



**MENTAL HEALTH INPATIENT  
ADVICE SERVICES  
DORSET & POOLE**

**IMPACT REPORT  
April 2016 to March 2017**



# Mental Health Inpatient Advice Service

## Dorset and Poole

### April 2016 to March 2017



**203** people asked us for advice



with **948** issues



**773** benefit issues



**88** debt issues



**45** housing issues



**84%** clients say their general health & well-being improved as a result of the service



**£438,082** income gained in  
benefits and debts written off



**£17.76** gain for clients  
per £1 invested

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## 2 INTRODUCTION AND BACKGROUND

Local Citizens Advice offices (LCAs) in Dorchester and Poole have been successfully providing advice to patients with acute mental health problems in inpatient settings for a number of years. The service started in Poole in 1998 and in Dorchester and Weymouth in 2014. The advice service is provided at St Ann's Hospital in Poole, Linden Inpatient Unit in Weymouth and the Forston Clinic in Dorchester and is funded by Social Services in Bournemouth, Dorset and Poole, and by Dorset Healthcare University NHS Foundation Trust.

The purpose of this report is to describe the activity that took place as part of the Mental Health Inpatient Advice Service during the period April 2016 to March 2017, and to demonstrate the impact of the advice provided and the potential savings to the NHS and local authority. The report has been jointly created by Citizens Advice Dorchester, Sherborne & Districts and North Dorset and Citizens Advice Poole.

## 3 THE PROJECTS

The projects differ slightly in their focus and delivery.

### *Citizens Advice Poole*

The service in Poole is funded primarily to provide welfare benefits and debt advice to patients and former patients of St Ann's Hospital, Poole. The funding pays for a caseworker working 19 hours per week. Patients may come from across the whole of Dorset and elsewhere. The service is funded mainly by Social Services in Bournemouth, Dorset and Poole, with funding from the NHS Foundation Trust for out of county patients.

### *Citizens Advice Dorchester, Sherborne & Districts, and North Dorset*

The service in Dorchester and Weymouth provides a range of advice to patients of the Forston Clinic in Dorchester and the Linden Unit in Weymouth. The funding pays for a caseworker working 8 hours week. Advice is provided to patients from the whole of Dorset and is funded totally by the NHS Foundation Trust.

### *Project Delivery*

Despite their differences, the two projects operate in a very similar way. The caseworkers attend the inpatient units on a regular basis to see clients. Appointments are made

following a referral from staff, or a request from a patient, however, in practice; the service is very flexible and responds to the immediate advice needs of patients.

Advice is provided in the following units:

<b>Mental Health Inpatient Unit</b>	<b>Citizens Advice office</b>	<b>Caseworker appointments*</b>
St Ann's, Poole	Poole	Caseworker attends Monday, Wednesday and Friday mornings, with some afternoon appointments also available (3 or 4 appointments per session)
Linden Unit, Weymouth	Dorchester, Sherborne & Districts and North Dorset	Caseworker attends one morning once a fortnight (on average 2 appointments per session)
Forston Clinic, Dorchester	Dorchester, Sherborne & Districts and North Dorset	Caseworker attends one morning once a fortnight (on average 2 appointments per session)
* Not including follow up work carried out at the local Citizens Advice office		

The inpatient service runs alongside an advice service in Dorchester and Sherborne for people with mental health problems in the community and an advice service at Cherry Tree Nursery in Poole, a charity providing sheltered work rehabilitation for people with severe and enduring mental illness.

In addition, as word spreads that we have specialist mental health caseworkers, we often see people with mental health problems within our mainstream advice service. As other local support services are withdrawn or reduced, this number is increasing and we are becoming a last resort for many highly vulnerable people.

#### **4 THE BENEFITS OF PROVIDING ADVICE IN A MENTAL HEALTH INPATIENT SETTING**

For those experiencing severe mental health problems, the practical demands of housing, employment and access to services can prove extremely difficult. On average, a Citizens Advice client with mental health issues will have 5 separate advice problems, from unmanageable debts to employment, housing and access to welfare benefits. Addressing these advice problems can make a real difference to people with severe mental health problems and in turn reduce the financial cost to the NHS and local authorities<sup>1</sup>.

