Foreword

The charter and workbooks were originally produced by the Carers Advisory Group for Mental Health in London and were first published in 2001. They have been reissued by the National Institute for Mental Health in England (NIMHE) in 2004.

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Further copies of this document are available from the development centers highlighted in green.

Working with Carers

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The purpose and scope of this handbook

This guide is published alongside two other documents:

- Valuing Carers – the Mental Health Carers Charter

These three documents have been produced by the National Institute for Mental Health in England (NIMHE). The purpose of these documents is to assist agencies, in particular health and social services, to provide better care and support to carers, with the overall aim of improving care and support to people with mental health problems.

This guide provides information on carer’s assessments under the Carers & Disabled Children Act 2000 and Standard 6 of the National Service Framework for Mental Health – ‘Caring about Carers’. It also contains a comprehensive, ten-point checklist for the implementation of Standard 6 and guidance on confidentiality and sharing information with carers.

Copies of all documents are available by phoning 020 7307 2431 or by logging on to www.nimhe.org or www.londondevelopmentcentre.org
Do carers of people with mental health problems face particular problems?

The relationship between the carer and the service user (the person being cared for) may be complex, requiring an especially sensitive approach.

For example, there may be times when the wishes of the carer conflict with the wishes of the person with mental health problems. In some cases, the service user may not wish the carer to be involved in his or her care, thus limiting the information that the carer can be given. However, the reality may be that the carer is still needed to provide help and support and the needs of both carer and service user should therefore be taken into account when care is being planned.

Why are carers important?

Carers and other members of the immediate family often have to cope with the crises, acute distress and sometimes difficult behaviour that can be a part of the mental health problem. These often occur at weekends or in the middle of the night when no professional support is available. It is often the carer who has to deal with the problems caused by the person they care for having to live in unsuitable accommodation or being discharged from hospital without his or her benefits being sorted out or having no allocated social worker. Carers also have to cope with the long-term effects of the mental health problems on the person they care for, such as depression, lack of motivation and social isolation.

However good services for people with mental health problems are, or become, there is likely to be a place and a need for the complementary support provided by carers. It is therefore of crucial importance that mental health practitioners recognise that carers have needs of their own and require adequate support to enable them to continue to provide care, especially as carers are themselves at risk of becoming depressed and isolated.
Chapter 1:
The Carers and Disabled Children Act 2000

This legislation, which came into force in April 2001, gives non-professional carers, who provide ‘regular and substantial’ care, the right to an assessment of their needs. It also allows local authorities to provide services to carers that will support them in providing care and help maintain their own health and well-being.

Section 1(1) of the Carers and Disabled Children Act 2000 (the Carers Act) states:

‘If an individual aged 16 or over (“the carer”) –
(a) provides or intends to provide a substantial amount of care on a regular basis for another individual aged 18 or over (“the person cared for”); and
(b) asks a local authority to carry out an assessment of his ability to provide and continue to provide care for the person cared for,
the local authority must carry out such an assessment if it is satisfied that the person cared for is someone for whom it may provide or arrange for the provision of community care services.’

The Department of Health has issued a range of information and guidance on the implementation of the Carers Act. These can be found on the Government’s Carers website (www.carers.gov.uk/) and include:

- Policy Guidance
- Practice Guidance
- A Practitioner’s Guide to Carers’ Assessments
- A Carers Guide to a Carer’s Assessment.

These documents provide more detailed information and guidance on the Carers Act, including the charging for services and direct payments.

The Rethink has produced a Carers Assessment Pack which is designed to help carers, advisors and professionals identify the carer’s needs and prepare a plan to meet these needs. This can be obtained from Rethink publications (see page 34).

Who is eligible for a carer’s assessment?

The Carers Act provides that:

- Individuals who are 16 years old or over are entitled to a carer’s assessment if they provide a substantial amount of care on a regular basis to an adult to whom social services may provide or arrange for the provision of community care services.
- A similar right to a carer’s assessment applies to parents, or others with parental responsibility, of children or young people under 18 years old.
- Individuals who are intending to provide care in the future will also be entitled to a carer’s assessment. (Thus carers who will be providing care when their partner, friend or relative leaves hospital may be entitled to a carer’s assessment as part of the aftercare planning.)
The starting point of the assessment should be the carer’s views and what the carer thinks are the most important issues.

Can the carer be supported at the assessment?

Carers should be informed of their right to have a friend or advocate present if they so wish and to have assistance from other individuals, such as signers and interpreters if this is required.

What if the carer does not want to have an assessment?

