in their recently acquired inclusive roles

Guests from the community visit health and social care facilities as customers, tutors, coaches, audience, etc.

Support and self-help groups for people with mental illness, learning disability or personality disorder

Health and social care buildings are accessible, safe, pleasant to attend and have good facilities and signage

Information about health and social care and inclusive opportunities is available in accessible formats for everyone, including people with mental illness, learning disability or personality disorder

Person-centred approaches tailor interventions to each individual and promote mental wellbeing and social development, especially in day services. Documentation is shared with clients unless there are overwhelming reasons why not

In times where people are at high risk of exclusion (e.g. admission to hospital) special efforts are made to support the person to retain their connections. Service arrangements minimise disruption to ordinary living

A co-ordinated approach to finding out and applying what works for health and social care staff supporting mental wellbeing and social development

Secure, satisfactory funding levels for specialist mental illness, learning disability or personality disorder services to promote mental wellbeing and social development

Staff use their expertise to build the capacity of mainstream community organisations and other health and social care workers to respond positively to people with mental illness, learning disability or personality disorder

Additional resources on health and social care services

Chapman, J (2004) *System failure,* London: Demos

Connor, A (2004) 'Recovery and community connections', in Bradstreet, S and Brown, W (eds) *SRN Discussion Paper Series. Report No.2,* Glasgow: Scottish Recovery Network

For information about the NHS Scotland *Improving mental health information programme* visit www.isdscotland.org/imhip

For information about promoting recovery in Scotland, see www.scottishrecovery.net/content/

For information about Mental Health First Aid see www.healthscotland.com/smhfa/

For information about Choose Life's suicide prevention and awareness programmes, see www.chooselife.net/web/site/home/home.asp

For information about work that is promoting wellbeing in Scotland, see www.wellscotland.info/

Health Scotland (2004) *Mental health improvement: Evidence and practice,* Edinburgh: Health Scotland

Love, B, Bates, P and Whitehead, S (2002) *Day service modernisation toolkit part 1,* Bristol: Valuing People Support Team

Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice Volume 1, chapter 5 Available at: www.scotland.gov.uk/Publications/2005/08/29100428/04330

Mental Health (Care and Treatment) (Scotland) Act 2003. Available at: www.opsi.gov.uk/legislation/scotland/acts2003/20030013.htm

Myers, F, McCollam, A and Woodhouse, A (2005) *Equal Minds*, Edinburgh: Scottish Executive

Office of the Deputy Prime Minister (2004) *Mental health and social exclusion: Social Exclusion Unit Report,* London: Office of the Deputy Prime Minister

Scottish Executive (2003) *Improving health in Scotland: The challenge,* Edinburgh: Scottish Executive

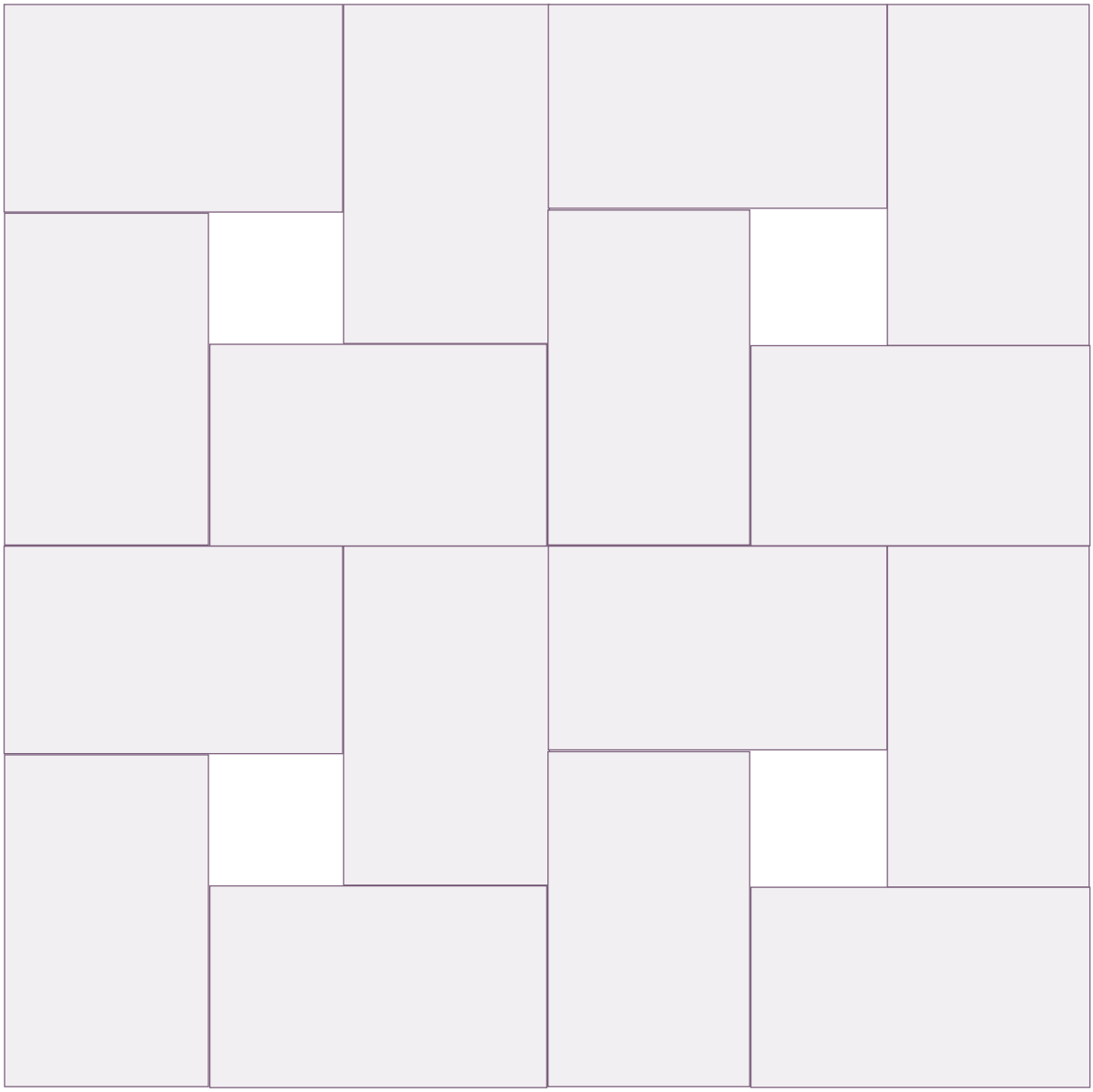
Scottish Executive (2003) *National programme for improving mental health and wellbeing action plan,* Edinburgh: Scottish Executive

Scottish Executive (2005) *Delivering for Health,* Edinburgh: Scottish Executive

Scottish Office (1997) *A framework for mental health services in Scotland,* Download from www.show.scot.nhs.uk/publications/mental_health_services/mhs/Framework%20Document.pdf

Scottish Executive (2006) *Delivering for Mental Health,* Edinburgh: Scottish Executive

Your local list



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www.scotland.gov.uk

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