



Hertfordshire  
Partnership University  
NHS Foundation Trust

# Carer Handbook



*A practical guide for carers,  
families and friends  
(fourth edition)*



This is our accreditation from the Carers Trust. Achieving two gold stars means that we have self-assessed all of our services against a set of criteria that is all about the quality of support we provide to carers. It helps us take action to improve areas, maintain good practice and ensure the carer voice is heard throughout the Trust.



This is our own charter mark that shows all of our documents that are written especially for carers.

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# Introduction



## Our commitment to carers

Hertfordshire Partnership University NHS Foundation Trust (the Trust) recognises the essential role that carers take on in supporting people with mental health problems and learning disabilities. The Trust also recognises the impact that caring responsibilities have on carers and that there is therefore often a need to support and help people in their caring role.

We aim to work with local support services, and directly with carers, to develop effective partnerships and ensure that carers are well informed and supported to be a carer as long as they wish to be.

We believe that carers should be able to seek the support they need at the time that they need it whether that is from us or from another provider/service. With this in mind we follow the national vision that eventually carers will be universally recognised and valued as being fundamental to strong families and stable communities.

This pack is designed to give carers of people with mental health problems and/or learning disabilities an overview of what to expect from the Trust; and what information and support is available to you.

## How do I know if this pack is for me?

You are a carer if you provide help and support, unpaid, to a family member, friend or neighbour who would otherwise not be able to manage without this support.

The person you care for may have a physical or learning disability, dementia, mental health problems, they may misuse drugs or alcohol or may be ill or frail.

This pack is designed to give carers of people using our mental health and specialist learning disability services an overview of what to expect from the Trust and what information and support is available to you.

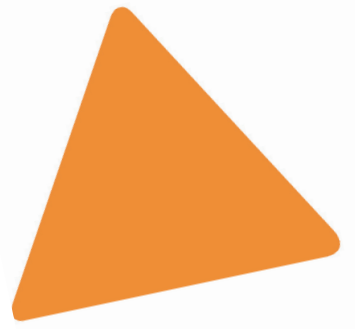
The person may live with you or elsewhere, they may be an adult or a child but if they rely on you for support, then you are entitled to support as a carer.

Anyone can become a carer. Carers come from all walks of life, all cultures, and can be any age. You may be a wife, husband, civil partner, parent, partner, friend, uncle, niece, neighbour or have any other relationship with someone who could not manage without your support.

**This pack is for carers of all ages and backgrounds.**

If you are a young carer (under the age of 18) or caring for someone with dementia there is information on page 6, showing you where you can seek additional support outside of the Trust.

# Getting the support you need to continue caring



## Assessing what you need as a carer

We want to support your needs as much as possible. For many carers, the best way we can give this support is by providing you with a Carer Assessment. This is a way of finding out what support you might need from us, not an assessment of your ability as a carer.

The Care Act 2014 legally entitles all carers to a carer assessment. This is irrespective of the level of support you are providing someone. The person you care for does not need to be in receipt of services for you to have an assessment of your own needs as a carer. You are also able to request a review of your needs at any time should your circumstances change. Page 6 provides information on who is responsible, in Hertfordshire, Norfolk, Essex and Buckinghamshire for assessing your support needs.

If appropriate we encourage the carer and service user to be involved in these discussions together so that we can ensure you have all of the support you need to carry out your caring role. However this should be your choice and you should not be made to do this if you don't want to.

If you prefer these discussions to take place separately, and away from the person you care for, we can offer an appointment at your home or at one of our services. You might find this helps you to be more open and honest with us about what you might need.

### Some of the things you may wish to discuss as a part of your assessment are:

- Practical support
- Emotional support
- Information you might need
- How to get time off from caring (breaks)
- Your own health and well being
- Leisure needs
- Where to get advice on welfare benefits
- Support to start training or employment
- Contingency plan for when you are unable to care
- Culturally appropriate support that is specific to your needs
- Complexities and difficulties around caring for more than one person



## Contingency plans for carers (also called back up plans)

Many carers worry what would happen if – for any reason – they are unable to provide support to the person they care for.

A contingency plan can be written with you so that you can make arrangements for any support that needs to be provided in your absence. For example, a carer might experience an emergency when they are unable to support the person they care for. We can work with you to develop a contingency plan which we will keep a confidential copy of. If you are not offered this when you have your carer assessment, please ask us. It is your right to have this completed even if you do not want a carer assessment.

**Your contingency plan would usually contain details such as:**

- A contact name and number of someone who is willing to help in an emergency such as a relative or friend
- Details of the support provided for the cared for person
- Whether there are any access issues to the cared for person's accommodation

You can request a contingency plan from the Trust or from any other service that offers you a carer assessment.

**Contingency plans can be shared – with your consent – across multiple agencies. This could include sharing a plan with a GP or Social Care provider.**

### Frequently Asked Questions Carer Assessment and Contingency Plans

#### **If my circumstances change can I get another assessment or contingency plan?**

We aim to routinely offer all carers an assessment of their needs every 12 months. However should your circumstances change you can request an assessment of your needs or a review of your contingency plan at any time.

#### **What do I do if I need to activate my contingency plan?**

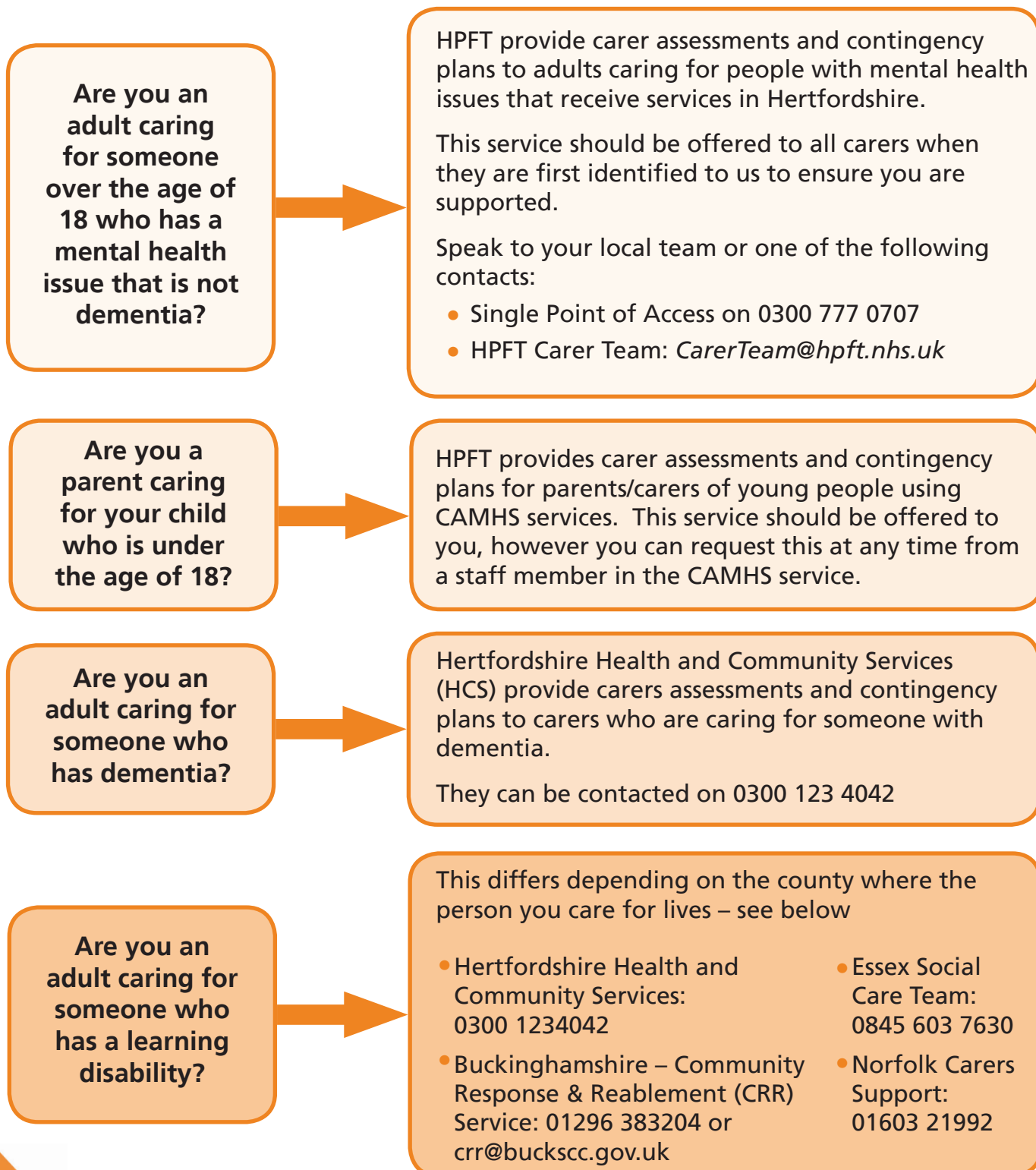
To activate your contingency plan please call the number on your carers card which you would have been given when your plan was written – if you no longer have your card please call us on 0300 777 0707.