There is no requirement for the carer to have an assessment. However the service user’s care plan should take account of the need for the carer to have a break from caring and the carer should always be given information about community services such as carer support groups.

Who should carry out the carer’s assessment?

Although the duty to carry out a carer’s assessments is placed on local councils, arrangements (for example under the Health Act 1999) can be made for professional staff from other agencies to carry out such assessments on behalf of the local council. Thus, members of Community Mental Health Teams (CMHT) may be able to carry out a carer’s assessment when the carer is providing care and support to someone who is receiving mental health services from the CMHT.

What are the possible outcomes of the carer’s assessment?

Once it is clear that the cared for person or the carer is eligible for support, the kind of support or services that might be helpful should be discussed with them. The
local council or mental health provider may provide any services they think fit and will help the carer to care and maintain the carer’s own health and well-being. These services could include:

- advice and information
- additional community care service for the cared for person so that the carer can take a break from caring
- the provision of ‘carer’s services’ through the Carers Act
- referral to carers’ support groups.

**What information is available about carer support services?**

The Practice guidance recognises that care co-ordinator cannot be expected to know in detail all the services that might help carers in their caring role or maintain their health and well-being. However the guidance states that they should know how to access information and be aware of the range of key agencies to use as a starting point to help carers get what they need.

Each local authority should aim to produce and publish an ‘A to Z’ of local carer services and other sources of support.

“So much of what happens is incredibly painful. An open, supportive approach from professionals can ease the situation I’m in, but when I’m left out or ignored, I feel even worse.”

_A carer_
Chapter 2: Information about Caring about Carers – Standard 6 of the National Service Framework for Mental Health

The aim of Standard 6 is to ensure that health and social services assess the needs of carers who provide regular and substantial care for those with severe mental illness, and provide care to meet their needs. The lead organisation to bring this about is the local authority with the co-operation of the Strategic Health Authority, the Primary Care Trust, the NHS Trust and independent sector providers. Standard 6 states:

All carers who provide regular and substantial care for a person on CPA should:

- Have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis.
- Have their own written care plan which is given to them and implemented in discussion with them.

The Government has stated that all carers who are providing regular and substantial care to their partners, relatives or friends on enhanced CPA should have their own written care plan.

The carer’s plan should include:

- Information about the mental health needs of the person for whom they are caring, including information about medication and any side effects which can be predicted, and services available to support them.
- Action to meet defined contingencies.
- Information about what to do and who to contact in a crisis.
- What will be provided to meet their own mental and physical health needs and how they will be provided.
- Action needed to secure advice on income, housing, educational and employment matters.
- Arrangements for short-term breaks.
- Arrangements for social support, including access to Carers’ Support Groups.
- Information about appeals or complaints procedures.
Implementing Standard 6 – Caring about Carers

Ten key action points are identified for the agencies and professionals involved in meeting Standard 6 to consider when developing local policies and procedures relevant to the implementation of Standard 6:

1. Identify carers of people with mental health problems.
2. Provide carers with the information that they need in order to help them provide care.
3. Listen to what carers have to say.
4. Consider, using agreed criteria, whether carers are providing regular and substantial care.
5. Assess carers’ needs.
6. Co-ordinate with carers, service users and the other agencies involved in meeting Standard 6.
7. Plan the carer’s plan with each carer.
8. Review the carer’s plan on a regular basis, at least annually.
9. Consult carers about the services receive.
10. Involve carers in the planning and development of services.

For each area we have suggested a checklist of points to consider at each of these stages.

KEY ACTION POINT 1

IDENTIFY carers of people with mental health problems

CHECKLIST

Definition of ‘Carer’
Has the definition of ‘carer’ been agreed by all partner agencies?
Are all professionals clear about the different roles of the ‘next of kin’, the carer and the ‘nearest relative’?

Identifying Carers
What systems are in place to identify carers?
Are staff aware of the need to talk to family members and partners to ascertain whether one or more individuals are ‘carers’ and whether there is a ‘main’ carer?
Are service users asked whether someone provides them with support?

Does this information explain (in English & other languages relevant to the local community) why it is important that carers should identify themselves?

Developing an awareness of carers issues
What arrangements are in place to check that all practitioners and staff are ‘carer-aware’ and understand the importance of being proactive in identifying carers and asking carers about their needs?

Sharing Information
Where carers are identified, do you check whether the service user would like the carer to be involved in discussions concerning his/her treatment and care?

