

LESSONS FOR LIFE

An initiative to enhance the social, sporting and cultural activities of mental health service users can help them integrate into the community. Peter Bates explains

Living in the community is more than cashing a cheque, buying food and paying bills each week, but few service users can name anyone they know outside their kinship and care circles, and they have little interaction with other citizens. This degree of social isolation damages health and quality of life.

A rehabilitation and community care service set up in Nottingham in 1982 is a psychiatric service for people with severe and long-term support needs. The staff of the rehabilitation service are aware that, while day centres can provide a valuable haven, they also constrict social networks and inhibit the expression of citizenship in the wider society.

We have therefore been trying to develop some new ways of working.

It is vital to adopt an approach which focuses on the strengths of the clients and the community. When service users avoid activities alongside other citizens, we believe it is probably due to our poor service arrangements, rather than some inherent weakness in the user. Many users have clear ambitions about the things they would like to become involved in, and others prefer to browse through a range of options before stating a preference. User choice and control must be maximised, and this includes a responsibility on the part of services to present a range of accessible and attractive options.

Before the community has a chance to stigmatise mental health service users, we move in with mental health awareness training and support. Training is usually delivered by users and staff working in partnership, and audiences have included staff in job centres, training agencies, volunteer placements and museums. The demand is such that negotiations are underway to create a standardised and evaluated package of training for community audiences.

The community is broken up into manageable life domains, such as employment, further education, voluntary work, arts, sports and neighbourhood associa-

tions. Involvement in the day centre and in any domain is equally valued, so it is not the case that community is good and the day centre bad, or employment good and education bad.

A champion is found for each domain, who will build partnerships with other agencies working in this area, and invent ways of helping users access those opportunities. Every time a partnership is created with another agency, joint arrangements are set in place for line management and mental health supervision. As a result of these partnerships, more than 150 users have accessed colleges, 100 want support in sports activities, 64 want to become volunteers, 100 have engaged with cultural activities – and the work has hardly begun.

A broad repertoire of strategies for integration have been developed. A number of projects have favoured training in systematic instruction as the preferred approach, and others have adopted a 'buddy' system. Some of the strengths and weaknesses of each strategy have been identified, and pathways from one level of integration to another have begun to be trodden.

Taking sports equipment into the day centre, for example, can lead on to a group taking over the local sports facility, then to attendance by a small group, and then individual participation. Some users are not ready to venture out of the day centre, but each one who does so comes back with a story and so everyone begins to contemplate change. Each strategy carries the risk that participants may get stuck and never move on from the 'deliberately integrated group' to the 'natural group', for example, but the catalogue reminds staff and users that other options are available.

It is important that the work is seriously grounded. A PhD student from

Nottingham University is working on a measure of integration so that, eventually, strategies can be evaluated comparatively. An MSc student is developing a conceptual model of 'community of residence' for the project so that this domain can be explored and users can be assisted in building neighbourliness. An MA project which examines literature on community integration, some of the consequences of isolation, and the concept of inclusive community has been completed.

While these individual responses will not tell the whole story, we are convinced that this work needs to be based on careful research rather than naive enthusiasm.

Finally, the service needs to be reorganised. It is clear that some people will continue to need day centres for some time, but there is no way of knowing how many or how few there may be. For example, over a three-year period, the number of

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day centre clients using the further education college has grown from a handful to over 50 per cent. Often the community-based activity begins as an addition to day centre attendance, but may begin to replace it over time.

Each life domain needs an appropriate specialist from the target setting and a mental health professional to ensure that care and integration goals converge, and to advise users on the range of opportunities available to accompany them into the wider community.

There appears to be little consensus on what kind of prior training these people need, what their job descriptions should look like, or how much they should be paid. Champions in each domain need to meet and compare stories of success and failure, swap literature and contacts, and devise analytical tools to enhance the measurement of their work.

While some services have already taken the step of closing one or more centres in order to reinvest in community options, this can only be successful if it is driven by a clear notion of what it means to participate in community life. ■

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