## Who provides me with my carers assessment and/or contingency plan?

Depending on who you care for will determine which local service is able to provide you with an assessment of your needs.

This is not always the same place that the person you care for will be receiving services and we appreciate this can seem confusing for carers.

The diagram below clarifies which services are available to support you. As much as possible we will try to ensure we signpost you to the correct support when you need it.





**Are you a  
young carer  
under the age  
of 18?**



Hertfordshire Children's Services, based at Hertfordshire County Council, provide support to young carers under 18 years of age.  
They can be contacted on 0300 123 4043

## Getting regular support

### Specialist support for carers

Whilst all of our services should be providing support to carers, our community mental health services have specialist workers who can support carers in a number of ways including:

- Support with discussing what support is needed
- Helping find local support in the community
- Getting carers involved with local carer groups (where these exist)
- Being a contact point within the service.

Usually, carers will be prioritised depending on the level of support they need and based on their current situation. You can find out about this support by speaking with the team linked to the person you support. Alternative you can contact [carers@hpft.nhs.uk](mailto:carers@hpft.nhs.uk)

### Daytime support (weekdays)

There may be a number of things that carers require support on in relation to the person they care for. During weekday office hours (9am - 5pm) you can seek support from:

- Your local carers centre (see contacts pages)
- Your local team – This is usually the place that is providing a service to the person you care for
- Support from GP surgery – They can also register you as a carer
- Your local social care team (see contacts pages)

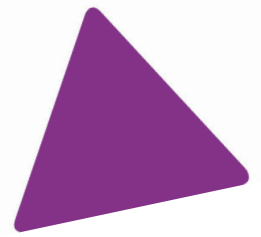
**You may like to write the contact details for your support service/team below so they are easy to find:**

## Out of Hours Support (7pm - 8am) and Weekends

The following information shows what support is available 'out of hours' should you need to contact someone:

<b>Hertfordshire</b>	<p>The Trust operates an out of hours mental health helpline that carers can access for support. You can access the helpline by dialling 0300 777 0707.</p> <p>The helpline can offer you support such as:</p> <ul style="list-style-type: none"><li>• Advice and support from an experienced mental health professional</li><li>• Discussing any concerns or anxieties around your caring role or the cared for person</li><li>• Signposting information to appropriate support</li></ul>
<b>Buckinghamshire</b>	<ul style="list-style-type: none"><li>• Emergency Out of Hours Team – 0800 999 7677</li></ul>
<b>Essex</b>	<ul style="list-style-type: none"><li>• North East Specialist Adult Learning Disability Services – 01206 366653 (and follow phone instructions to be put through)</li><li>• Mid-West Specialist Adult Learning Disability Services – 07342 057211</li></ul>
<b>Norfolk</b>	<ul style="list-style-type: none"><li>• Broadland Clinic (Secure Forensic Service) 01603 711135</li><li>• Astley Court - 01603 711147</li></ul>
<b>National</b>	<ul style="list-style-type: none"><li>• Carers Advice Line - Open Monday to Friday, 10am to 4pm. 0808 808 7777</li></ul>
<b>Urgent Situations and Emergencies</b>	<ul style="list-style-type: none"><li>• Additionally you may choose to contact NHS 111. This service is useful if medical help is needed fast, but it is not an emergency. To contact them simply dial 111.</li><li>• If you have an immediate emergency where there is a risk to yourself, the person you care for or anyone else please call 999 emergency services.</li></ul>

# Understanding Care Services



## The Triangle of Care

The concept of a triangle has been suggested by many carers and professionals who want to ensure that carers are seen as active partners within the care team. It represents partnership working between the mental health professional, service user and carer. The Triangle of Care brings together many years of research with carers about what they feel will benefit them when involved with mental health and learning disability services.

If the triangle is used properly and a partnership is developed, it helps to promote safety, support ongoing recovery, and improve the wellbeing of both the carer and the person they care for.

**This approach to support carers is focused on making sure that six key things happen:**

1. Carers are identified as soon as possible
2. Staff are aware of how to support carers
3. Clear information for staff and carers around confidentiality
4. People within the organisation identified to support carers
5. Ensuring the carer receives an introduction to how the service operates
6. A range of carer support services are in place

The HPFT carer strategy - outlining our commitment to carers – is built on these principles and is available on our website at [www.hpft.nhs.uk](http://www.hpft.nhs.uk)

## The care we provide

To ensure that you are involved and recognised as an expert partner, the following sections detail some of the elements that you might need to know about how we are supporting the person you care for – and how you can be involved in some of those decisions should you want/need to be.

### Recovery

Recovery in mental health and learning disability services has a particular meaning, which is a little different from our usual understanding of the word recovery as it might apply to a physical health problem.

It refers more to a change in outlook that is related to leading a meaningful, purposeful life, with or without ongoing episodes of illness and refers to the ongoing journey that someone will go on in sustaining their own health and wellbeing – and how they are supported in doing this.

### **Some of the common things that this includes are:**

- Having information on how to sustain one's own health and wellbeing even with on-going symptoms
- A process or journey that involves regaining various aspects of life that may have been lost or severely compromised by mental illness
- There is no one size fits all. It's about the individual journey

### **When we talk about providing recovery oriented services, we mean services that:**

- Are person-centred, collaborative and respectful
- Promote self management and self-determination
- Work in equal partnership with the service user and carer
- Promote optimism and hope
- Take a broad and responsive approach (debt, housing, employment, social networks, therapies, medication, community support)

Recovery will have a different emphasis depending on the service, e.g. forensic, dementia, adult mental health, child and family, learning disability. However in all of these situations it is important to us that the carer is involved in how we are delivering recovery oriented care.

## **Your involvement in care planning**

All people using our services are entitled to an accessible care plan following a comprehensive assessment of their needs. This may be as simple as a letter setting out the agreed actions, or a detailed form including information about the needs of the service user, support required and who will provide it.

As a carer you should be kept up-to-date and involved in care planning, as long as the service user is in agreement. Sometimes a service user may refuse for you to see their care plan. This is a personal choice and should not affect the support we offer to you as a carer.

## **Care co-ordination**

Many (but not all) service users will have a care co-ordinator, who is the person who should be contacted if you have queries about the services being provided by the Trust in the first instance. As mentioned previously we aim to, with the service user's agreement, involve carers throughout the care planning process.

## **Confidentiality and Information sharing**

The relationship between the professional and service user is based on having confidence or trust that what is said will not be disclosed without their agreement. We are required by law not to share any information without the consent of the service user. In some situations this could mean that the service user refuses to let us share information with you about their care. We understand that these situations may be difficult for carers and will always listen

to any concerns and try to find a solution to these issues. It may well be that we can find a way of offering you support and information without jeopardising the confidentiality of the person you care for.

You are likely to have known the person you care for before they became unwell. We acknowledge that you may have key information relevant to how we provide safe and effective care for them. You will likely be aware of what may influence their wellness. We may therefore encourage you to share this information because it will help us to provide the best possible care and support to the person you care for as well as giving you a positive role and confidence in what we are doing.

There may also be times when a carer shares personal information with us about themselves that they do not wish the service user to know. We have the same obligation to not share this personal information without your consent. This includes information you may share with us about how you are feeling or coping in your caring role.

We have produced a useful guide for carers to explain some of the practicalities around confidentiality and what you should expect from the service. If you would like a copy please contact us on 01727 804418. The following checklist is taken from this guide and is based on 'Carers and confidentiality in Mental Health' leaflet produced by the Partners in Care campaign and published by the Royal College of psychiatrists [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk) It is designed to assist staff to work closer with carers within the boundaries of current legislation and to help carers understand their rights.

**Where possible, carers are given general factual information, both verbal and written about:**

- The mental health diagnosis
- What behaviour is likely to occur and how to manage it
- Medication – benefits and possible side-effects
- Local inpatient and community services
- The Care Programme Approach (CPA)
- Local and national support groups.

**Carers are helped to understand:**

- The present situation
- Any confidentiality restrictions requested by the service user
- The service user's treatment plan and its aims
- Any written care plan, crisis plan or recovery programme
- The role of each professional involved in the service user's care
- How to access help – including out-of-hours services.

**Carers are given:**

- The opportunity to see a professional on their own
- The right to their own confidentiality when talking to a professional
- Encouragement to feel a valued member of the care team
- Confidence to voice their views and any concerns they may have
- Emotional and practical support
- An assessment of their own needs.

## Advance Care Planning

Advance Care Planning (ACP) is to help the person you care for make choices about their future care at a time when they have capacity to do so, in case they lose the mental capacity to make decisions for themselves in the future.

### This may include decisions on:

- How and where someone would like to be treated and cared for
- How their personal affairs are dealt with in the future

The process is voluntary, however, we encourage service users to discuss this with their family or those people close to them, in case they are asked to make decisions about care and might not know what they would have wanted.