Is information on caring issues available in areas such as GP surgeries?
Information about Caring about Carers

**Standard 6 Caring about Carers:**
- Service providers should ensure that carers are provided with information on the help available to meet their needs
- Carers should be made aware of their right to request a carer's assessment
- The CPA co-ordinator should inform both service users and carers of this right.

Do you have videos and tapes available? Are posters placed in community centres, GP surgeries, libraries etc?

Do carers have access to appropriately trained and qualified interpreters and is written information provided in their first language?

Is the responsibility for providing carers with information at the relevant stages, for example hospital admission, transfers to different wards and hospital discharge, clearly assigned?

Is there a person with responsibility for ensuring that information for carers is accessible and up to date?

Is there a policy on sharing information with carers which reflects confidentiality issues?

Do you always seek the explicit consent of the service user for information to be shared with the carer? When seeking such consent, are the reasons why it would be helpful to involve the carer explained?

Do you use a form for the service user to complete if s/he would like the carer to be involved in discussions and/or receive information about his/her treatment and care?

What information is given about the service user’s mental health problems, and how to respond to the changes in the person’s behaviour that these may cause?

Developing an awareness of carers’ issues
Are all those working with carers encouraged to listen to carers and aware of local support groups and advice centres where carers could receive further help and support?

Is there a support worker in post who focuses on the needs, cultural traditions and religious practices of carers from minority ethnic groups?

What training is provided to professionals (including GPs and health professionals based in hospitals) on carers’ issues?

Are carers involved in the training of professionals?
KEY ACTION POINT: 4

Consider, using agreed criteria, whether an individual carer is providing REGULAR AND SUBSTANTIAL CARE

CHECKLIST

Developing guidance on ‘regular and substantial care’

Is there an explicit policy in place about the carer’s entitlement and eligibility to receive a carer’s assessment which includes clear guidance on the interpretation of ‘regular and substantial care’, taking into account the range of care that people with mental health problems need?

Has such a policy been agreed with local carer groups and other local support groups, particularly taking into account the ethnic mix of the local population?

Does the agreed policy take into account the fact that the needs of people who experience mental distress will fluctuate?

Taking into account the impact of caring on the individual carer

When assessing whether a carer is providing ‘regular and substantial care’ do you take into account the impact the caring has on the carer? For example the carer may have caring responsibilities for more than one person, with the people s/he is caring for living at a distance from each other and having different caring needs, thereby involving extensive travelling and/or dealing with many different agencies and professions.

Carers who are not entitled to or do not want a carer’s assessment

Are all staff aware that an individual who does not provide ‘regular and substantial care’ or does not wish to have a carer’s assessment or care plan should still be provided with information which will help him/her care?

Comments on the interpretation of ‘regular and substantial’:

- This should be considered in terms of the impact of caring – not on the number of hours a carer of a person with mental health problems spends ‘caring’
- ‘Substantial’ care is not limited to providing physical care – for example the provision of emotional support or supervision would also fall within this term
- The task of caring (such as the disruption to the carer’s own life) and impact of the person’s mental health problems on the carer and the rest of the family need to be taken into account when considering whether the care is ‘substantial’.

Further Information:

- For further information and guidance on the interpretation of ‘regular and substantial care’ see page 10 and the Practice Guidance on the Carers and Disabled Children Act 2000 and accompanying guidance.
ASSESS the carer’s needs

Information about assessments
Are carers made aware that their needs may be assessed separately from the assessment of the service user’s needs?
Are carers informed about the purpose of and procedure for the assessment prior to the day of the assessment so that they may prepare for it, for example by making a note of the type and regularity of the care that they provide?
Are carers made aware that they may have someone of their choice to support them during the assessment, for example an advocate or friend?
Are carers informed about what they should expect as a result of the assessment?

Scope of Assessments
Are all carers given an initial assessment of their needs?

Does the carer’s assessment cover the carer’s mental and physical needs and willingness and ability to continue to provide care or the same level of care?
Does the assessment take into account the impact the mental health problems has on the person experiencing them, his/her carer and any other members of the family?
Does the assessment take into account the cultural traditions and religious practices of carers from ethnic minority groups and consider possible areas of support arising from these?

Further Information:
- Note the comment in the National Standard Framework for Mental Health: ‘...families of individuals with severe mental illness may have to contend with demanding behaviour, extra financial burdens, restrictions upon their social and family life, and occasionally a risk to their own safety, money and social life.’

