



## Direct payments for people with mental health problems: A guide to action



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**DH INFORMATION READER BOX**

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| <b>Policy</b>              | Estates   |
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| Planning                   | Finance   |
| Clinical                   | Partnership working   |
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| <b>For recipient's use</b> |   |

# Direct payments for people with mental health problems: A guide to action

‘We want to give people greater choice and control over how their needs should be met...it is clear that direct payments give people that choice and control.’<sup>1</sup>

## What are direct payments?

This guide is about the payments that are made to individuals who have been assessed as needing social care services in order that they can make their own arrangements to meet their needs.

*Direct payments guidance: community care, services for carers and children’s services (direct payments) guidance England 2003* (Department of Health – DH) says:

‘The purpose of direct payments is to give recipients control over their own life by providing an alternative to social care services provided by a local council. A financial payment gives the person flexibility to look beyond ‘off-the-peg’ service solutions for certain housing, employment, education and leisure activities as well as for personal assistance to meet their assessed needs. This will help increase opportunities for independence, social inclusion and enhanced self-esteem.’<sup>2</sup>

Disabled people led the campaign for direct payments as a means of achieving the choice and control necessary to achieve independent living.<sup>3</sup> The principles of independent living are consistent with the concepts of recovery and social inclusion, and the operation of the Care Programme Approach (CPA):

‘Effective care co-ordination should facilitate access for individual service users to the full range of community supports they need in order to promote their recovery and integration.’<sup>4</sup>

Direct payments were originally introduced at the discretion of each local authority:

- for disabled adults of working age in April 1997;
- for older people in 2000;
- for carers, parents of disabled children and for 16 and 17 year olds (young adults) in 2001.

Since April 2003, regulations have been in force that require councils to make direct payments to those people who are able to choose to have them and who wish to have them.<sup>5</sup>

There are some people who are currently excluded from receiving direct payments. These are people whose liberty to arrange their own care is restricted by a court order or legislation, including certain sections of the Mental Health Act 1983.<sup>6</sup> These restrictions are currently being reviewed within the social care Green Paper, *Independence, Well-being and Choice*.<sup>7</sup>

There are some things that direct payments cannot be used for, such as longer-term residential care or to purchase services direct from the local authority.

## The purpose of this guide to action

This guide sets out good practice in relation to making direct payments more accessible to people with mental health problems. It is intended to support the efforts that all local authorities, primary care trusts, mental health trusts and non-statutory providers of mental health services and support will wish to make to ensure that direct payments become a standard option within mental health services. The number of people receiving direct payments is currently a key performance assessment framework indicator (AO/C51) for local authorities. Additional information to support implementation will be available through:

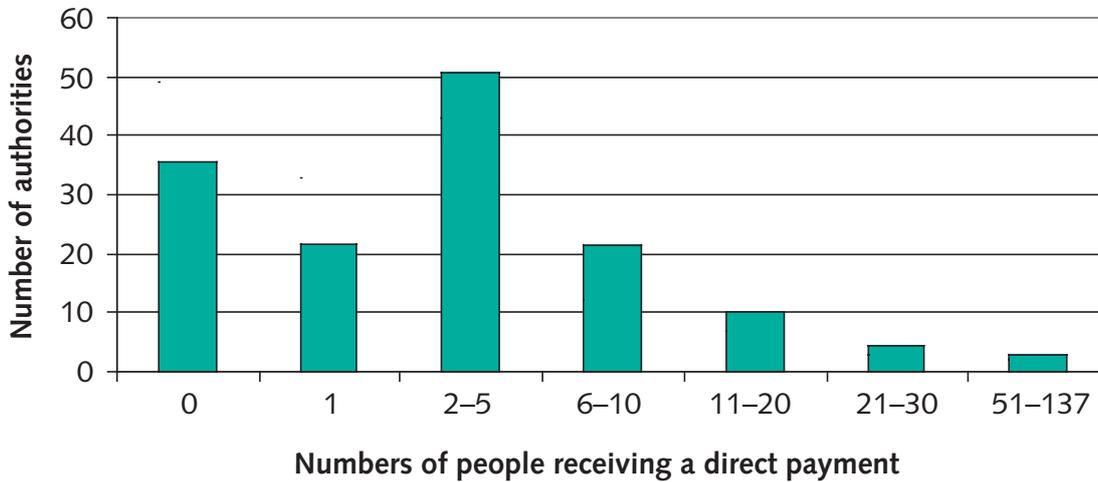
- a guide for people who are eligible to use mental health services and for carers (see National Institute for Mental Health in England – NIMHE – in the Further information and resources section);
- the NIMHE Direct Payments Practice Exchange Network (see NIMHE in the Further information and resources section).