Although this might be difficult and emotional, it will help people to consider their wishes and needs.

Carers can play an important role in helping someone to develop an advance care plan as they will often play a crucial role should the service user lose mental capacity .

The process of advance care planning involves completing some forms that are then stored with the service as instructed by the service user. Two key aspects of advance care planning are detailed below.

### Advance Decision to Refuse Treatment (ADRT)

Whilst the person you care for is considering their wishes and preferences for their health care in the future, they may wish to record specific choices about their treatment, in case a time comes when they are not able to express them themselves. This can be done by making an Advance Decision to Refuse Treatment.

These are decisions that someone can make in advance to clearly state the medical treatment they want to refuse and the circumstance in which they do not want the treatment.

This is an opportunity to think about and discuss the treatments that they may or may not require in the future and to inform people who will be involved in their care about their choices. The decision can include making the choice to refuse treatment even if doing so could put their life at risk.

An ADRT is legally binding meaning that the instruction of the service user must be respected and adhered to.

Information on how service users are supported to draw up an ADRT is available from all of our teams.

### Advance Statement of Preferences and Wishes

An advance statement is a way of someone making their wishes known about ways that they would like to be treated should they lose mental capacity. This does not refer to types of treatment but rather personal issues such as personal care, faith & belief systems, diet etc.

Although an Advance Statement of Preferences and Wishes is not legally binding and cannot be insisted upon, it can be reassuring to know that someone's wishes, hopes, aspirations and choices for care in the future will be taken into consideration, should they lose mental capacity to inform people themselves.

As with all aspects of advance care planning, it is useful for someone to discuss their advance statement with their family/carers to ensure there is an awareness of the person's wishes.



## Navigating the Criminal Justice System (Hertfordshire)

For many carers, understanding the legal processes that someone you care for may be involved in can be confusing and daunting, particularly if the police and courts are involved. In Hertfordshire, our Criminal Justice and Forensic Mental Health Service Practitioners provide a service to the Police Custody Suites and Magistrate Courts in Hertfordshire. They have many functions, two of which are related to supporting you as a carer. These are:

- To promote access to mental health services for individuals identified at the court as having a mental health need; who are not linked up to the appropriate service
- Provide a liaison service for individuals, linking them to appropriate health/community/voluntary sectors to ensure their needs are met as they pass through the Criminal Justice Systems

Our practitioners are available to carers at the Courts should they need appropriate advice or information. They can access them either through probation services or at the Court reception desk.

### Frequently Asked Questions Understanding the care we provide

#### **If the person I care for withdraws consent, can I still get support from you?**

Yes. Whilst there may be certain pieces of information we are prevented from sharing with you, we can continue to support you as the carer as well as signposting you to additional support.

#### **What can I do if I don't agree with the decision the person I care for has made when making an advance decision to refuse treatment?**

If the person you care for is assessed as having capacity to make that decision we are unable to intervene. However, as much as possible, we encourage the carer to be involved when advance decisions are made.

#### **What can I do if I feel that the service is not involving me appropriately in the care that is being provided?**

It is important that any concerns you have are raised with the care coordinator in the first instance. If you are still dissatisfied, you can get additional advice from the Patient Advice & Liaison Service (PALS) or your local carer centre (see contacts page).

# Legislation

The Care Act 2014 came into effect in April 2015. Amongst other changes to the way care is provided, it significantly increased the rights of carers to get the support they need, at the time they need it (more information is available via [www.carerstrust.org](http://www.carerstrust.org))



As a carer you have specific legal rights and entitlements. Knowing your rights can help you to get the support that you need. In this section we have tried to summarise some of the most important aspects that we think are useful for you to know. We have also summarised some elements of the Mental Health and Mental Capacity Acts that may be useful for carers to know.

## Carer rights and legislation

### Your right to an assessment

We have already talked about carer assessments in this guide and this is a big feature of carer rights within legislation.

Under the Care Act 2014, as a carer, you are entitled to an assessment of your needs regardless of the amount or type of care you provide, your financial means or your level of need for support. You can have an assessment whether or not the person you care for has had a care assessment/needs assessment, or if the local service has decided they are not eligible for support.

If you are sharing caring responsibilities with another person, or more than one person, including a child under 18, you can each have a carer assessment. You don't necessarily have to live with the person you are looking after or be caring full-time to have a carer's assessment. You may be juggling work and care and this is having a big impact on your life.

### Your right to know about assessments

The act makes it a legal requirement for all local authorities to ensure that you are made aware of your right to a carer's assessment. HPFT aims to ensure that all carers are aware of their right to an assessment. The diagram on page 6 clarifies who is responsible for providing you with this.

### Your right to have your needs considered

Whoever is completing your assessment must ask you about your daily activities when undertaking an assessment of your needs. They should find out if you work, if you want to work and whether you do or want to do any education, training or leisure activities. The authority must take all of these issues into account when deciding what services they give you and the person you look after.

## Preparation for your assessment

There is more emphasis now placed on how well carers are able to prepare for a carer assessment. In the Trust, once your carer assessment has been booked, you should feel that you have been adequately prepared for what this may entail and given time to think about what you would like to discuss. Organisations may approach this differently. If you have your carer assessment with HPFT, you should now receive a copy of a leaflet entitled 'preparing for your carer assessment' to help you prepare for your conversation with us. If you do not receive this please contact the team that is providing you with support and request this.

## The right to a personal budget if you have eligible needs

Throughout your carer assessment, the staff member will discuss how different aspects of your caring role impact on different areas of your life. Depending on the level of this impact can determine if you are eligible for a financial contribution that will better support you to carry on caring. These are called personal budgets (used to be called carer grants) and can be provided to carers as either a one off payment or as an ongoing continuous payment. The carer assessment is partly used to discuss with you whether your needs make you eligible for a carer personal budget.

## Mental Health Legislation

### The Mental Health Act (MHA)

The Mental Health Act 1983 (further amended in 2007) is the law in England and Wales which sets out when a person with a 'mental disorder' can be admitted, detained and treated in hospital against their wishes. This is either for their own health or safety, or for the protection of other people. Before a service user can be detained under the Mental Health Act their Nearest Relative should normally be contacted.

The Mental Health Act is divided into sections. A service user can be kept in hospital under different sections for assessment and treatment for mental disorder. It is commonly known as being 'sectioned' or 'detained'. Although most sections are for specific lengths of time the responsible clinician can discharge a section at any time during the detention period if they believe the service user is well enough.

The Mental Health Act outlines a legal framework, which has to be followed to ensure service users' rights are protected. The Mental Health Act sets out:

- When you can be taken into hospital against your will
- When you can be given treatment against your will
- What your rights are
- What safeguards there are to make sure your rights are protected

Service users who are detained under the Mental Health Act, and their carers, should receive information on the following areas:

- their detention and about what it means to be in hospital
- how to appeal against the detention and to whom how to get help and support from an advocate
- how to complain if necessary to the hospital or the Care Quality Commission (CQC)
- what type of care they can receive once they have left hospital

Service users who have been detained, have the right to receive support from an advocate, called an Independent Mental Health Advocate (IMHA). An IMHA can help with a range of things, including:

- explaining service users' rights and helping them to exercise them
- helping service users express their views
- make a complaint
- make an application to a Mental Health Tribunal
- access legal advice

There are 5 'guiding principles' that mental health professionals must consider when they take a decision to detain or treat someone under the Mental Health Act

- **Least restrictive option and maximising independence**

Where it is possible to treat a service user safely and lawfully without detaining them under the Act, the person should not be detained. Independence should be encouraged with a focus on promoting recovery.

- **Empowerment and involvement**

Service users should be fully involved in decisions about care, support and treatment. The views of families, carers and others, if appropriate, should be fully considered.

- **Respect and dignity**

Service users, their families and carers should be treated with respect and dignity and listened to by professionals.

- **Purpose and effectiveness**

Decisions about care and treatment should be appropriate to the service user with clear aims which promote recovery following best practice guidelines.

- **Efficiency and equity**

Relevant organisations should work together to ensure mental healthcare services are of a high quality and work together to support safe, timely and supportive discharge.

## Mental Capacity Act 2005

The Mental Capacity Act (2005) is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. This could be due to a mental health condition, a severe learning difficulty, a brain injury, a stroke or unconsciousness due to an accident. The purpose of this legislation is:

- To allow adults to make as many decisions as they can for themselves
- To enable adults to make advance decisions about whether they would like future medical treatment
- To provide protection against legal liability for carers who have honestly and reasonably sought to act in the person's best interests
- To allow adults to appoint, in advance of losing mental capacity, another person to make decisions about personal welfare or property on their behalf at a future date
- To allow decisions concerning personal welfare or property and affairs to be made in the best interests of adults when they cannot make a decision at the time
- To ensure an NHS body or local authority will appoint an independent mental capacity advocate to support someone who cannot make a decision about serious medical treatment

## What is mental capacity?

Every person should be presumed to have capacity to make their own decisions. A decision can only be made for someone else if all practical steps have been taken without success. To determine whether someone lacks capacity, consideration needs to be given as to whether the person you are caring for is able to understand the particular issue that they're making a decision about.