CO-ORDINATE with carers, service users and other agencies

Links with service users and their carers
Are appointments made at a time convenient to the service user and his/her carer?
What arrangements are in place to ensure that the assessment of the service user and his/her carer, and the planning of care to meet those needs are considered together and take account of any conflict between them?
Is any work being carried out with service user groups in developing crisis cards/advance agreements?
When the service user is discharged or leaves hospital, are carers fully informed and involved in the aftercare planning (subject to the person’s consent) so that assumptions are not made about the ability and willingness of the carer to provide care – and the person’s willingness to accept the carer’s help and support?

If the carer/family’s first language is not English how do you ensure that the carer/family understands what is happening, is willing to continue to provide care and has the necessary information and support to enable them to provide care?

Links between health, social services and other agencies
Have the appropriate links been made between social services or the mental health trust and primary care to ensure that the health needs of the carer are included in the carer’s assessment?
Are GPs and primary care teams informed of the carer’s assessment? Is this subject to the consent of the carer?
What steps have been taken to ensure that GPs and primary care staff know who to contact to ensure that carers are given a carer’s assessment and that these are regularly reviewed (annually at the very least)?
**KEY ACTION POINT:** 7

**PLAN the carer’s plan with the carer**

**CHECKLIST**

Do all carers, falling within Standard 6, receive a care plan which includes all the items set out in the National Service Framework, bearing in mind that care plans for carers, providing regular and substantial care to people on enhanced CPA, should have been in place since March 2002.

Are carers provided with information on the help available to meet their particular needs?

What steps are taken to ensure that the needs of black and minority ethnic carers are being met?

Is the carer’s plan confirmed in writing or other format accessible to the carer?

Does the care plan provide an out of hours contact telephone number?

What steps are taken to ensure that carers are put in touch with individuals qualified to give advice on income, housing, educational and employment matters?

What use is made of the carers’ special grant to provide carers with short-term breaks?

Does the plan make clear what action the carer should take if s/he is concerned that the service user’s care plan is not working or is not being implemented properly?

What advocacy services are available for carers?

Have you carried out an analysis of unmet need in respect of local support for carers, such as advocacy services?

Does the plan provide the details of an identified person(s) who is a social services or health professional and who will be the ‘key worker’ for the carer?

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**Standard 6 Caring about Carers:**

The carer’s care plan under Standard 6 should include:

- Information about the mental health needs of the person for whom they are caring, including information about medication and any side effects which can be predicted and services available to support them
- Action to meet defined contingencies
- Information about what to do and who to contact in a crisis
- What will be provided to meet their own mental and physical health needs and how they will be provided
- Action needed to secure advice on income, housing, educational and employment matters
- Arrangements for short-term breaks
- Arrangements for social support, including access to carers’ support groups
- Information about appeals or complaints procedures.

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**KEY ACTION POINT:** 8

**REVIEW the carer’s plan on a regular basis (once a year may not be enough)**

**CHECKLIST**

What systems are in place to ensure that carers’ plans are reviewed when circumstances change significantly and at least once every twelve months?

What policies are in place to ensure that the carer’s plan is reviewed at the carer’s request?

Does this review ensure that the carer is given a choice as to whether s/he wishes to continue to provide care?

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Do all carers have clear jargon-free information on the NHS and social services complaints procedures and, where relevant, details of hospital discharge procedures?
Information about Caring about Carers

**KEY ACTION POINT: 9**

CONSULT carers about the services received

**CHECKLIST**

What steps are you taking to ascertain the views of carers on the services they and the people they care for receive?

How do you ensure that the views of carers are taken into account when planning and developing services?

**Standard 6 Caring about Carers:**

One of the ways in which the performance of services in connection with Standard 6 will be monitored, will be the experience of service users and carers, including those from black and ethnic minority communities.

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**KEY ACTION POINT: 10**

INVOLVE carers in the planning and development of services

**CHECKLIST**

Starting points

Have you identified the carers in the area and their needs?

Have you established which services are already available and the extent to which they are used and what is lacking?

Developing a strategy for involving carers

Is there a strategy for patient/user/carer involvement which has been agreed between all local agencies, carers and service users?

Is this strategy comprehensive? If so, it should cover the following points:

- How carers will be involved and what help will be available to encourage them to be involved
- What specific action will be taken to encourage carers from ethnic minority communities to be involved
- How the involvement process is to be monitored and reviewed.

Has a senior manager been appointed to oversee this ‘involvement strategy’?

Different ways of involving carers

Do you use involvement methods such as patient panels and focus groups?

Do you provide training and education for all practitioners on effective patient, user, carer and public involvement?