The Government is determined that the option of direct payments should be available to all those who are eligible to use them:

‘...you should be discussing direct payments with everyone who is eligible at assessment and review – and in a way that means they see them as a realistic option. I know that isn’t happening in many cases, but now is the time to equip staff with the drive, skills and knowledge to make it happen.’<sup>8</sup>

While indicating a steady overall increase on previous years, official figures for March 2005 (Figure 1) show that almost a quarter of all local authorities in England were not making any direct payments in lieu of mental health services, and a further half were making between one and five. At the same time, five authorities were making between 21 and 30, with three others making 56, 82 and 137. When compared to uptake by other groups, all local authorities can improve access to direct payments in lieu of mental health services. Even accounting for the widely differing populations between authorities, it is clear that the majority of authorities and their partners need to take significant steps in achieving improved access.

**Figure 1. Numbers of direct payments made by local authorities in England to people eligible to use mental health services (at March 2005)**



Source: Commission for Social Care Inspection

The successful implementation of direct payments within mental health services requires collaboration between all parties involved in commissioning and providing those services, working alongside service users and carers, advocacy organisations and direct payments support services. There is no need for ‘pilot’ schemes; sufficient knowledge on the successful operation of direct payments has been gained.<sup>9</sup> **It is time for action.**

## **Towards independent living: promoting recovery and inclusion**

Government policy on direct payments is clear:

- *Improving the Life Chances of Disabled People*<sup>10</sup> describes direct payments as ‘the most successful public policy in the area of social care in recent years’. The report prepares the way for individual budgets for disabled people, to bring together the services to which they are entitled and give them greater choice over the mix of support they receive in the form of cash and/or direct provision of services.
- *Independence, Well-being and Choice*<sup>11</sup> sets the direction for increased access to direct payments for groups where take-up has been low, such as people with mental health problems, in the context of positive risk-taking, adequate information, individually tailored assessment (including self-assessment) and a move towards individual budgets.
- The *Direct Payments Guidance*<sup>12</sup> provides local authorities with the means to carry out their duty to make direct payments to those people who are eligible and are willing and able (alone or with assistance) to use them. This guidance and subsequent ministerial statements confirm the Government’s intention that all authorities must be making direct payments routinely available to people with mental health problems.

- The production of this guide, to ‘promote direct payments within mental health services as a means of facilitating greater social participation’, is one of the actions arising from the Social Exclusion Unit report *Mental Health and Social Exclusion*.<sup>13</sup>
- Within the *Health and Social Care Standards and Planning Framework 2005/06–2007/08* there is reference to mental health services addressing social exclusion through tackling unemployment and social isolation. Direct payments is one approach to achieving this.<sup>14</sup>

## Implementing direct payments within mental health services

DH guidance on direct payments requires every local authority to set up a **direct payments scheme** to make the payments available. This should include the lead officer for implementing direct payments, the scheme manager (where this is a different person), finance staff who administer direct payments, and arrangements by the local authority to train and support users and potential users of direct payments and all staff who are involved in the offering and making of direct payments.

The **direct payments support service** is the part of this scheme which provides advice, support, and sometimes training to users and potential users of direct payments. It can be provided directly by the local authority but is generally provided under contract by one or more voluntary organisations or organisations of disabled people. ‘Support provided through voluntary/recipient-run organisations has been shown to be particularly effective and valued by recipients.’<sup>15</sup>