## Making decisions for someone

If, having taken all practical steps to help someone, it is agreed that a decision should be made for them, that decision must be made in that person's best interests.

The Mental Capacity Act sets out a checklist of things to consider when deciding what's in a person's best interests. This decision would be made by the most appropriate professional who should, where appropriate, take the views of the carer into account.

## Power of Attorney

A Power of Attorney is a legal document which allows the named person (such as a carer) to deal with the affairs (usually financial) of the person who has chosen them as their attorney.

The most common type of Power of Attorney is a Lasting Power of Attorney (LPA) which is drawn up while the person still has mental capacity, to give permission for the person or people to deal with their affairs after they lose mental capacity. There are two types of LPA:

- **Property and financial affairs** — which gives the attorney the authority to make decisions about the person's financial affairs
- **Health and welfare** — which gives the attorney the authority to make decisions about the person's personal welfare and healthcare

All Power of Attorney documents can be obtained from the Office of the Public Guardian and have notes to aid completion or you can enlist the services of a solicitor. More details can be accessed from them at <http://www.justice.gov.uk/about/opg> or by calling 0300 456 0300.

## Deputyship

If the person you care for has lost the capacity to manage their finances and an LPA is not in place you can apply to the Court of Protection to be appointed as a Deputy. This is similar to LPA but the Court of Protection oversee the process much more rigorously as it is they, and not the individual who has appointed the Deputy.

## Nearest relative

Many people confuse the term nearest relative with 'next of kin'. A person's next of kin is their closest relative. Nearest relative is a specific legal term defined in the Mental Health Act (MHA). The MHA gives a patient's nearest relative some rights and powers in relation to detention, discharge and being informed or consulted when certain actions have been taken under the MHA or when these are being proposed. The role of a nearest relative is limited to these rights and powers.

### Identifying the nearest relative

Initially, a person has no choice over who is identified as their nearest relative under the rules in the MHA. It is only certain relations who are treated as nearest relative and to qualify they must be living in the UK. These are listed in order as:

1. husband, wife or civil partner (including a person with whom the patient has been living with for not less than six months)
2. son or daughter
3. father or mother
4. brother or sister
5. grandparent
6. grandchild
7. uncle or aunt
8. nephew or niece

If there is a husband, wife or civil partner, that person will be the nearest relative. If there is no one in this first group, it is necessary to look in the second group. If there is no one in the second, then the third group should be used, and so on.



If there is more than one person in each group or pair who could be the patient's nearest relative, the eldest takes priority as nearest relative.

If the patient is living with or being cared for by any person on the list, this person is the nearest relative. For example, if the patient lives with an uncle or aunt, that person will be the nearest relative even if the patient has a mother or father.

## **Frequently Asked Questions Mental Health Legislation**

### **What if I disagree with an assessment that the Trust has made about the capacity of the person I care for?**

The Mental Capacity Act puts in place a requirement for professionals to consult the carer or family members when deciding on their best interests. This should always happen when it is practical and appropriate. Often in emergency situations the carer may not be consulted. The professional must take into account all information available to them to make a balanced decision.

### **What happens if the person I care for does not have a nearest relative?**

If someone does not have a nearest relative then the county court is able to provide one. However it should be noted that if you are caring for someone that has lived with you for five years or more (and you are not on the list of nearest relatives), you will still be considered to be the nearest relative.

# Benefits and Respite

It is a known fact that many carers do not recognise they have become carers and therefore do not realise their entitlement to claim a range of benefits.

In order for you to ascertain your rights to financial support and benefits, it is therefore important for you to consider having a Carers Assessment to identify the level of financial support and benefits you are entitled to. This is about meeting your needs and understanding how caring affects you.

This section is split into two areas:

- Respite – localised resources that support you to carry on caring
- Benefits – government benefits that you may be entitled to

## Respite

Respite in the context of caring means that you receive support that provides you with some assistance or temporary relief in your caring role. This could mean that you want to take a short break for an hour or two a week, a day to yourself or a holiday.

## Carer Payments

As discussed earlier, carer personal budgets are amounts of money that can be provided to you to help you carry on caring. Currently (summer 2015) in Hertfordshire there is no means testing for carer payments. This means that your income is not taken into account when evaluating what financial support you may be eligible for.

It is the responsibility of the organisation carrying out your carer assessment to assess your suitability for a carer personal budget which can either be a one off (direct) payment or a continuous payment. This is something that should be explained to you as a part of your carer assessment, however if it is not, please ask a member of staff for more information. There is no means testing for carers in any of the local authority areas covered by HPFT (Herts, Essex, Norfolk, Bucks). This means carers own income is not taken into account when deciding on eligibility for a carer personal budget.

A carer personal budget can also be about giving you something that is just for you and provides you with some time out from caring, thereby helping you rest and recharge yourself. Provided it is to support your caring role, carer payments can cover a wide range of things.

## Benefits

Government benefits for everyone are consistently changing and benefits for carers are no exception. A carer assessment can help you (and us) understand the further support and advice that is needed to ascertain which benefits may be available to you in your caring role. This advice usually comes from an organisation such as the Department for Work and Pensions (DWP) or the Money Advice Unit. Some of our staff may be able to provide you with some general information around this; however you may also be referred elsewhere for a discussion about what benefits you are entitled to. This can include:

- The main benefits and tax credits that you can claim
- How benefits interact with each other
- How to claim each benefit
- How much you will get
- Where to go for further help

## Carer Allowance

This allowance is for anyone aged 16 or over who provides at least 35 hours a week care for a disabled person. However there are certain conditions that have to be met. For example, you can't get it if you earn more than £110 a week (July 2016 figure) or if you are in full-time education. The person you claim for has to be getting attendance allowance, or personal independence payment for daily living, or either the middle or higher rate of Disability Living Allowance Care.

The care you provide does not have to be nursing or personal care. It can include help with shopping, cleaning, keeping someone safe and generally helping to meet someone's needs for support.

You do not have to be related to, or live in the same house as, the person you look after. You can be considered for carer's allowance for looking after your partner. If you or your partner are both carers, you can both get carer's allowance if you are caring for different people (including each other).

You can't get carer's allowance if you are getting a national insurance benefit such as a retirement pension, but we still advise you to claim to prove you are a carer, as that 'underlying entitlement' can help you get extra on other benefits.

You are also credited with a national insurance contribution for every week you are paid carer's allowance.

If the person you care for lives alone and has an extra amount for severe disability included in the calculation of their means-tested benefits, they will lose this if you are actually paid carer's allowance. If this applies to you - seek advice before claiming.

Carer's allowance will continue as a separate benefit after the introduction of the new universal credit (which replaces a number of existing benefits such as income support, housing benefit, child tax credit etc) from 2016 onwards.

For more information about benefits for carers see information below

- **Hertfordshire County Council**'s booklet, Extra Money for Carers, available on: [www.hertfordshire.gov.uk/services/advben/bnftsadvcl/bacpdf/emfc/](http://www.hertfordshire.gov.uk/services/advben/bnftsadvcl/bacpdf/emfc/) or by phoning 01438 843456
- **Living Well Essex** has a range of support for carers and provides specific information about carer benefits. Visit [www.livingwellessex.org](http://www.livingwellessex.org) and search for 'carer benefits' or call Essex County Council on 03457 430 430
- **Norfolk County Council**'s section on their website gives information about benefits available to carers. Visit [www.norfolk.gov.uk](http://www.norfolk.gov.uk) and search 'carers' or call Norfolk Carers Support on 01603 219924
- **Carers Bucks** provides a range of information on their website for carers around benefits and local support, as well as an opportunity to register with them as a carer to ensure you receive timely support. Visit [www.carersbucks.org](http://www.carersbucks.org) or contact 0300 777 2722

## Frequently Asked Questions

### Benefits and respite

#### **Where should I go to if I need advice on what benefits may be available to me as a carer?**

Where at all possible we will try to signpost you ourselves to the right kind of support. However as a first point of contact we would recommend contact your local citizens advice bureau who will be able to further help you assess what support is available to you.

#### **If I feel that I need a break from my caring role, what do I do?**

There are a number of options for you. If you are looking for a break whether a few hours or a longer holiday break, contact the care coordinator for the person you care for who will be able to assess your need and discuss with you the support needed for the person you care for in your absence. We may also be able to provide some financial assistance for a short break if you are caring for an adult with mental health issues.

#### **What if I am not an adult who is caring for another adult with mental health problems? How can I get support to have a break from my caring role?**

Your local county council may provide financial assistance for you if you are a young carer or carering for someone with dementia, should you need a short break. See page 6 for more details on how to get in touch.

# Understanding a diagnosis



Caring for someone who has a mental health problem or learning disability – particularly for new carers – can be daunting and confusing if you are not familiar with how it may affect the person you care for.