- **Improved mental wellbeing reducing the demand on NHS services** – there is substantial evidence that the provision of advice can lead to direct improvements in the mental health of a client. Borland and Owen<sup>2</sup> found 84% of clients agreed that advice reduces feeling of hopelessness. Gillespie et al. found 46% of interviewees said accessing money advice and being provided with appropriate support had improved their mental health and wellbeing.<sup>3</sup>
- **Reducing the length of time people stay in hospital** - Resolving complex housing problems such as possible eviction or repossession can enable a patient to be discharged from hospital more quickly. The average cost of an inpatient stay is estimated at £330 per day<sup>4</sup>.
- **Reducing the burden on social care and housing following discharge** – By helping patients to maximise their income, deal with their debts and housing issues, they will find it easier to resettle following discharge from hospital and be more likely to maintain their tenancies requiring less input from social care and housing officers. The average cost of an adult care social worker is estimated to be £59 per hour and the cost of a homeless application is estimated at £2,724 per application<sup>5</sup>.
- **Preventing homelessness by negotiating with landlords and creditors** - People with severe mental illness are at much higher risk of homelessness. A number of studies estimate the cost per homeless person to government is between £24,000 and £30,000 per year.<sup>6</sup>
- **Prevention of relapse by resolving adverse or stressful life events** – thereby reducing the risk of severe mental illness and reducing subsequent costs to the NHS and society.
- **Reduction in suicidal thought** – People in debt are twice as likely to think about suicide.<sup>7</sup> Helping a client to address their debt problems will reduce their suicide ideation.
- **Challenging discrimination for those with mental health problems** – thus breaking down the barriers to accessing services
- **Better informed signposting and referrals** - through the development of a good relationship between caseworkers and mental health professionals.

## 5 THE ADVICE NEEDS OF PEOPLE WITH MENTAL HEALTH PROBLEMS

The advice needs of people with mental health problems are similar to the needs of all our clients, mainly welfare benefits, debt, housing and employment. However, for people with acute mental health problems, these issues are exacerbated by their reduced ability to cope with the increased stress and anxiety, and to take action to resolve the situation.

In addition, people with mental health problems often need additional time and resources to resolve their issues. Advice services need to have an understanding of mental health characteristics and clinical needs.

### 5.1 MENTAL HEALTH AND DEBT

Research shows us that there is a direct correlation between debt and poor mental health – almost one in two people with debts have a significant mental disorder. In comparison 14% of the general population with no debts suffer from mental illness<sup>8</sup>.

Compared to people with no debt, people in debt have two to three times the rate of neurosis, three times the rate of psychosis, over twice the rate of alcohol dependence and four times the rate of drug dependence.

Clearly, supporting people to address their financial problems by providing advice is likely to improve their mental wellbeing significantly.

### 5.2 THE ADDITIONAL SKILLS OF OUR ADVISERS

Our caseworkers need to have additional skills in order to assist clients with mental health problems:

- a) Enhanced communication and interpersonal skills to help clients to engage
- b) The ability to deliver advice within a challenging environment, with regard to their own safety within the inpatient units
- c) A willingness to be more proactive in response to a client's needs
- d) Skill and experience in adapting the advice process to suit the individual needs of mental health service users, recognising a client's own coping mechanisms
- e) An awareness of the discrimination and prejudice faced by people with mental health problems and how this might affect clients
- f) An awareness of the signs and symptoms of mental illness, the different types of mental health problems and the ways in which people experience the world
- g) The technical knowledge of mental illnesses and the range of possible treatments in order to be able to complete benefit forms appropriately

h) A broad knowledge of voluntary and statutory organisations relevant to clients with mental health problems and the quality of these services, in order to be able to help clients assess which are appropriate for their individual needs