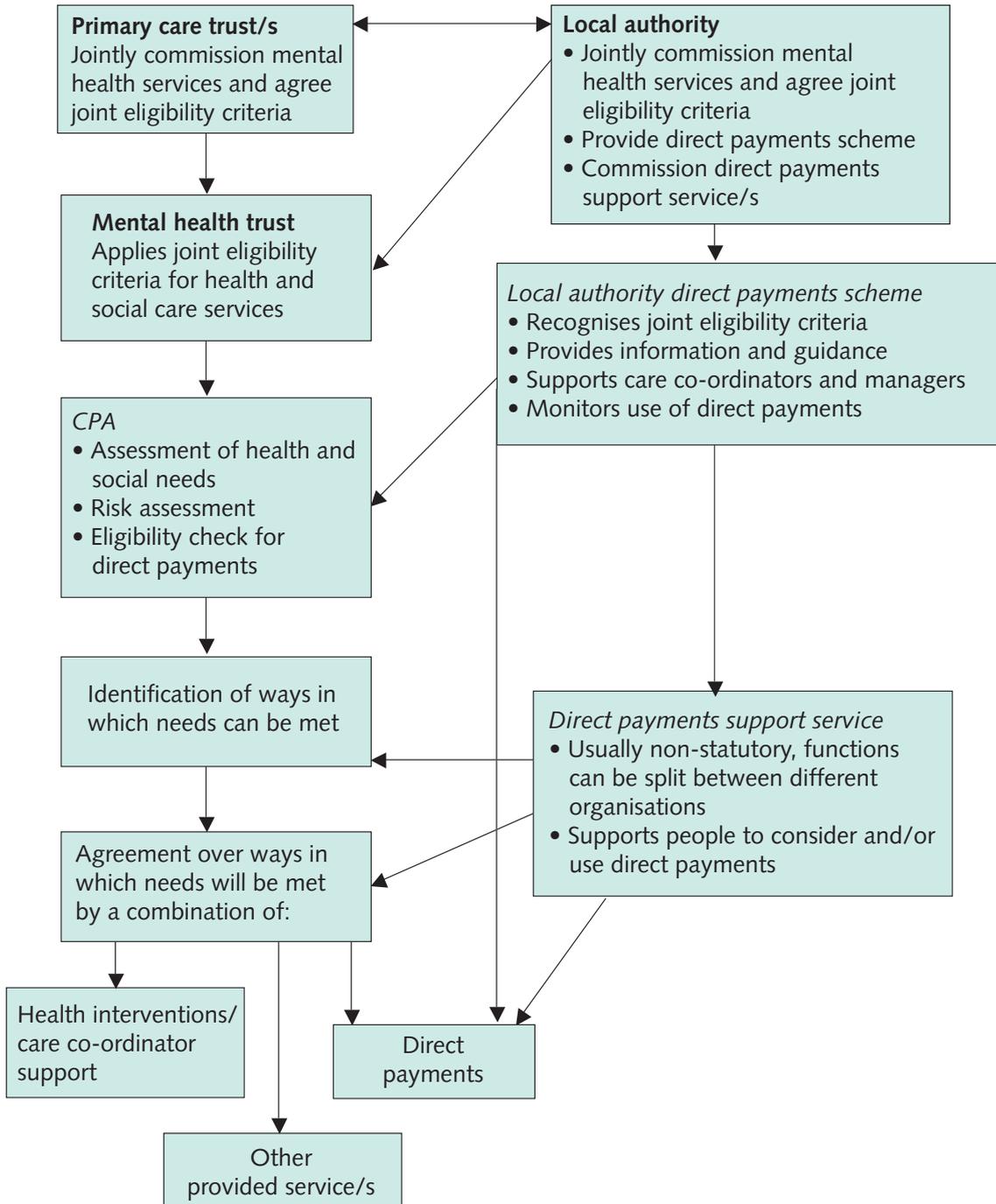
For adult mental health services, the duty on councils to make direct payments to meet social care needs can be incorporated into the **CPA**, the joint health and social care assessment framework for ‘all adults of working age in contact with the secondary mental health system (health and social care)’, which should provide ‘access, through a single process, to the support and resources of both health and social care’.<sup>16</sup>

The criteria for eligibility to receive integrated mental health services, even where a formal partnership arrangement is not yet in place for the delivery of statutory mental health services, should be based on *Fair Access to Care Services*.<sup>17</sup>

Most existing literature refers only to ‘social workers’ offering direct payments. The integration of mental health services involves the incorporation of local authority care management within a single process (the modernised CPA) by which all care co-ordinators<sup>18</sup> are responsible for assessing both health and social needs. Thus all care co-ordinators need to be able to offer direct payments.

Figure 2 shows the relationship of these components in the implementation of direct payments as a standard option within the CPA in mental health services.

**Figure 2: Straightforward access and support for direct payments for people who are eligible to receive mental health services**



## A whole system approach

A whole system approach is one which looks both within and beyond mental health service provision at the whole range of services and support that a person with mental health needs might utilise to enable them to live their life as they wish. It is an approach that is vital to the effective development of mental health services, and one which is promoted by the use of direct payments.

Commissioners and senior managers need to work together to ensure that adequate budgetary provision is made available within local authorities and mental health services to:

- meet the increasing take-up of direct payments;
- meet the costs of supporting implementation.

This means that service providers and commissioners will need to consider:

- the implications of increasing direct payment use on existing services and on their contracting arrangements;
- engaging in discussions with all stakeholders about how the requirement to make direct payments can be successfully managed.

In addition to the impact on day and support services, this should include the potential impact of direct payments on in-patient and residential care use.

All stakeholders need to be engaged. Whether achieved through an existing or new group, the overseeing of the process of implementing and supporting routine access to direct payments by people eligible to use mental health services should include representation from service user groups, carers' groups, black and minority ethnic groups, advocacy groups, mental health commissioners, local authority direct payment scheme, direct payment support services, primary care trust/s, mental health trust/s, CPA lead officer and the voluntary and community sector.

It will be essential to establish the relationship of this group to other related forums, such as the local implementation team, the Mental Health Partnership Board, and the arrangements put in place to oversee implementation of the actions required by the Social Exclusion Unit report.<sup>19</sup>

## Taking a lead

While the initiative and drive for the development of adequate direct payments schemes will come from many quarters, the leadership should come from the local authorities and primary care trusts who share the lead responsibility for local implementation of the actions from *Mental Health and Social Exclusion*.<sup>20</sup>

They are engaged in two separate but interlinked aspects of commissioning for direct payments in mental health services:

- the provision of a generic direct payment scheme by the local authority, and the commissioning (or direct provision in some cases) of direct payment support services as part of this scheme;
- commissioning of the mental health services that make direct payments.