This section aims to outline some of the most common attributes associated with different mental health problems and learning disabilities, to enable carers to understand what the person they care for may be dealing with and the kinds of difficulties they may be trying to overcome. It also provides you with some tips for dealing with difficult situations.

## Diagnosis information

### Anxiety

Anxiety is a normal feeling which we can all relate to in threatening or difficult situations. Short-term stress or anxiety can be useful as it can make us more alert and enhance our performance. However anxiety has a negative effect on a person's health both on their mind and body and can influence how a person thinks, feels and behaves and impact on a person's day-to-day life.

You may notice the person you care for experiences symptoms which include:

- Feeling the worst is going to happen
- Appearing unusually worried or fearful
- Avoiding certain situations (e.g. never leaving the house)
- Irritability and inability to relax
- Increased muscular tension
- Heightened alertness
- Loss of confidence and a desire to seek reassurance from others
- Difficulty falling and staying asleep at night
- Headaches / migraines

Sometimes anxiety can take the form of a panic attack. Panic attacks may appear 'out of the blue' and can be extremely frightening. They can make a person feel out of control and in extreme situations can mirror the symptoms of more serious issues such as chest pains or palpitations.

### Autism Spectrum Disorder

The National Autistic Society estimates that more than 1 out of every 100 people has Autism. Autism is a developmental disability that is evident in early childhood and a lifelong condition. Autism affects a person in three main areas. This includes difficulties in social communication, social interaction and repetitive and stereotypic behaviours. These difficulties affect a person's ability to make sense of the world such as understanding, relating, communicating and interacting with other people. People

with Autism sometimes say that the world can seem an unpredictable and confusing place which leads to considerable anxiety. Many people with Autism also has sensory difficulties such as an over or under sensitivity to sound, light, touch, taste, smell etc.

It is referred to as a “spectrum condition” as people with Autism may all be affected in different ways and people may have very different needs. For example some people may function independently while others require more intense support to function on a daily basis. People with Autism may also have a learning disability however this is not true for all people with Autism.

People with Autism have special strengths and qualities such as exceptional skills in particular areas; sometimes excellent memories, a focus on detail and honest and dedicated employees. With the right support people with Autism can live full and fulfilling lives.

## Bipolar disorder (Manic Depression)

Bipolar is a mood disorder. Someone diagnosed as bipolar may swing from moods of depression to periods of overactive excited behaviour.

Depending on the individual there may be stable times between highs and lows. As a carer you may notice the following symptoms during a ‘high’ phase:

- Increased energy, hyperactivity, uninhibited and reckless behaviour
- Inability or unwillingness to sleep
- Talking quickly – other people may find it difficult to understand.
- Heightened sense of their own importance and grandiose schemes and ideas
- Reckless money spending
- On the positive side, people may be very creative during a manic phase and feel it is a valuable experience

(Symptoms for depression can be found in the section entitled Depression).

## Dementia

Alzheimer’s disease is the most common form of dementia. It is a progressive disease which affects the function of the brain and over time symptoms become more severe.

Someone in the early stages of dementia may experience:

- Forgetfulness affecting their daily living
- Forgetting names of people, places, appointments and recent events
- Problems with common tasks
- Mood swings
- Loss of interest in hobbies
- Loss of interest in hygiene and personal appearance
- Anxiety about loss of memory



More information is available on a variety of diagnoses on the Alzheimer's Society website, the national Mind website or you can contact your local community mental health service that is supporting the person you care for.

## Depression

Depression is extremely common and most people will experience some form of depression during their life time, perhaps after a major life change or bereavement. You may notice that the person you care for experiences symptoms which include:

- Tiredness and lack of energy
- Change in their sleeping pattern
- Unhappiness most of the time
- Concentration problems and difficulties in decision making
- Loss of self-confidence and self-esteem
- Guilt and worthlessness feelings
- Loss of or increase in appetite
- Irritability or impatience
- Withdrawal and finding no pleasure in life or what they usually enjoy
- Physical aches and pains with no physical cause
- In extreme situations thinking / talking about suicide

If the feelings are interfering with someone's everyday life and don't go away after a couple of weeks, or if they come back, over and over again, it may be a sign that a person is depressed and may need help from a local mental health service.

## Drug and Alcohol Addiction

Substance misuse harms a person's health. Dependence occurs when there is physical and/or psychological addiction and the person will have withdrawal symptoms if they do not use the substance. Substance misuse and dependence can be associated with mental ill health and these service users are likely to have a dual diagnosis.

As a carer you may notice that the person:

- Prioritises the substance over other activities
- Is angry if confronted about their substance use
- May be tired, irritable and look unwell
- Is less interested in everyday things
- Is secretive and evasive
- Is anxious, depressed or shows symptoms of another mental health illness
- Avoids withdrawal symptoms by further substance use

For more information about caring for someone affected by drug or alcohol misuse you can contact Hertfordshire Drug and Alcohol Recovery Service on 0800 652 3169 or [herts@cri.org.uk](mailto:herts@cri.org.uk)

## Eating Disorders

Eating disorders are complex psychological problems that can cause intense distress, considerable physical risk and impairment in people's social, occupational and other areas of functioning.

The main types of eating disorders are:

- **Anorexia Nervosa** - strong desire to lose weight and achieve this by severely restricting what you eat, and by using behaviours such as self-induced vomiting or over-exercising
- **Bulimia Nervosa** - mental health illness in which a person feels a complete lack of control over what they eat. It is characterised by a strong desire to lose weight and an intense dissatisfaction with how individuals see themselves
- **Atypical Eating Disorders** or sometimes referred to as EDNOS (i.e. Eating Disorder Not Otherwise Specified)
- **Atypical Eating Disorders** include Binge Eating Disorder, Atypical Anorexia Nervosa and Atypical Bulimia Nervosa

The Trust currently runs support groups for parents and carers of people who have been diagnosed with an eating disorder. Further details on these can be accessed at [www.hpft.nhs.uk](http://www.hpft.nhs.uk) or by contacting the team who is supporting the person you care for.

## Learning Disability

Learning disability includes the presence of:

- a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- a reduced ability to cope independently (impaired social functioning);
- which started before adulthood, with a lasting effect on development.

People with a learning disability may take longer to learn, needing support to develop new skills, understand complex information and interact with other people. The effect of a learning disability is lifelong and can affect a person in many different ways. Some people need, for example, intense support on a daily basis and other people can live independently with little support. It is important however that people have the right support that would meet their individual needs and aspirations in order to live a fulfilling life.

The level of support someone needs depends on individual factors, including the severity of their learning disability. For example, someone with a mild learning disability may only need support with things like getting a job. However, someone with a severe or profound learning disability may need full-time care and support with every aspect of their life – they may also have physical disabilities.

In addition there are a range of conditions that may mean a person has "learning difficulties," this term is often confused with learning disabilities. However unlike learning disability, a learning difficulty does not affect intellect. Mental health problems can affect anyone at any time and may be overcome with treatment, which is not true of learning disability.

## Obsessive Compulsive Disorder (OCD)

OCD is characterised by the presence of either obsessions or compulsions, but commonly both. The symptoms can cause significant functional impairment and/or distress. An obsession is defined as an unwanted intrusive thought, image or urge that repeatedly enters the person's mind. Compulsions are repetitive behaviours or mental acts that the person feels driven to perform. A compulsion can either be overt and observable by others, such as checking that a door is locked, or a covert mental act that cannot be observed, such as repeating a certain phrase in one's mind. It is thought that 1–2% of the population have OCD, although some studies have estimated 2–3%.

## Personality Disorder

Personality disorder occurs in someone whose personality or group of characteristics may cause regular and long-term problems in the way they cope with their life and interact with other people. Someone with a personality disorder may think, feel and behave in a rigid way and will have a more limited range of emotions with which they respond to every day life.

**Someone with personality disorder may find it difficult to:**

- Make or keep relationships
- Work effectively with others
- Behave in a socially acceptable way
- Control their feelings or behaviour

## Psychosis

Psychosis describes conditions which affect the mind, where there has been some loss of contact with reality. Some people may only have one psychotic episode and make a full recovery never experiencing another episode. For others it is a longer process.

**Someone with psychosis may have symptoms including:**

- **Hallucinations** – hearing, seeing, feeling or smelling something which other people do not
- **Believing something that others don't share** (delusions) which may make the person feel they are being controlled
- **Confused thinking** – thoughts and sentences may become confused and unclear and may not make sense
- **Mood swings** – unusually excited or depressed
- **Changes in behaviour** – e.g. extremely active or lethargic, talking to themselves, avoiding people, becoming aggressive or upset

## Schizophrenia

Schizophrenia affects thinking, feeling and behaviour. When someone becomes unwell with schizophrenia they are likely to show a change in their behaviour and their ability to perform everyday tasks and activities. They may be confused, anxious, suspicious of other people and reluctant to believe they need help.