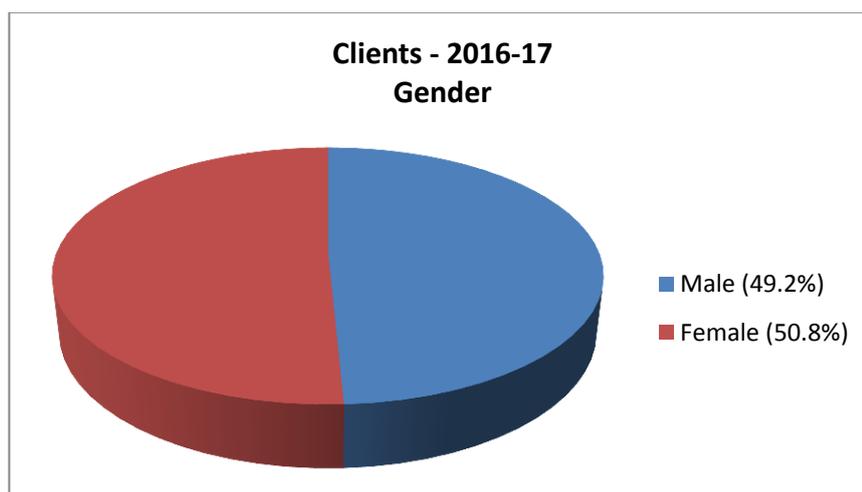
## 6 THE ADVICE WE HAVE PROVIDED

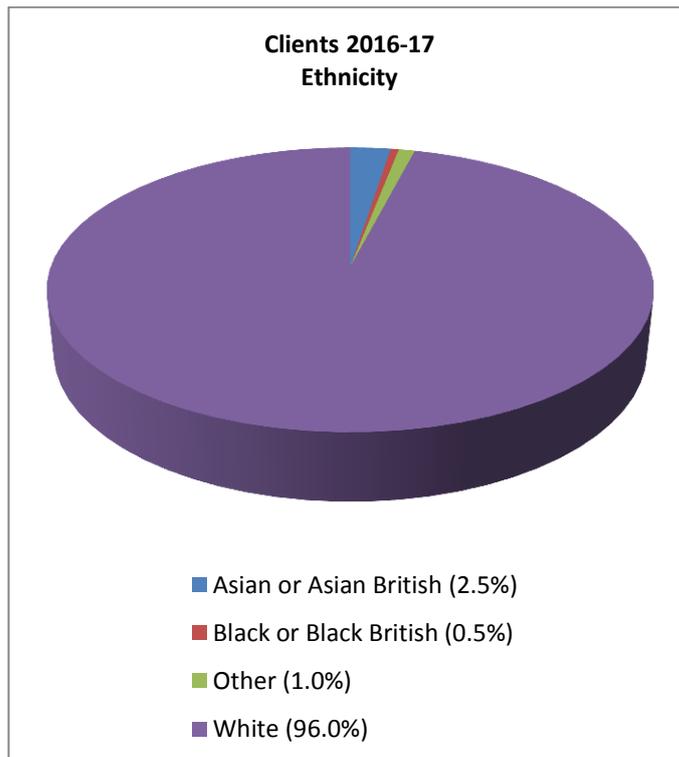
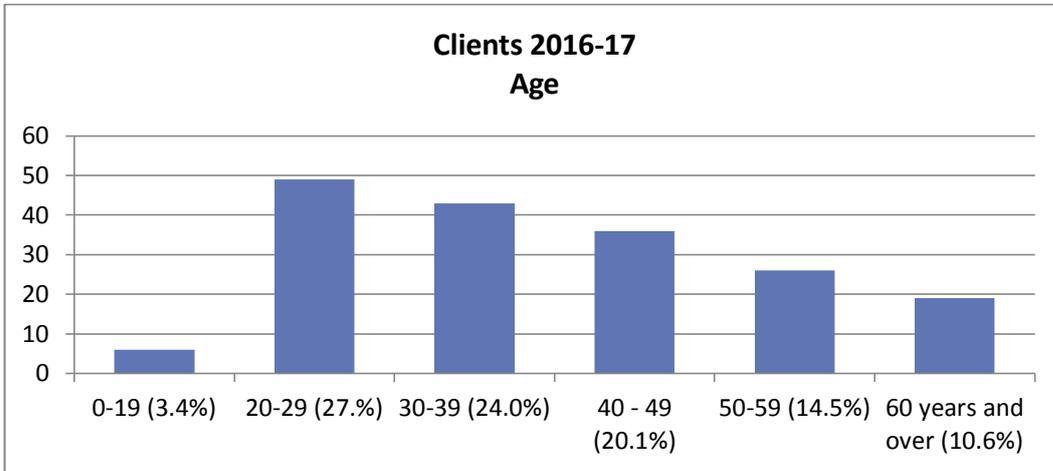
### 6.1 OUR ACTIVITY

In 2016-17, we helped a total of 203 clients with mental health problems who were patients or ex-patients of the three inpatient units.