Commissioners of mental health services, therefore, need to understand the nature and purpose of direct payments well enough to be able to ensure that they are available within those services in accordance with government policy. In order to achieve this, there needs to be adequate provision for the making of direct payments through the CPA process. Thus all commissioners need to consider working together to ensure that:

- the provision of direct payments to people with mental health needs is actively promoted by the local authority's direct payment scheme and in the commissioning arrangements for direct payment support services and mental health services;
- a single, joint eligibility process is in place for access to health and social services which is recognised by the direct payment scheme and mental health managers as giving access to direct payments to meet social care needs;
- sufficient funding is available from the local authority to meet the anticipated demand for direct payments;
- the process for securing a direct payment from within mental health services is the same as the process for securing a provided service. This includes approval of CPA assessment decisions, speed and ease of access and the applicability of a financial assessment;
- direct payment support services are able to offer adequate support to people with eligible mental health needs who wish to consider or use direct payments;
- where the direct payment scheme and/or the direct payment support service do not have adequate capacity or knowledge to provide support to people with mental health problems, staff should be recruited or seconded for this purpose;

- adequate training is made available on the local authority direct payment scheme and its operation within the framework of integrated mental health services. This should be provided for all direct payment scheme and support services staff and all mental health service managers and care co-ordinators;
- direct payments are incorporated into the CPA process as a standard option for every assessment and review;
- procedures are in place to ensure that arrangements for the making and receipt of financial payments do not unduly delay the start of direct payments.

All of this work should be undertaken in partnership with the stakeholder group.

### **Making direct payments accessible to people who might use them**

The local authority's direct payments scheme (and all contracted arrangements it makes to support people to use direct payments) should reflect the eligibility of mental health service users in its literature and promote their access to the scheme in its practice.

The CPA process should provide support for people to find out more before agreeing how their assessed needs should be met. Provision should be in place for interim support arrangements to be made under the CPA if necessary. It should also facilitate the presence of, or access to, an advocate or other direct payment support worker to assist individuals if they wish for it, to look at what their options to meet their eligible needs might be during the assessment process.

'Councils will wish to ensure that local support services are sufficiently accessible to everyone eligible to receive direct payments...Support services may need to contract-in people with specialist skills as appropriate.'<sup>21</sup>

Adequate information on all aspects of considering and using direct payments should be readily available to those eligible to use mental health services. Practical support should be available at every stage, for example:

- finding out about direct payments;
- considering whether to use a direct payment;
- preparing for assessment or review meetings;
- considering how best to meet needs using a direct payment;
- managing the payment/recruitment and employment or use of agency staff;
- changing the detail of a direct payment or ending one.

Access to training that will facilitate the successful use of direct payments should be made available to people who are eligible to use mental health services. This includes making specific arrangements to ensure that appropriate information and support is available to people whose needs have been recognised as being less well served by mental health services and/or who are less likely to access provided services, such as some people from black and minority ethnic communities.<sup>22</sup> Similar arrangements should be in place for those carers of people with mental health needs who are eligible to receive carers' services.

## Making direct payments accessible: staff training and procedures

CPA training should incorporate direct payments as a standard option, including providing staff with adequate preparation and indicating the sources of ongoing support available to enable them to achieve this in their routine practice.

Direct payments fit easily alongside CPA's four main elements:<sup>23</sup>

| Main elements of the CPA  | How direct payments fit   |
|---|---|
| Systematic arrangements for assessing the health and social needs of people accepted into specialist mental health services | Identification of eligible social needs   |
| The formation of a care plan which identifies the health and social care required from a variety of providers               | Offering direct payments as an alternative way of meeting these eligible social needs   |
| The appointment of a key worker to keep in close touch with the service user and to monitor and co-ordinate care            | Care co-ordination role remains the same. Monitoring includes contact with local authority finance section. Level of contact with service user (and sometimes with personal assistant/support worker) negotiated as part of care plan |
| Regular review and, where necessary, agreed changes to the care plan  | Option of direct payments remains available for eligible social needs   |

Guidance to staff should be succinct and unambiguous, particularly in relation to the definition of health care (which involves a clinical/medical intervention) and social care (which includes 'access to day services, support worker services, respite breaks, non-specialist alternative and physical therapies, education, leisure and employment opportunities'<sup>24</sup>).

The additional forms required for securing a direct payment should be integrated into CPA paperwork and kept to a minimum.

Training and guidance must include the arrangements for carers' assessments and the making of direct payments to carers eligible to receive social care services.

Specific training on direct payments for care co-ordinators and managers is also essential and should involve representatives from the direct payments scheme, the finance department and the direct payments support service. Each should explain their roles, the processes in place and how to access support from them at any stage during the offering or making of direct payments. Whenever possible, training should involve contributions from people using direct payments. Formal training should be supplemented by a variety of structured and developmental activities. Individual supervision, team and locality meetings are some of the settings in which different issues can be addressed.