As a carer you may find someone with schizophrenia experiences symptoms including:

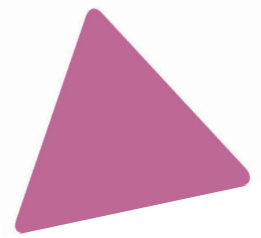
- **Psychosis** – losing contact with reality and having severe disturbances of thought and emotion
- **Confused thinking** - finding it hard to concentrate, drifting from one idea to another and often making little sense to others
- **Hallucinations** – hearing, seeing, feeling or smelling something which others do not. Hearing voices is the most common and these can often be critical and unfriendly
- **Delusions** – believing something that others don't share, e.g. believing that they are being followed by a secret agent

## Tips for dealing with difficult situations

The following tips have been adapted from Rethink and Carers UK. They are designed to inform you on ways that you can deal with difficult situations if they arise.

1. Get to know the signs of rising tension. These could be rocking, stuttering, colouring of the face, pacing, hand-wringing
2. Let everybody win. If you can defuse a situation you have won, if your loved one has not lost face and has kept their pride, they have won too
3. 'Walk don't run'. Apply this in many situations, for example, lower your voice, move slowly, and avoid sudden movements
4. Count to ten. As you do this, check your mood, assess the situation, decide on a first course of action, confirm it to yourself then do it
5. Once you get someone talking, let them let off steam, don't try to stop them
6. Accept that your life has changed, at least for as long as your loved one is ill. If a problem develops, be prepared to stop everything, ignore a deadline or be late for something
7. Know how to call for help in an emergency
8. Seeking help in dealing with stress – speak to family and friends, use carers discussion boards on websites such as [www.carersuk.org](http://www.carersuk.org) and speak to your GP and other health professionals you may know  
There are services in all counties which provide wellbeing and psychological support for carers to help them in their caring role and to improve their wellbeing.
9. Discuss situations with other carers you may know
10. In dangerous / violent situations be prepared to phone the police

# Medication and Physical Health



## Understanding Medication

If you are caring for someone using Trust services they may have been prescribed medication.

Everyone has the right to make an informed decision about which medication(s) to take and the Trust should support the service user and you as the carer to make an informed decision.

Service users can talk to healthcare professionals involved in their care, such as their doctor, a nurse or pharmacist about their diagnosis and about any medication that is prescribed. Carers can also speak to these healthcare professionals if they have any questions.

Patient Information Leaflets (PILs) are also a useful source of information about medication and tell you what a particular medication is marketed to treat, how it should be taken and possible side effects.

Usually when a medication is dispensed by a pharmacy it will be supplied with a PIL. If you are caring for someone using inpatient services, medication may not always be supplied with a PIL, however ward/unit staff are able to provide these when a new medication is started or if requested by you or the service user. Alternatively, these can be viewed/printed at the websites listed below:

- [www.hpft.nhs.uk](http://www.hpft.nhs.uk) – click on 'Information about Medicines' and this has a direct link to the Choice and Medication website
- [www.choiceandmedication.org/hertfordshire](http://www.choiceandmedication.org/hertfordshire) - as well as PILs on medication in a question and answer format, this website has lots of information about different mental health conditions. It is a useful website for service users, carers and healthcare professionals
- [www.medicines.org.uk](http://www.medicines.org.uk) – access to manufacturers' PILs. Click on the black triangle next to 'SPCs & PILs' to get a drop-down list and choose 'PILs only'

**The following websites also have useful information about medication and mental health conditions:**

- [www.nice.org.uk](http://www.nice.org.uk) – NICE is an independent organisation that produces evidence-based national guidance about medicines, treatments and procedures. Also produce guidance for service users (patients) and the public
- [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk) – the Royal College of Psychiatrists' website. Click on 'Health Advice – Information about mental health'
- [www.easyhealth.org.uk](http://www.easyhealth.org.uk) – easy read medication information

## Physical health of people using our services

People with mental health problems and learning disabilities are at increased risk of physical illnesses and it is therefore important that physical health plays a significant part in how someone receives a service from the Trust.

All service users will have their physical health needs considered at initial assessment and as part of regular reviews. Care coordinators and carers should be part of these discussions where the service user wants them to be.

### Considering physical health needs means:

- Gathering information about past and present illnesses
- A review of current physical health and symptoms and current lifestyle (including smoking, diet and exercise)
- May include physical health monitoring such as weight, blood pressure monitoring, etc.
- May require blood tests before starting treatment

## Frequently Asked Questions Medication and Physical Health

**What can I do as a carer if the person I care for is either refusing to take their medication or is having side effects that were not discussed when the medication was prescribed?**

Whilst we would always urge the person you care for to raise these concerns, you may choose to raise these yourself with the service. However, it is important that carers understand that any concerns raised about someone using our services may be logged on their record and discussed with them.

**What can I do if I feel that the service has neglected the physical health needs of the person I care for?**

If you are concerned that the service has overlooked the physical health needs of the person you care for you can, as above, raise these concerns with the service. However, any queries that are raised by you may be discussed with the service user.

# Your Own Wellbeing



## Maintaining your own wellbeing

As a carer there may often be times when you feel pressure, stress and even anxiety. When you are focusing on the person you are caring for it is important to ensure that you do not neglect your own wellbeing.

Remember you are not alone. It can be reassuring to talk to other carers and discover that your feelings are similar to others in your situation. Get help from your friends and family, local carers' groups and speak to your GP. Also ensure that you watch your stress levels. It is easier said than done but it is important for you to be able to relax as not being able to do so can have long term detrimental effects on your health.

Below are some tips that many people say have helped them in creating a sense of their own wellbeing. Some of these may seem obvious however they can often be forgotten during the course of a busy day:

- Ask for a carer's assessment or a review of your needs whenever you need it
- Keep contact numbers near your phone
- Follow up on your own health needs
- Ask your GP to register you as a carer - This will ensure it is easier for you when seeking support and benefits
- Join a support / self help group – Carers tell us that speaking to other carers is often the best type of support
- Talk to someone - This could be a friend, peer or even a local service
- Seek practical help – Whether it's support for emotional wellbeing or just speaking to someone about local information
- Make time for yourself
- Learn to say 'no' – You cannot do everything
- Focus on the positive aspects of your life – what do you enjoy? What are you good at?
- Find time to rest and get enough sleep
- Find an exercise you enjoy that gives you time for yourself
- Try learning relaxation techniques such as breathing or meditation
- Try out alternative therapies (eg. yoga, massage)
- Ask for help if your caring role is affecting your ability to start/maintain employment



## Finding the right support for yourself

It is also important that you are able to seek support for your own needs. Caring can be stressful and it is often easy to neglect our own health and wellbeing when focusing on the needs of others. Some examples of the types of activities and therapies that have benefited carers include:

- **Exercise** – There are proven links to the effects that exercise can have on someone's mental wellbeing. This can include sports, the gym or simply walking regularly
- **Alternative and complementary therapies** – treatments such as yoga and massage can help a person to relax and give a sense of general well being. These can often help reduce stress and provide a short break from caring
- **Self-help groups** – meeting and sharing similar experiences with other people, expressing feelings, developing / learning new coping strategies and finding solutions to problems
- **Healthy Living** – avoiding stimulants, such as cigarettes, alcohol and caffeine, and eating a healthy diet, will make a difference to a person's ability to cope
- **Counselling** – These are short or long term talking therapies that enable a person to express their feelings, gain a greater level of understanding and self-awareness, empowering them to find solutions to their problems and strategies for coping
- **Cognitive Behavioural Therapy (CBT)** – Cognitive Behavioural Therapy (CBT) can help people manage and overcome low mood and a range of anxiety problems. CBT improves mood by encouraging people to change unhelpful thinking patterns and behaviours. It can be offered intensively in one to one sessions and also as part of guided self help, using computer packages and workshops. The Trust offers a range of CBT interventions to carers, including a Keeping Well in Caring workshop, which is a 6 week educational workshop specifically designed to help Carers develop a range of useful coping skills. If you would like to access this service, you can ask for a referral from your GP, or you can self-refer by ringing 0300 777 0707. Families/carers may be able to access a short 10 minute session on CBT as a trial by using the link:  
[www.10minutecbt.co.uk/about-cbt/10-minute-cbt-in-primary-care/](http://www.10minutecbt.co.uk/about-cbt/10-minute-cbt-in-primary-care/)

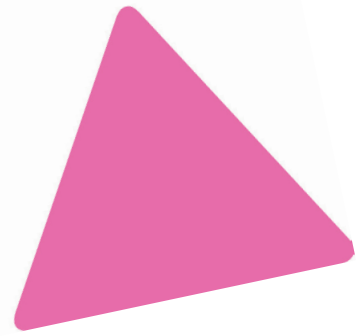
## Accessing Wellbeing and Psychological Therapies Services

The NHS provides these services across all counties. They are an excellent place to find a range of support for carers to improve their wellbeing. Contacts for each county are listed below, carers can self-refer or speak to their GP for a referral.