Unit	Number of individual clients helped
St Ann's, Poole	136
Linden Unit, Weymouth	67
Forston Clinic, Dorchester	
<b>TOTAL</b>	<b>203</b>

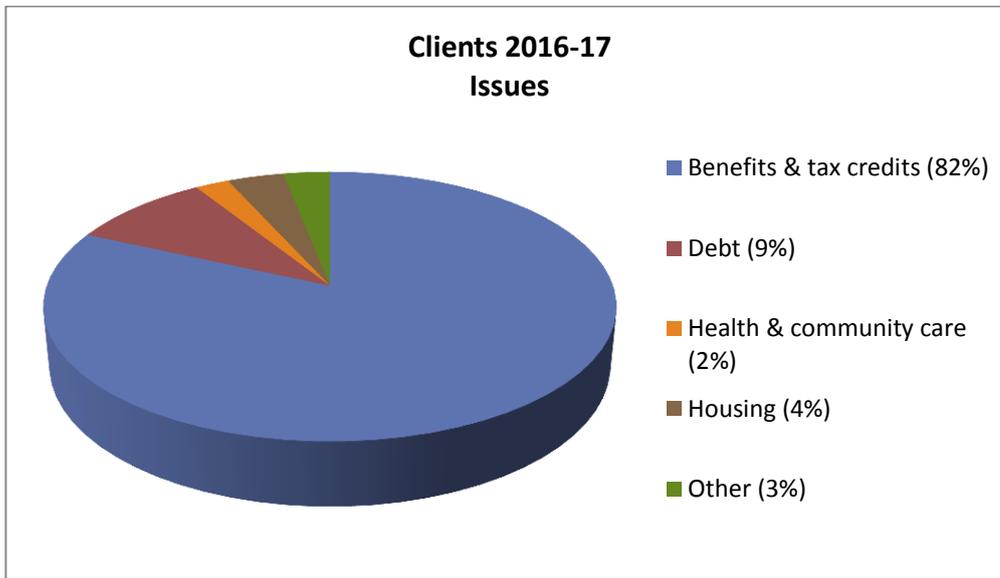
The gender split of our clients across both projects was about even. More males were seen at the Forston Clinic and Linden Unit (57%) than at St Ann's (44%). The majority of our clients were between 20 and 50 years old and White in ethnicity.





## 6.2 THE ENQUIRIES

From April 2016 to March 2017, our caseworkers dealt with 948 issues - it is often the case that clients present with more than one issue. The majority of enquiries related to welfare benefits followed by debt and housing. The high proportion of issues related to welfare benefits and debt in some way reflects the focus of the St Ann's project on these areas of advice. The following chart gives a breakdown of the enquiry areas.



## 7 THE IMPACT OF OUR ADVICE

The impact of our advice can be demonstrated in a number of ways include the amount of financial income gained by our clients, feedback from our clients, feedback from the mental health professionals and selected case studies from the period under review.

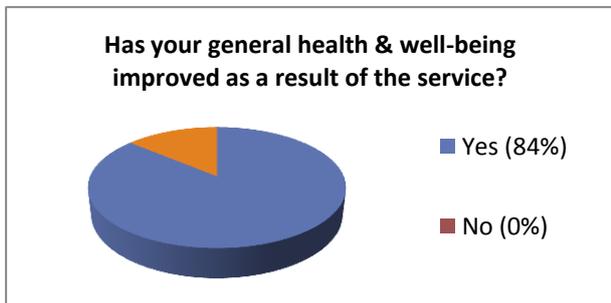
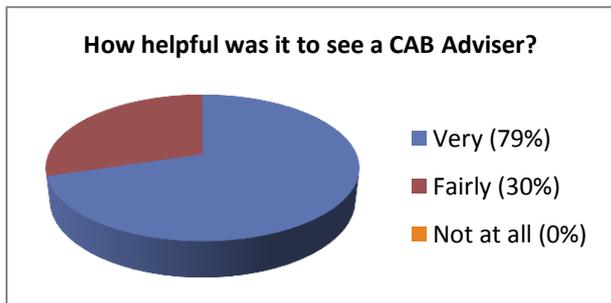
### 7.1 FINANCIAL GAINS

During 2016-17, our caseworkers were successful in gaining over £438,000 for their clients, an average of £2,150 per client. This included claiming welfare benefits, reducing debts or other financial gain, such as applying for grants. The additional money gained by clients not only improved their mental wellbeing, but also helped to improve their living standards and reduce their social exclusion.