Training should include the use of crisis plans, advance statements and third party support at times of crisis as means of managing risk,<sup>25</sup> and the use of self-assessment formats to enable people to be better prepared for assessments and reviews.<sup>26</sup> One of the intentions of direct payments is that people are enabled to determine for themselves the best way of meeting their needs:

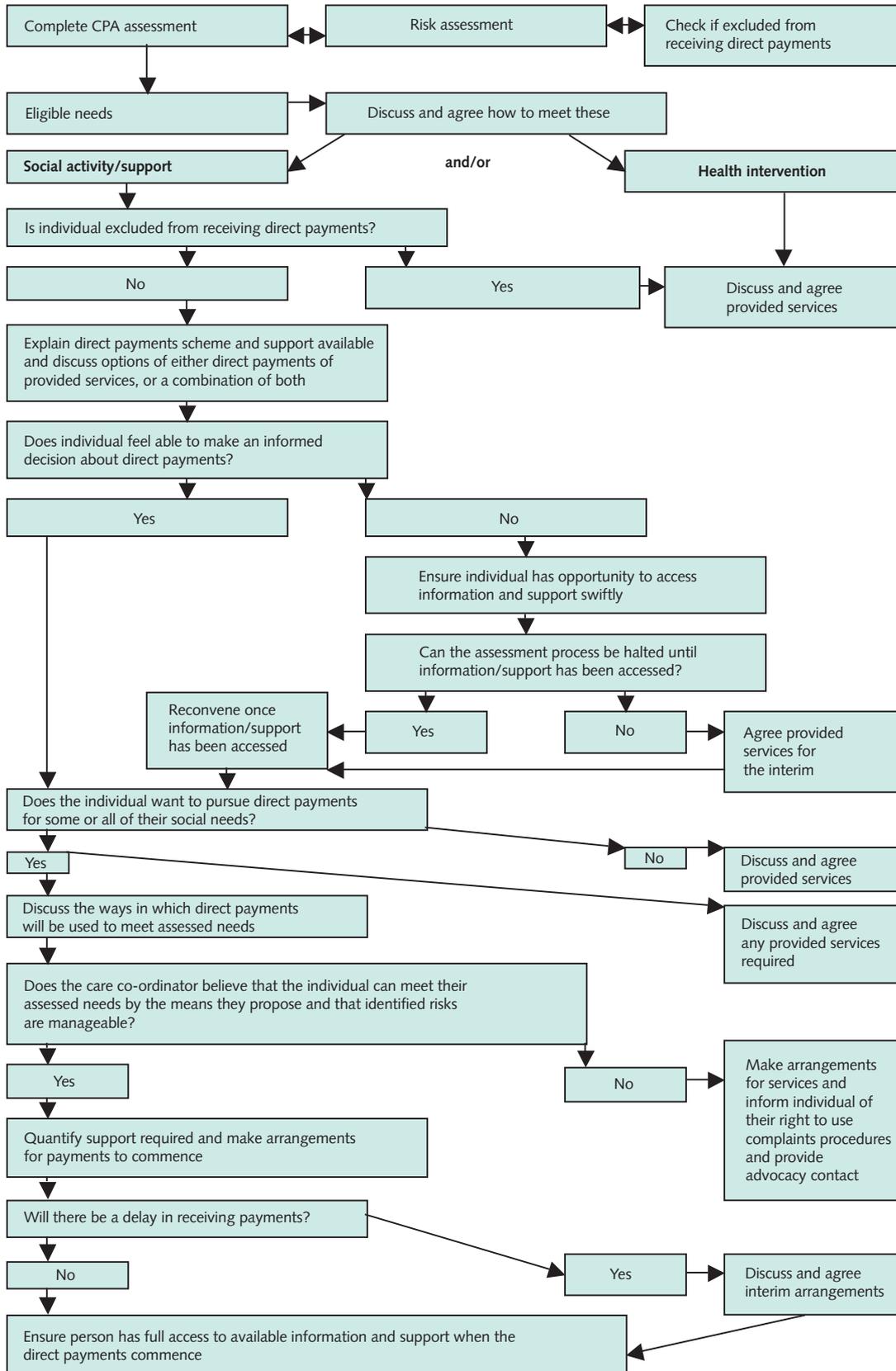
‘As a general principle, local councils should aim to leave choice in the hands of the individual by allowing people to address their own needs as they consider best, whilst satisfying themselves that the agreed outcomes are being achieved.’<sup>27</sup>

For this reason it is important that there is maximum flexibility around whether particular needs are met through health care or social support, or a combination of the two.