- Hertfordshire Wellbeing Services – 0300 777 0707
- Health in Mind (North East Essex) – 0300 330 5455
- Mid Essex IAPT – 01376 308704 or 01376 308705
- Healthy Minds (West Essex) – 0300 222 5943
- Norfolk Wellbeing – 0300 123 1503
- Healthy Minds Bucks – 01865 901600

# Supporting you where you live

There are a range of community support services that are available to carers and many of these will be local to you. You can usually find a range of support via local council websites, however we have provided some information below:



## Hertfordshire

**HertsHelp** - a network of community organisations working together. They can help you find the practical support, guidance and information you need to get the most out of life. HertsHelp has one phone number 0300 123 4044 (local rate) and website address [www.hertsdirect.org/hertshelp](http://www.hertsdirect.org/hertshelp) to help you find your way around the 100s of community groups in Herts who may be able to help.

**HertsHelp Advocacy Service** - HertsHelp are working in partnership with a number of specialist care organisations to make sure that people get the best possible support so that they can take part and make decisions about matters that affect them. Please call HertsHelp Advocacy Services on 0300 123 4044 who will put you in touch with a suitably qualified advocate.

## Essex

**The Essex County Council** website provides an A to Z list, and groupings, of key support services. This can be accessed online at [www.essex.gov.uk](http://www.essex.gov.uk)

Additionally the 'Living Well Essex' service provides a range of information and signposting for carers and their families. Accessed at [www.livingwellessex.org](http://www.livingwellessex.org)

**Advocacy** - Pohwer is the main advocacy provider to people using HPFT services in Essex. They provide 'Citizenship' advocacy as well as Independent Mental Health Advocacy (IMHA). They can be contacted at 0300 456 2370 or email [pohwer@pohwer.net](mailto:pohwer@pohwer.net)

## Norfolk

**The Norfolk County Council** website provides an A to Z list, and groupings, of key support services. This can be accessed online at [www.norfolk.gov.uk](http://www.norfolk.gov.uk) .

**Advocacy** – Opening Doors is the main provider of community advocacy to people using HPFT services in Norfolk. If you would like the support of an advocate please speak to a member of staff within the service or contact Opening Doors at 01603 631433

## Buckinghamshire

**Buckinghamshire County Council** website provides an A to Z list, and groupings, of key support services. This can be accessed online at [www.buckscc.gov.uk](http://www.buckscc.gov.uk)

**Advocacy** – Pohwer is the main provider of advocacy to people using HPFT services in Bucks. If you would like the support of an advocate please speak to a member of staff within the service or contact Pohwer at 0300 456 2370

# Contacts



## Carer Support

### Hertfordshire Partnership University NHS Foundation Trust

Health and social care for people with mental ill health and people with a learning disability. We aim to provide services which make a positive difference to the lives of service users and their carers. [www.hpft.nhs.uk](http://www.hpft.nhs.uk)

- Single Point of Access (new referrals) 0300 777 0707 (local rate)
- Patient Advice and Liaison Service (PALS) 01707 253916
- Complaints and Compliments 01707 253916
- Carer Involvement Opportunities 01727 804418
- Mental Health Helpline (7pm – 8am and weekends) 0300 777 0707 (local rate)
- NHS 111 (telephone health advice for urgent (non-emergency) matters) 111

### Social Care Support for Carers

The following agencies provide information, advice and support re: social care entitlements for carers including access to an assessment of your needs, benefits etc across the four counties where HPFT provides services:

- Hertfordshire Health and Community Services (HCS) 0300 123 4042  
[www.hertsdirect.org/carers](http://www.hertsdirect.org/carers)
- Buckinghamshire Community Response & Reablement (CRR) Service  
01296 383204  
[crr@buckscc.gov.uk](mailto:crr@buckscc.gov.uk)
- Essex Social Care Team  
0845 603 7630  
[www.essex.gov.uk](http://www.essex.gov.uk)
- Norfolk Carers Support  
01603 219924  
[www.norfolk.gov.uk](http://www.norfolk.gov.uk)

### Carers in Hertfordshire

Charity offering a range of free support to carers; including advice and support to plan your caring role. They can help you look after your own health and wellbeing and have breaks from caring, by providing a range of free courses and activities. By joining with other carers, you can influence decisions on mental health services and make a positive change for all carers. They also run a specialist project for young carers. [www.carersinherts.org.uk](http://www.carersinherts.org.uk)

- General enquiries: 01992 586969
- Email: [contact@carersinherts.org.uk](mailto:contact@carersinherts.org.uk)

## Crossroads Care

Crossroads Care provide practical and emotional support for carers of all ages. If you are caring for a relative or friend of any age with a mental health problem, including dementia, then Crossroads Care may be able to provide short respite breaks funded by the Hertfordshire County Council as part of the Helping You Care service.

- **Crossroads North Herts**  
General enquiries [www.crossroadshn.org.uk](http://www.crossroadshn.org.uk)  
01462 455578
- **Crossroads South Herts**  
General enquiries [www.hertfordshirecrossroads-south.org.uk](http://www.hertfordshirecrossroads-south.org.uk)  
0208 905 1158

## Essex Carers Network

The Network aims to keep carers informed as to what is happening locally, regionally and nationally. If family carers have good information they can make informed decisions and support their family member to lead a full and meaningful life.

[www.essexcarersnetwork.co.uk](http://www.essexcarersnetwork.co.uk)

- General enquiries: 07876 025 480
- Email: [info@essexcarersnetwork.co.uk](mailto:info@essexcarersnetwork.co.uk)

## Norfolk Carers Support

Provides specialist support to people who look after someone with A physical disability, long-term physical illness, mental health problem, learning difficulty and drug or alcohol misuse problems. [www.norfolkcarerssupport.org](http://www.norfolkcarerssupport.org)

- General enquiries: 01603 219924
- Email: [admin@norfolkcarerssupport.org](mailto:admin@norfolkcarerssupport.org)

## Carers Bucks

Independent local charity established in 2004 to support unpaid, family carers in Buckinghamshire. They are a countywide service, commissioned by Buckinghamshire County Council, offering support to adult carers and young carers. Their main office is in Aylesbury and they work closely with their sister charity - Carers MK.

[www.carersbucks.org](http://www.carersbucks.org)

- General enquiries: 0300 777 2722
- Email: [mail@carersbucks.org](mailto:mail@carersbucks.org)

## Carers Direct Helpline

Free, confidential information and advice for carers  
9am – 8pm Monday to Friday and 11am – 4pm weekends

- General Enquiries: 0300 123 1053
- Email: [CarersDirect@nhschoices.nhs.uk](mailto:CarersDirect@nhschoices.nhs.uk)
- Textphone: 0800 988 8657

## Rethink

Rethink Mental Illness offer mental health specific support to carers including one-to-one support, support groups and a six week Caring and Coping programme. [www.rethink.org](http://www.rethink.org)

- Carer support worker: 01920 465152

## Herts Mind Network

Herts Mind Network is a mental health organisation providing a diverse range of high quality recovery-orientated services for people with mental ill health and their carers. The service has Wellbeing Centres located in Hemel Hempstead, Watford, South Oxhey, Borehamwood, Ware, Bishops Stortford and Waltham Cross.

Services include: counselling, carers groups, vocational advice, open meeting place groups, support groups, a wide range of adult learning classes, peer mentoring and much more. Offer courses in Carers Yoga, OCD Carer Support Group, Carers Self-Supporting Group, Mindfulness Course, Personality Disorder Carers Support Group and Carers Pottery.

[www.hertsmindnetwork.org](http://www.hertsmindnetwork.org)

- General enquiries: 02037 273600

## Guideposts Trust

Support service for anyone who cares for someone with a mental health problem. A social and support group meets on the last Monday evening of the month at 7pm (meetings are changed if they were due on a bank holiday). Carers share experiences and coping strategies, listen to useful speakers, and go for meals out, theatre trips etc.

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

- General enquiries: 01923 223554
- Email: [hsh@guidepoststrust.org.uk](mailto:hsh@guidepoststrust.org.uk)

## Mind in Mid Herts

Innovative and experienced provider of mental health services in Mid Hertfordshire with well being centres in St. Albans, Stevenage, Hertford and Welwyn Garden City. In addition they provide Hospital Outreach, Befriending, Employment Consultancy, Education, Training, Counselling and Drop-Ins. [www.mindinmidherts.org.uk](http://www.mindinmidherts.org.uk)

- General enquiries: 01727 865070
- Email: [admin@mindinmidherts.org.uk](mailto:admin@mindinmidherts.org.uk)

## Viewpoint

Mental health service user involvement project in Hertfordshire. They hold local forums and meetings to take service user views and suggestions to mental health service providers. They also attend statutory meetings and work with organisations to encourage service user participation at all levels. [www.hertsviewpoint.co.uk](http://www.hertsviewpoint.co.uk)

- General enquiries: 01707 328014
- Email: [info@hertsviewpoint.co.uk](mailto:info@hertsviewpoint.co.uk)

## Sunflower (Herts)

Providing help and support for anyone affected by domestic abuse. Please call the Helpline on 08 088 088 088 for details. [www.hertssunflower.org](http://www.hertssunflower.org)

## Carer Rights and Training

### Hertsdirect

Information on training / work, flexible hours and time off for dependents, links to grants and benefits. [www.hertsdirect.org](http://www.hertsdirect.org)

### HertsHelp

HertsHelp can help you find local help, advice or information on training/work, flexible hours and time off for dependents, links to grants and benefits. [www.hertsdirect.org/hertshelp](http://www.hertsdirect.org/hertshelp)

- General enquiries: **0300 123 4044**
- Email: **[info@hertshelp.net](mailto:info@hertshelp.net)**

### Carers UK

Makes life better for carers. For expert telephone advice, information and support e.g. carer rights and entitlements, welfare benefits and community care advice, etc.