Are carers represented on relevant committees, such as the local implementation teams for the National Service Framework?

Do you ensure that carers are fully briefed about meetings they are being invited to attend?

Do you communicate regularly and routinely with carers and their organisations?

Do you make sure that the times and locations of meetings suit carers?

If you work in a health agency, how do you include people with mental health problems and their carers in your Clinical Governance process?

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“Carers can be involved in many ways – in discussions about the care of the person for whom they are caring, in planning processes, in commenting on particular services and on specific initiatives, for example training programmes or drawing up new assessment criteria. Authorities and organisations should look for new ways of involving carers.”

*(Caring about Carers - A National Strategy for Carers)*
Chapter 3: Confidentiality and sharing information with carers

The duty of confidentiality arises when personal information is given in confidence and the person who provided such information believed that the information would be kept confidential.

Like any health professional, mental health professionals are under a duty to keep personal information given to them confidential. They should not therefore disclose such information to others without consent of the person who gave such information unless disclosure would be justified for a lawful purpose. Accordingly, in most cases, information about the service user’s care and treatment cannot be passed on to the carer without the consent of the service user.

Confidentiality and sharing information with carers

Like any health professional, mental health professionals have a duty to keep confidential any personal information given to them. They must also ensure that they work within the requirements of the Data Protection Act 1998 and the Human Rights Act 1998 when dealing with personal information.

Mental health professionals should not, therefore, disclose such information to others without the consent of the person who gave the information unless disclosure would be justified for a lawful purpose.

In most cases, information about a service user’s care and treatment cannot be passed on to the carer without the consent of the service user.

When could information be passed on to the carer?

The NHS Code of Practice on Confidentiality says, in relation to disclosing information to carers:

“Carers often provide valuable healthcare and... every effort should be made to support and facilitate their work. Only information essential to a patient’s care should be disclosed and patients should be made aware that this is the case. However, the explicit consent of a competent patient is needed before disclosing information to a carer. The best interests of a patient who is not competent to consent may warrant disclosure.”

There may be occasions where the carer can be given information without the consent of the service user, for example if the safety of the carer, the service user, and/or any member of the public would be put at risk if they are not provided with such information.

A mental health professional deciding to disclose information against the wishes of a service user would need to document their decision and justification for it fully.

If the service user lacks the capacity to decide whether information can be passed onto the carer, information may be shared with the carer if this is considered to be in the best interests of the service user and can be justified within the legal framework. Mental health professionals making a decision about sharing information in these circumstances should always take account of any previously expressed wishes of the service user.

“My son’s entire psychiatric team treat me with courtesy and respect. They accept that I have a voice, and can voice my views and opinions in a positive and constructive manner.”

A carer
The importance of clarifying whether information can be shared with carers

Caring about Carers: A National Strategy for Carers (1999) stated:

‘The Government believes that general practitioners and other clinicians should proactively offer help and information to their patients and should always explicitly seek the patient’s consent for information to be passed on to the carer.’

If individuals are happy for their carers to be given information about their care and treatment, one way of ensuring that members of their care team are aware of this would be to provide a written authority. A suggested form is set out opposite.

Carers should not be expected to provide care in circumstances where they do not have access to the information that they need to provide care safely and appropriately. At the very least carers should be told who they can contact in an emergency.

Authorisation for release of confidential information*

I [name] of [address] give permission for my [here state the name of the GP/social worker/key worker etc] to give information to [name of carer] of [address] about [here could state ‘all aspects of my treatment and care’ or could be more specific e.g. ‘my medication and side effects’, ‘my care plan’, ‘my discharge plan’] (Optional: ‘This authorisation is valid indefinitely’ or ‘This authorisation is valid until [insert date] – in any event the authority should be regularly reviewed)

Signed: [Name and signature]

(It is also suggested that it would be helpful for this to be witnessed by an independent person, eg advocacy worker: [Name and signature of witness] )

* Adapted from authorisation form developed by the Mental Health Carers Support Association, Tottenham, London

“At last, I feel the psychiatric team and myself are working together towards the same goal, with my son’s best interests at heart.”