Other workers in mental health services, and those who act as advocates for people with mental health problems and carers, should be made aware of the nature and purpose of the direct payments scheme, the place of direct payments within the CPA and the role of the direct payments support service. These other workers will often have the most contact with individuals who might use direct payments, and their knowledge of and attitudes towards direct payments are likely to be influential. They should be making information on the local direct payments access and support arrangements available to people who use their services. Where workers support people in preparing for or attending assessment or review meetings, they should consider their role in supporting self-assessment.<sup>28</sup>

Figure 3 shows how direct payments can be incorporated into the CPA process.

Figure 3: Incorporating direct payments into the CPA



## Direct payments in practice

People who are eligible to use mental health services (and carers eligible to receive carers' services) can expect to:

- have a clear statement of the needs for which they are eligible to receive services;
- be given the maximum possible choice and control in how their eligible needs are met;
- be offered the option of direct payments at every assessment and review meeting or have a clear statement of the reasons if they are excluded from receiving direct payments;
- be provided with adequate information about direct payments and sufficient time in order to be able to make an informed choice whether to use them or not;
- be given the details of people who can support them to consider and use direct payments;
- be able to use a mixture of direct payments and provided services if they choose;
- be able to stop using direct payments at any time and return to using a provided service.

In order to achieve this, action is required from **managers** and **care co-ordinators**.

Managers need to consider the following:

- promote direct payments as a standard option within the CPA, and ensure it is included within CPA training;
- promote the values of independent living and recovery as core to the provision of services, to support a positive and pro-active approach to direct payments;
- work with the local authority scheme, the support service, service user and carer groups and practitioners to achieve a straightforward and co-ordinated process for considering, applying for and accessing support to manage direct payments;
- ensure that adequate information and training is provided to those who might wish to use direct payments and all care co-ordinators;
- ensure that all teams understand their responsibilities in respect of offering direct payments;
- make specific information available in appropriate formats/languages to all those who might wish to consider or use direct payments to meet their social care needs. This should be consistent with but additional to the direct payment schemes generic information;
- record levels of direct payment uptake by people with mental health problems to inform future planning and set current targets;

- where appropriate, work with commissioners to ensure adequate budget setting/flexibility.

Assessors/care co-ordinators need to consider the following:

- assess people's eligible needs and record them clearly before beginning the process of discussing how those needs might be met;
- support those they work with to build their future around their aspirations and abilities, and work through risk assessment procedures to minimise risks to an acceptable level wherever possible;
- always check whether or not a person is excluded from receiving direct payments;
- offer the option of direct payments to all those who are eligible to receive them at every assessment and review;
- ensure that all people eligible to receive mental health services are made aware of how to access information and support to consider and/or use direct payments;
- be fully aware of DH's guidance, the local authority direct payments policy and the operation of their local authority's scheme/s, and of how to get support and advice for themselves about direct payments.

## Acknowledgements

We would like to thank all the individuals and organisations who were consulted during the development of this guidance. In particular we would like to thank Julie Charles, Tina Coldham, Pauline Heslop and Donna Lawrence for their individual contributions, and members of the following organisations: Equalities National Council, Health and Social Care Advisory Service, National Centre for Independent Living.

We would especially like to thank Robin Murray-Neill, who has been central to the development of this guide.

**Local authorities:** Cambridgeshire, Essex, Hampshire, Lancashire, Leicestershire, Lincolnshire, Norfolk, Peterborough, Suffolk, West Sussex

**Mental health trusts:** Norfolk and Waveney, North Essex, South Essex, West Sussex

**Direct payments support services:** Essex PASS, Suffolk PASS

**Advocacy services:** Independent Living Advocacy (Essex), East Suffolk Advocacy Network, Equalities, Southampton Centre for Independent Living

**Mental health policy/practice:** DH, NIMHE, Social Inclusion Team, CSIP Regional Development Centres, Social Care Institute for Excellence, CPA Association

## Further information and resources

### Department of Health

tel (020) 7210 4850

email: [OPDEnquiries@doh.gsi.gov.uk](mailto:OPDEnquiries@doh.gsi.gov.uk)

[www.dh.gov.uk](http://www.dh.gov.uk)

Information on policy and guidance can be found by visiting the DH website.

### Directgov

[www.direct.gov.uk](http://www.direct.gov.uk)

Information about accessing government services, including financial support, can be found on the Directgov website.

**Equalities National Council for Disabled People and Carers from Black and Minority Ethnic Communities**

Waltham Forest College  
707 Forest Road  
London E17 4JB  
tel/fax (020) 8527 3211  
email: [enquiries@equalitiesnational.org.uk](mailto:enquiries@equalitiesnational.org.uk)

Equalities' work includes support to people to obtain direct payments.

They have produced a video on the subject called 'Breaking Barriers'. Details are available from the address above.

**Health and Social Care Advisory Service**

King's Fund  
11–13 Cavendish Square  
London W1G 0AN  
tel (020) 7307 2892  
email: [enquiries@hascas.org](mailto:enquiries@hascas.org)  
[www.hascas.org.uk](http://www.hascas.org.uk)

The executive summary of *Direct Payments, Independent Living and Mental Health: An Evaluation* can be obtained free of charge from the website or by contacting the address above.