The financial gains for clients equates to £17.76 gain for clients per £1 invested by the NHS and local authorities. This is in addition to the consequential reduction in costs to the local government and the wider economic and social benefits to the community

### 7.2 FEEDBACK SURVEY

The nature of the client group means that it is difficult to collect immediate feedback on the service provided. Where feedback has been requested, it is clear that the advice made a significant difference to the life of the client.



### 7.3 FEEDBACK FROM HEALTH PROFESSIONALS

We asked for feedback from the mental health professionals in the three units to understand the impact that the project has on the staff working in the practices:

*'(The service) allows health professionals to continue with their main role without the time-consuming stress of researching benefits etc.'*

*'Having Steve come onto the ward is a really positive thing. His expert knowledge is invaluable and something which staff on the ward do not have. This service is highly beneficial to patients in terms of resolving problems and reassuring them with regard to their finances (and hence reassure them about their discharge) - this can be a real stressor for them in an already stressful situation. Weekly visits would be great (rather than fortnightly)!'*

*'We still find the service you offer invaluable here. We have had two patients recently who you have helped immensely. Our patients often are unable to get to community CAB & as you are aware staff often do not have the knowledge and are often under time constraints so it makes it difficult to assist them'. I have spoken to other staff here Adam & we find your patient manner with our clients excellent'.*

### 7.4 CASE STUDIES

The following case studies demonstrate the impact of the advice we provide.

The Client	<p>Mr A was a 20 year old British National diagnosed with Schizoaffective Disorder initially seen on Sea View ward in St. Ann's hospital when he was admitted, and later Harbour Ward. Mr At was ordinarily resident at his parent's property in Bournemouth prior to his admission; however it is unknown whether or not he will be returning.</p> <p>Mr A needed support in maximizing his income through his benefit entitlement. He said he had no form of income and desperately needed money. He was eager to take out a pay day loan, even though he had no means to pay it back.</p>
What we did	<p>The caseworker advised Mr A of his potential benefit income through an Employment Support Allowance (ESA) claim due to his current diagnosis and hospital admission and him being unable to look for work as a result. Although initially reluctant to make making a claim as he said he did not agree he was unwell, Mr A agreed that applying for ESA may be a more suitable option as opposed to taking out loan. He was also aware that if he were to be discharged at the end of his Section 2 period and was well enough to find full time work, he could contact ESA to cancel his claim.</p>

	<p>The caseworker supported Mr A with the initial ESA1 telephone claim and obtained and sent on his behalf a medical certificate to ESA. The caseworker also completed an ESA 50 form (Limited Capability for work questionnaire) to determine which rate of benefit he should receive, and sent this with a supporting letter from Mrs A's consultant psychiatrist.</p>
<p>What difference did we make?</p>	<p>Mr A is now receiving the assessment rate of £57.90 per week and the caseworker is confident that Mr A will be placed into the highest group for ESA and receive £125.05 per week.</p> <p>Mr A remains an inpatient under Section 3 of the Mental Health Act 1983. As he has a recent diagnosis, he does not currently satisfy the 3 month eligibility criteria for PIP, however this will be followed up with Mr A when he is eligible to help him make a claim if required and if he would like to.</p>

