



'Direct What?'

Research from Scotland

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Research Background



- Witcher et al (2000) had found:
 - 13 out of 32 LA had DP Scheme
 - No of mental health service users receiving DP = 0
 - Few schemes had clear recruitment strategy
 - Little thought of how to increase uptake among mental health service users



Study Aims

Study commissioned by Scottish Executive over 6 months to:

Identify factors inhibiting DP to mental health service users (including dementia) and explore ways to encourage DP to this group



SCOTTISH EXECUTIVE



Study Objectives

1. Explore barriers
2. Explore users' & carers' perceptions
3. Look at community care services
4. Examine views of Vol. Orgs
5. Identify ways to promote DP
6. Identify what's needed for change.

User Involvement



- Consultation with user & carer orgs in drafting proposal
- User experts from SPAEN became Advisors
- User expert co-facilitated focus groups
- Advisory Group included users and carers



A Study in Three Parts

1. Telephone survey of all Scottish LA – March 2001
2. Exploration of the idea of Direct Payments
3. Individual case studies.



Samples

- 32 Local authorities surveyed
- 23 focus groups participants:
 - 21 mental health service users including 8 people with mild dementia
 - 2 carers
- 6 staff in LAs – MH & older peoples services
- 8 staff in national vol. orgs
- 9 individual case studies

Key Findings: Perceived Shortfalls in Community Care Services

- Home support not individualised
- Day centres – limited choice
- Gaps in support evening and weekend
- Few short breaks
- Lack of choice



Key Findings : Implementation



- Only 2 mental health service users receiving DP
- 4 others in Third party schemes
- 10 out of 16 DP schemes planned to include MH service users
- Little progress

	Perceived Benefits	Perceived Risks
MH Service users	Individualised support, control, "freedom", intrinsic – increased self esteem	Managing finances with fluctuating health, burden & stress of paperwork, mispending money, employer responsibilities, recruiting in rural areas
Carers	Independence, choice, flexible & responsive support, social inclusion	Paperwork falling to carer unwelcome burden, becoming employer could be stressful, unreliable or exploitative employees
Professionals	Choice & control, individualised services, independence, better quality services, dignity in choice, normality, social inclusion	People's ability to manage the money, mispending, concerns re exploitation, would miss benefits of day care, social isolation



Rural Issue

“Living in a tiny village I would have huge difficulties finding someone willing to come to the village and the alternative would be employing one of my neighbours who might just gossip about me.”

(mental health service user)



Needing Support

"I would be happy picking someone, sort of looking at who's the best one, but I'd rather the local authority handled the paperwork."

(mental health service user)



Barriers

1. Community care assessment & eligibility
2. No or little awareness of DP
3. Nature of DP
4. Practical aspects of DP
5. Impact on current services



What Support Needed to Increase Uptake



1. Person centred assessment
2. Publicity and information
3. Legislation and guidance
4. Active and independent support
5. Advance/crisis planning
6. User friendly DP schemes



Hearing From People with DP

“Someone who’s actually experienced this, who’s gone through it, the experience you have, I think is the person I would speak to rather than a helpline or read leaflets”
(mental health service user)



Advance/Crisis Planning

“You write down what helps you recover beforehand when you have insight and that form can be referred to when you are ill, whatever that happens to be”
(mental health service user)