**In Control**

Programme Co-ordinator  
Valuing People Support Team  
36 Rose Hill Drive  
Mosborough  
Sheffield S20 5PN  
[www.in-control.org.uk](http://www.in-control.org.uk)

In Control is a national programme to change the organisation of social care in England so that people who need support can take more control of their own lives and fulfil their role as citizens. The In Control pilot sites include some links which are open to people who use mental health services.

### **Joseph Rowntree Foundation**

The Homestead  
40 Water End  
York YO32 6WP  
tel (01904) 629241  
[www.jrf.org.uk](http://www.jrf.org.uk)

The Joseph Rowntree Foundation has funded a large amount of work on direct payments. Summary and sometimes full versions of its reports, including *Implementing Direct Payments in Mental Health: New Directions*, can be obtained free of charge from the website.

### **National Centre for Independent Living**

4th Floor, Hampton House  
20 Albert Embankment  
London SE1 7TJ  
tel (020) 7587 1663  
[www.ncil.org.uk](http://www.ncil.org.uk)

The National Centre for Independent Living publishes a number of useful guides to using direct payments, many of which are available free from its website, including *Direct Payments for Mental Health Service Users/Survivors: A guide to some key issues* by Pauline Heslop. The website also has an invaluable discussion forum.

### **National Institute for Mental Health in England (NIMHE)**

National Social Inclusion Programme: Direct Payments  
Eastern Development Centre  
654 The Crescent  
Colchester Business Park  
Colchester  
Essex CO4 9YQ  
tel (01206) 287588  
fax (01206) 287597  
email: [robin.murray-neill@nemhpt.nhs.uk](mailto:robin.murray-neill@nemhpt.nhs.uk)

The direct payments project within the National Social Inclusion Programme works through the NIMHE social inclusion leads at each of the eight Care Services Improvement Partnership (CSIP) Regional Development Centres, to promote direct payments as a standard option for people eligible to use mental health services. It provides support to all organisations and individuals with an interest in this.

**The National Social Inclusion Programme website, [www.socialinclusion.org.uk](http://www.socialinclusion.org.uk), will include electronic versions of this guide and the guide for service users and carers.**

The Direct Payments Practice Exchange Network will support the implementation of this guide. It is open to all and can be accessed by joining the NIMHE Knowledge Community: <http://kc.nimhe.org.uk>, or by contacting the address above. NIMHE is part of CSIP ([www.csip.org.uk](http://www.csip.org.uk)).

**Social Care Institute for Excellence (SCIE)**

Golding's House  
2 Hay's Lane  
London SE1 2HB  
tel (020) 7089 7102  
[www.scie.org.uk](http://www.scie.org.uk)

SCIE has published *Direct Payments: Answering Frequently Asked Questions*, a guide for practitioners and their managers, finance managers and senior managers. It offers creative and innovative examples of how the legislation on direct payments can be successfully applied and answers a range of frequently asked questions. This guide contains a large number of practical examples on every aspect of direct payment provision and use. It should be read in conjunction with this guide to action. It is available from SCIE at the address above.

### **Additional literature not referred to in the text**

Butt, J, Bignall, T and Stone, E (2000) *Directing Support: Report from a workshop on direct payments and black and minority ethnic disabled people*, Joseph Rowntree Foundation/YPS, York.

Commission for Social Care Inspection (2004) *Direct Payments: What are the barriers?* CSCI, London.

Gillinson, S, Green, H and Miller P (2005) *Independent Living: The right to be Equal Citizens*, Demos, London (available from [www.demos.co.uk](http://www.demos.co.uk)).

Hasler, F (2003) *Clarifying the Evidence on Direct Payments into Practice*, NCIL, London (available from [www.ncil.org.uk](http://www.ncil.org.uk)).

Hasler, F and Stewart, A (2004) *Making direct payments work: Identifying and overcoming barriers to implementation*, JRF Research into Practice Series, Pavilion, Brighton.

Leece, J (2003) *Direct Payments*, Practitioner's Guide Series, Venture Press, Birmingham.

Maglajlic, RA, Bryant, M, Brandon, D and Given, D (1998) Direct payments in mental health – a research report, *Breakthrough*, 2 (3).

Mental Health Alliance (2005) *Towards a better Mental Health Act: The Mental Health Alliance Policy Agenda* (available from [www.mentalhealthalliance.org.uk](http://www.mentalhealthalliance.org.uk)).

National Institute for Mental Health in England (2005) *NIMHE Guiding Statement on Recovery*, January (available from [www.nimhe.org.uk](http://www.nimhe.org.uk)).

Took, M (2002) *Advance directives, statements and agreements and crisis cards*, Rethink Policy Statement 51, November.