[www.carersuk.org](http://www.carersuk.org)

- General enquiries: **020 7378 4999**
- Adviceline: **0808 808 7777**
- Email: **[advice@carersuk.org](mailto:advice@carersuk.org)**

### Carer Trust

Taking action to improve services; advice and support carers nationally. They have a network of members providing services to carers locally. [www.carers.org](http://www.carers.org)

- General enquiries: **0844 800 4361**
- Email: **[info@carers.org](mailto:info@carers.org)**

### Citizens Advice

For free, independent and confidential advice on legal, money and other problems see their website for local contacts. [www.adviceguide.org.uk](http://www.adviceguide.org.uk)

### City and Guilds

City and Guilds run a course in personal development designed for unpaid carers.

[www.learning-for-living.co.uk](http://www.learning-for-living.co.uk)

- General enquiries: **020 7294 8217**

### GOV.UK

Best place to find government services and information simpler, clearer and faster. For information Fact Sheets that accompany Part 1 of the Care Act 2014 providing an overview and duties and powers of local authorities will have in the future:

[www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets](http://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets)

## Guardian Jobs

[www.guardian.co.uk/jobs](http://www.guardian.co.uk/jobs)

- Email: [guardianjobs.adops@theguardian.com](mailto:guardianjobs.adops@theguardian.com)

## Jobcentre Plus

For advice and help in finding employment, supporting people of working age, paying unemployment benefits where entitled and helping people to find employment.

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

- General enquiries: **0345 604 3719**
- Textphone: **0345 608 8551**

**Learn Direct** – Carers can ask for information packs and identify a local learning Centre where you can discuss your learning needs. [www.learndirect.co.uk](http://www.learndirect.co.uk)

- Call free on: **0800 101 901**
- Email: [support@sta.learndirect.com](mailto:support@sta.learndirect.com)

## Learning for Living

If you have a need or longing for learning to change and find the way to free yourself for a better future. [www.learning-for-living.co.uk](http://www.learning-for-living.co.uk)

- General enquiries: **07801 254476**
- Email: [info@learning-for-living.com](mailto:info@learning-for-living.com)

## Mencap

Providing a voice for people with a learning disability. The details below can be used to find regional mencap services: [www.mencap.org.uk](http://www.mencap.org.uk)

## Working families

Information on carer rights [www.workingfamilies.org.uk](http://www.workingfamilies.org.uk)

- Helpline: **0300 012 0312** for legal advice for parents and carers
- Email: [advice@workingfamilies.org.uk](mailto:advice@workingfamilies.org.uk)

## Services Personnel:

- **Combat Stress** – Free residential and community treatment for former members of British armed forces suffering from a range of mental health conditions including post-traumatic stress disorder. The treatment and support services are always free of charge.
  - General Inquiries: **01372 587 000**
  - 24 Hours Helpline: **0800 138 1619**
  - Email: [us@combatstress.org.uk](mailto:us@combatstress.org.uk)
- **Royal British Legion** – If you are a service user or carer with a service background contact for immediate needs grants, employment and training, benefits and money advice, mobility aids and overcoming barriers to work. [www.britishlegion.org.uk](http://www.britishlegion.org.uk)
  - General Inquiries: **0808 802 8080**



# Glossary of Terms / Who's Who?



**ADTU** – Acute Day Treatment Unit; Instead of being admitted to an inpatient ward, those attending the ADTU will visit each day for up to two weeks for a combination of relaxation, creative arts, recreation, psychology, assertiveness building, anxiety management, peer support sessions and other activities, all designed to strengthen their mental wellbeing.

**Advocacy** – In general, this refers to services that assist people to say what they want. People can advocate for themselves (self advocacy) or have an independent person advocate on their behalf. POhWER provide most of the advocacy services in Hertfordshire.

**Care Co-ordinator** – A named individual designated as the main point of contact and support for a person who has a need for ongoing care. This could be a nurse, social worker or other mental health worker appropriate for the person's situation.

**CAB** – Citizens Advice Bureau - Specialist advisors who can advise on a broad range of issues, including employment, housing rights and welfare benefits.

**CAMHS** – Child and Adolescent Mental Health Service

**CATT** – Crisis Assessment and Treatment Team - A multidisciplinary team which acts as the gateway to hospital. They also offer people the choice of treatment at home where possible.

**CEDS** – Community Eating Disorder Service – providing support to people who have been diagnosed with an eating disorder.

**CLDT** – Community Learning Disability Team.

**CMHS** – Community Mental Health Services in their entirety. These include three types of teams; Wellbeing, Support and Treatment, Targeted Treatment

**CPA** – Care Programme Approach - The name for the way care plans for specific individual service users are organised in the community.

**CPN** – Community Psychiatric Nurse / CMHN - Community Mental Health Nurse - A registered nurse with specialist training who works in the community. Most work as part of the Community Mental Health Team.

**Diagnostic Overshadowing** – “Symptoms of physical ill health are mistakenly attributed to either a mental health/behavioural problem or as being inherent in the person's learning disabilities” Emerson and Baines, 2010.

**HCS** – Health and Community Services (sometimes known as social services), part of Hertfordshire County Council.

**HPFT** – Hertfordshire Partnership University NHS Foundation Trust. The NHS provider of mental health and social care services, and specialist learning disability services across Hertfordshire and parts of Norfolk and Essex.

**IAPT** – Improving Access to Psychological Therapies; National services provided in locations all across the country to support wellbeing through provision of psychological support. Some of these services have specific support services for carers.

**MDT** – Multi-disciplinary Team - This refers to the variety of professionals who are involved in some way in the service user's care. Therefore the members of the MDT for one service user may be different from those of another.

**OT** – Occupational Therapist - OTs help people with mental health problems to build up the confidence and skills needed for personal, social, domestic, leisure or work activities. They work in psychiatric units, day hospitals and in the community.

**POhWER** – The main provider of advocacy support to people in the East of England.

**Psychiatrist** – Psychiatrists are qualified medical doctors who have taken further training and specialised in mental illness. The consultant psychiatrist is the most senior member of the team with overall responsibility for patient assessment and care.

**Psychologist** – There are different types of psychologists; the two most relevant to mental health are clinical and counselling. Clinical psychology concerns the assessment and treatment of mental health problems. Counselling psychologists apply talking treatments developed in psychology to help individuals and groups manage mental and emotional problems.

**Psychotherapist** – The distinction between counselling and psychotherapy can be blurred but there are differences in the methods used, the intensity and length of treatment. Overall psychotherapy aims to help you understand why you are feeling the way you do and what lies behind your responses to other people and to things that happen to you.

**SMHTOP** – Specialist Mental Health Team for Older People.

**Social worker** – Offers advice on practical matters such as day care, accommodation or welfare benefits, or can link you with appropriate services. Most work as part of the Community Mental Health Team.

**Speech and Language Therapist** – A speech and language therapist may assess someone's communication, identifying how they express themselves and how they can be helped. Understanding how a person communicates is essential for good assessment.

**STT** – Support and Treatment Team. The name for HPFTs community mental health service working with people experiencing severe depression, personality disorders and people on the autistic spectrum.

**TTT** – Targeted Treatment Team. The name for HPFTs community mental health service that supports and works with people who are experiencing psychosis.

**Wellbeing Team** – The name for HPFTs community service providing psychological interventions for people with mild to moderate depression and anxiety disorders including Panic, Obsessive Compulsive Disorder, Generalised Anxiety, Post Traumatic Stress and Health Anxiety.



Hertfordshire Partnership **NHS**  
University NHS Foundation Trust

## Carers, Parents, Friends and Family

Your feedback is important to us and will help us to improve our services. Please complete a Having Your Say survey or Friends and Family Test postcard and send it to us FREEPOST. Look out for the action posters displayed in all HPFT reception areas to see how teams are listening and using feedback to make our services better and share and promote good practice.



You can also give feedback by going to our website [www.hpft.nhs.uk](http://www.hpft.nhs.uk) and click on Having Your Say or call the Service Experience Team on 01727 804555. Thank you.

# Keep important documents here

Hertfordshire Partnership University NHS Foundation Trust  
works toward eliminating all forms of discrimination and  
promoting equality of opportunity for all.

We are a smoke free Trust therefore smoking is not permitted  
anywhere on our premises.