Conclusion

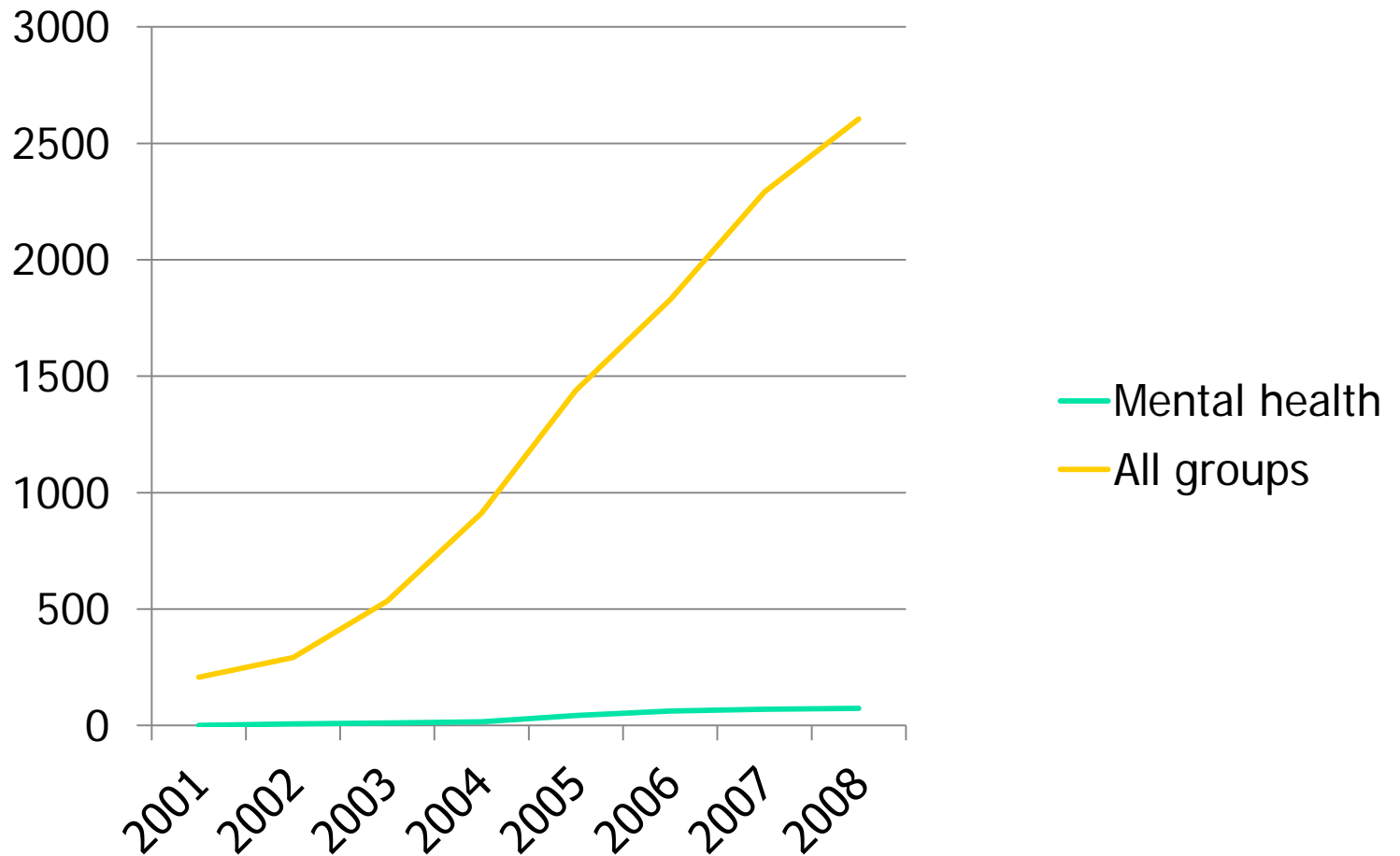
- implementation of DP to people with MH problems or dementia has been virtually non-existent in Scotland. Changing this would involve local authorities and others acknowledging and addressing the barriers identified and recognising the support needed to ensure success.



Has Uptake Increased?

Year	Number of People with MH Problems Receiving DP
2002	6
2003	10
2004	16
2005	43
2006	62
2007	69
2008	73

Direct Payments in Scotland 2001-2008



Evaluating Self Directed Support in Scotland

- Evaluation of SDS in Scotland
- 3 LA test sites in Scotland given £s to implement:
 - Less 'red tape'
 - Provide bridging finance
 - Leadership & training
- Impact on mental health service users?





Thank you for listening

The full report *'Direct What?' A study of Direct Payments to Mental Health Service Users* available at:

<http://www.scotland.gov.uk/Publications/2002/02/10715/File-1>