## References

- 1 Department of Health (2005) *Independence, Well-being and Choice: Our vision for the future of social care for adults in England*, DH, London.
- 2 Department of Health (2003) *Direct Payments Guidance: Community Care, Services for Carers and Children's Services (Direct Payments) Guidance England 2003*, DH, London, September.
- 3 See, for example, Coventry Independent Living Group (CILG) Statement, in Barnes, C, McCarthy, M and Comerford, S (eds) (1996) *Assessment, Accountability and Independent Living: Confirmation and Clarification of a Disability Led Perspective*, The Report of a Conference organised by CILG and Coventry Social Services Department, Coombe Abbey, Coventry, 23–24 May 1995. See also Prime Minister's Strategy Unit (2005) *Improving the Life Chances of Disabled People*, Cabinet Office, London.
- 4 Department of Health (1999) *Effective care co-ordination in mental health services: modernising the Care Programme Approach. A Policy Booklet*, DH, London.
- 5 Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2003.
- 6 According to the Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2003, a person is excluded by virtue of the Mental Health Act 1983 if:
  - (...)
  - d) placed under guardianship in pursuance of –
    - (i) an application made in accordance with section 7 of the 1983 Act; or
    - (ii) an order made under section 37 of the 1983 Act;
  - e) absent from hospital with leave given in accordance with section 17 of the 1983 Act;
  - f) subject to after-care under supervision within the meaning of section 25A of the 1983 Act;
  - g) a condition imposed in accordance with section 42(2) or 73(4) (including such a condition which has been varied in accordance with section 73(5) or 75(3)) of the 1983 Act.
- 7 See ref. 1 above.
- 8 Ladyman, S (2004) Transcript of speech by Health Minister Stephen Ladyman MP at 'New Directions in Direct Payments for People who use Mental Health Services', Joseph Rowntree Foundation/Health and Social Care Advisory Service Conference, 18 May, London.

- 9 See Hasler, F, Campbell, J and Zarb, G (1999) *Direct Routes to Independence. A guide to local authority implementation and management of direct payments*, Policy Studies Institute/National Centre for Independent Living, London; Spandler, H and Vick, N (2004) *Direct Payments, Independent Living and Mental Health: An Evaluation*, Full Report, Health and Social Care Advisory Service, London.
- 10 Prime Minister's Strategy Unit (2005) *Improving the Life Chances of Disabled People*, Cabinet Office, London.
- 11 See ref. 1 above.
- 12 See ref. 2 above.
- 13 Social Exclusion Unit (2004) *Mental Health and Social Exclusion: Social Exclusion Unit Report*, Office of the Deputy Prime Minister, London, June.
- 14 Department of Health (2004) *National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06–2007/08*, DH, London, May.
- 15 See ref. 2 above.
- 16 See ref. 4 above.
- 17 Department of Health (2002) *Fair Access to Care Services – Guidance on Eligibility Criteria for Adult Social Care*, DH, London, May.
- 18 Throughout this guide to action, where we have used the term 'care co-ordinator', the information is relevant to all health and social care workers carrying out assessments of eligibility for services and CPA/community care planning duties in respect of mental health needs.
- 19 See ref. 13 above.
- 20 See ref. 13 above.
- 21 See ref. 2 above.
- 22 *New Directions* developed a process that started with service users learning more about direct payments and then enabled them to participate with front-line staff in addressing the barriers. See Newbigging, K and Lowe, J (2005) *Implementing Direct Payments in Mental Health: New Directions*, Pavilion/JRF, Brighton.

- 23 Adapted from Department of Health (1999) *Effective care co-ordination in mental health services: modernising the Care Programme Approach. A Policy Booklet*, DH, London.
- 24 Extract from Norfolk and Waveney Mental Health Partnership Trust (2004) *Using Direct Payments in Norfolk's Integrated Mental Health Services: Implementation Guidance to all Care Managers/CPA Care Co-ordinators/Locality & Team Managers*.
- 25 For excellent working examples see Heslop, P (2001) *Direct Payments for Mental Health Service Users/Survivors: A guide to some key issues*, National Centre for Independent Living, London (available from [www.ncil.org.uk](http://www.ncil.org.uk)).
- 26 See, for example, Leader, A (1995) *Direct Power: a resource pack for people who want to develop their own care plans and support networks*, Pavilion, Brighton; Markovits, P (1996) *The Avon Mental Health Measure: A User-Centred Approach to Assessing Need*, South West MIND, Bristol; National Schizophrenia Fellowship [now Rethink]/Royal College of Psychiatrists (2000) *CUES (Carers' and Users' Expectations of Services) – Service User Version/Carers' Version*. This guide is available from: Royal College of Psychiatrists, Multi-Centre Audit Team, College Research Unit, 6th Floor, 83 Victoria Street, London SW1X 7EE, tel 020 7227 0840 or: Research Department, Rethink, 30 Tabernacle Street, London EC2A 4DD.
- 27 See ref. 2 above.
- 28 See ref. 26 above.







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