<p>The Client</p>	<p>Mr B was a 51 year old British National who was in hospital following a suicide attempt. He had suffered with depression for several years, and had tried to cope and work as much as he can to repay his debts. Prior to his admission he was working full time, and due to his health conditions and hospital admission received Contractual Sick Pay during his time off from work. He lived with his partner and they are owner/ occupiers of their property.</p> <p>Mr B's suicide attempt occurred as a result of his stress and anxiety over numerous non-priority debts he was struggling to deal with. His anxiety meant he could not engage or liaise directly himself with the creditors.</p>
<p>What we did</p>	<p>The caseworker met several times with Mr B and completed a financial statement on his behalf. The caseworker liaised with Mr B's various creditors, who agreed to accept token offers towards his payments for an interim period to enable Mr B's health conditions to be assessed and until it was clearer whether or not Mr B would eventually be able to return back to work.</p> <p>The focus at this time was for Mr B to concentrate on his health, so once the payments were set up he could focus on his health and wellbeing whilst making payments towards his debts preventing his creditors from contacting him and causing him further distress.</p>
<p>What difference did we make?</p>	<p>A follow up date is in place to contact Mr B to re-assess his current situation and if he is well enough and wishes to continue to engage, the caseworker will update his creditors of his current financial situation and re-assess his options. Overall, Mr B is less anxious about repaying his debts and was able to focus on his recovery.</p>

The Client	<p>Mr C was a 39 year old British National diagnosed with schizophrenia. He was originally from Dorchester, and was resident in hospital under Section 37 of the Mental Health Act 1983.</p> <p>Prior to his admission to hospital, Mr C was in prison and his Contributory ESA was suspended due to his imprisonment.</p>
What we did	<p>During the first few appointments with the caseworker, Mr C became agitated and aggressive and it was therefore not possible to conduct an interview with him. The caseworker was unable to establish what (if any) benefits he was receiving, so he supported Mr C in making an ESA application. It later came to light that Mr C was already receiving ESA.</p> <p>Staff at the hospital were keen for the caseworker to try and support Mr C in maximizing his income, as due to him not having any money, he was stealing from other patients and becoming agitated and aggressive with other members of staff, exacerbating his symptoms of his illness.</p> <p>DWP said that, due to him still serving his sentence under Section 37, contributory ESA was not payable. He therefore had a live claim which was suspended due to ESA considering him to be serving a prison sentence.</p> <p>If a patient is detained in hospital or similar institution following a criminal conviction as a person suffering from a mental disorder, contributory ESA is payable for the length of the sentence (unless the patient is detained under Section 45A or 47 of the MHA 1983). However, even after this was explained to DWP by the caseworker, they were still unwilling to reinstate his benefit. The case was then referred to our specialist support unit at Citizens Advice, who provided an in depth reply confirming we were correct, and if the DWP refuse to lift the disqualification and suspension of payment, the caseworker would need to get a decision out of them in writing and then seek mandatory reconsideration. DWP subsequently lifted the suspension of ESA.</p>
What difference did we make?	<p>Mr C is now in receipt of ESA and received a back payment of approximately £5000</p>

The Client	<p>Mr D was a 30 year old British National diagnosed with Bi Polar Disorder initially seen as an inpatient in St. Ann's hospital. He was originally from Bournemouth, and was resident in hospital under Section 2 of the Mental Health Act 1983. Mr D said he had had no fixed abode prior to his admission.</p> <p>He did not wish to discuss his previous living arrangements, although stated he left his previous property due to a relationship breakdown.</p>
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<p>What we did</p>	<p>The caseworker advised Mr D on his potential eligibility for ESA and Personal Independence Payment (PIP). Although initially reluctant, he agreed for the caseworker to support him with the initial ESA application and the completion of a limited capability for work questionnaire (an ESA 50 form). It was agreed that a PIP claim was made at a follow up appointment.</p> <p>The caseworker obtained his medical certificate from medical records at the hospital and sent it on behalf of Mr D, which meant he would receive the basic £73.10 per week whilst his claim is being assessed.</p> <p>At the follow-up appointment, hospital staff advised that Mr D was feeling unwell and may not engage. He thought he may have been sent some paperwork possibly his ESA 50 form, which he was aware needed to be returned within one month of the date it was sent and received but he did not want to check his room and fill it out, nor sit at the appointment and allow the caseworker to contact ESA to confirm the form had been sent. Mr D became agitated but agreed the caseworker could call them under implicit consent after the appointment.</p> <p>The caseworker contacted ESA and made them aware he was unwell and in hospital and they agreed to issue out another form. They could not extend the time limit for the form to be returned but advised the caseworker to make a note of this again on the new ESA 50 form.</p> <p>Once Mr D was discharged, the caseworker continued to provide support through appointments at the hospital. Mr D's Care Co-ordinator provided a supporting letter for his benefit claims. Mr D missed several appointments with the caseworker and a further call was made to DWP to explain his form has been misplaced.</p> <p>Mr D was rescheduled an appointment and attended with his ESA 50 form. The caseworker also made a PIP 1 telephone application, and also completed the PIP 2 form which was also sent on behalf of Mr D (with the CCO supporting letter).</p>
<p>What difference did we make?</p>	<p>Mr D is currently living in supported accommodation with a successful ESA award of £125.05 per week and will potentially receive additional income from his PIP award (it is estimated that this will be an additional £76.90 per week. He will then be able to apply and receive the severe disability premium of an additional £61.85 per week.</p>