A carer
Chapter 4:
Mental health organisations and other useful information

Alzheimer’s Society
10 Greencoat Place, London SW1P 1PH
Help line: 0845 300 0336
8.30am-6.30pm (Monday-Friday)
Website: www.alzheimers.org.uk

Carers UK
(previously Carers National Association)
20/25 Glasshouse Yard, London, EC1A
Tel: 020 7490 8818
Carers line: 0808 808 7777
10am-12 noon, 2pm-4pm (Monday-Friday)
Website: www.carersonline.org.uk

Depression Alliance
35 Westminster Bridge Road, London SE1 7JB
Tel: 0845 1232 320
Website: www.depressionalliance.org

Diverse Minds
15-19 Broadway, London E15 4BQ
Tel: 020 8215 2220

Manic Depression Fellowship
Castle Works, 21 St George’s Road, London SE1 6ES
Information & advice: 020 7793 2600
Website: www.mdf.org.uk

Mental Health Carers Support Association
334 High Road, Tottenham, London N15 4BN
Tel: 020 885 2006
Mental Health Foundation
7th Floor, 83 Victoria Street, London SW1H 0HW
Tel: 020 7802 0300
(publications 020 7802 0304)
Website: www.mentalhealth.org.uk

Carers Directory
Website: www.mentalhealth.org.uk

SCIE Parental mental health and child welfare network
Primarily for staff working with parents with mental health problems, and their children, from social care, health and voluntary sector agencies.
Tel: 01474 364498
Website: www.scie.org.uk/mhnetwork

Mental Health Foundation
7th Floor, 83 Victoria Street, London SW1H 0HW
Tel: 020 7802 0300
(publications 020 7802 0304)
Website: www.mentalhealth.org.uk

Mind
15-19 Broadway, Stratford, London E15 4BQ
Information service: 08457 660163
Monday-Friday 9:15am-5:15pm
Website: www.mind.org.uk

Rethink
30 Tabernacle Street, London, EC2 4DD
Advice line: 020 8974 6841
Monday-Friday 10am-3pm
Website: www.rethink.org

Rethink BME Carers Support Service in Kent
9-5 High Street, Gravesend, Kent, DA11 0BD
Tel: 01474 364498

Action for Carers (Surrey)
Aston, Coniers Way, Guildford, Surrey, GU4 7HL
Tel: 01483 302748

MACA
1st Floor, Lincoln House, 296-302 High Holborn, London WC1V 7JH
Tel: 020 7061 3400

SCIE Parental mental health and child welfare network
Primarily for staff working with parents with mental health problems, and their children, from social care, health and voluntary sector agencies.
Tel: 01474 364498
Website: www.scie.org.uk/mhnetwork

SANE
1st Floor, Cityside House, 40 Alder Street, London E1 1EE
Helpline: 020 7375 1002
Website: www.sane.org

Princess Royal Trust for Carers
142 Minories, London EC3 1LB
Tel: 020 7480 7788
Website: www.carers.org

Network for People Supporting Carers in Mental Health
c/o MACA 24b High Street, Epsom, Surrey, KT19 8BJ
Advice line: 01372 722 970

Young Carers
Childline
Tel: 0800 1111
Website: www.childline.org.uk

Hampshire Young Carers
Website: www.youngcarers.hants.org.uk

YouthNet UK
Tel: 020 7226 8008
Website: www.youthnet.org

The Children’s Society
Tel: 020 7841 4400
Website: www.the-childrens-society.org.uk

Surrey Young Carers
Tel: 01737 248111/01483 568269
Website: www.surrey-youngcarers.org.uk

The Bubbly Crew
Tel: 020 8563 8014/8019
Website: www.bubblycrew.org.uk

Young Minds
102-108 Clerkenwell Road, London EC1M 5SA
Helpline: 0800 018 2138
Website: www.youngminds.org.uk
Other information and publications

If you do not have access to a computer your local library may have a computer service and should be able to help you gain the relevant information.

Information

A wide range of information on carers’ issues, including health, benefits and employment is available on the Department of Health website: www.carers.gov.uk

Community Legal Service (for information on advice centres and lawyers in your area) 0845 608 1122

Law Society (for solicitors with experience in representing people at Mental Health Review Tribunals) 0870 606 6575

NHS Direct (0845 4647) provides health information and advice and details of local services

Your local library reference section may have helpful information

Publications

Caring and Coping – a resource pack for new carers, Rethink, 1998 (Publications: 020 8547 9221) www.rethink.org

Mental Health – Rights for people with mental health problems, leaflet No. 22, Community Legal Service, Consumer Association (LSC Leafletline 0845 3000)

Mind Rights Guides, Mind (020 8319 2122)


Paying for care handbook – a guide for services, charges and welfare benefits for adults in need of care in the community or in residential or nursing homes, Child Poverty Action Group, 2nd edition, 2001

Working with Carers, Christine Heron, Jessica Kingsley Publishers, London 1998, 2000