The Client	Mr E was admitted into the Waterston Unit under a Section, and spent approximately six weeks there. He had issues with benefits, debt and housing.
What we did	<p>Whilst Mr E was in the Unit, the caseworker started the process of a PIP appeal as well as discussing the option for dealing with his debts. The caseworker also explained Mr E's housing options.</p> <p>When he was discharged, the caseworker continued to support Mr E and took the PIP appeal to a successful conclusion. In addition, a Debt Relief Order was completed to deal with the debts.</p> <p>The caseworker helped Mr E to apply as homeless to West Dorset District Council.</p>
What difference did we make?	Mr E was helped significantly by the caseworker to deal with his debts and housing issues, and was awarded PIP following his successful appeal.

The Client	Miss F was a patient in the Linden Unit in Weymouth. She lives in Bournemouth, and was due to be discharged the next day. She had just recently claimed ESA, but payment had stopped.
What we did	<p>The caseworker contacted Jobcentre Plus and found that the issue was that Miss F had not supplied a sick note. The caseworker discussed PIP with Miss F and decided to start a claim.</p> <p>The caseworker contacted Miss F's GP and asked for a sick note backdated to the right date. He also contacted Miss F's Care Co-ordinator to tell her that a claim had been made for PIP, and asking that she help her patient with the claim form, or help her make contact with her local Citizens Advice (Bournemouth).</p> <p>Unfortunately, Miss F became unwell again a few months later and was admitted to St. Anns Hospital in Poole, where she saw the Poole caseworker, who was able to read the original notes and continue to support Miss F in finding medical evidence for her PIP claim, before she was to attend a medical assessment.</p>
What difference did we make?	Miss F was able to have a seamless service which crossed over the two inpatient projects. She was enabled to make a claim for PIP and provide the appropriate evidence for her claim.

## 8 SUMMARY

This report has summarised the work of our mental health inpatient advice caseworkers working out of two independent local Citizens Advice offices in Dorset and Poole, and provided a snapshot of the clients that they have seen and the range of issues on which they have provided advice.

It is clear from the evidence presented in this report that the two projects have a significant impact on the health and wellbeing of patients by dealing with their benefits, debt and housing problems. The additional skills of our caseworkers mean that the service is flexible to the specific needs of individual patients, and effective in achieving positive outcomes.

In resolving these issues for patients, it can be seen that there are substantial saving for the NHS in relieving the anxiety and stress for patients resulting in earlier discharge and a reduced burden on Social Care following discharge.

The ongoing investment from Social Care services in the county and from Dorset Healthcare University NHS Foundation Trust is resulting in healthier patients and reduced demand on mental health services and the wider NHS.

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<sup>1</sup> 'Healthy Advice, Healthy Communities: Managing health and social care resources more effectively', Citizens Advice 2017

<sup>2</sup> Welfare Advice in General Practice: the Better Advice', Borland, J. & Owens, D., 2004, Better Health Project in Wales

<sup>3</sup> Money advice for vulnerable groups: final evaluation report', Gillespie, M; Dobbie, L; Mulvey, G; Gallacher, Y., 2007, Glasgow: Scottish Executive

<sup>4</sup> Centre for Mental Health, Welfare advice for people who use mental health services (2013)

<sup>5</sup> Unit Cost Database, New Economy, March 2015

<sup>6</sup> 'Evidence review of the costs of homelessness', Department for Communities and Local Government, 2012

<sup>7</sup> 'Personal debt and suicidal ideation', Meltzer, H., Bebbington, P., Brugha, T.S., Jenkins, R., McManus, S., Dennis, M. (2010)

<sup>8</sup> Jenkins, R. (2009), Mental disorder in people with debt in the general population