The Sainsbury Mental Health Initiative Awards

Sara Davies

In February 1994 the Sainsbury Mental Health Initiative was launched by the Sainsbury Centre for Mental Health (formerly Research and Development for Psychiatry) in conjunction with the Department of Health and the Welsh Office to make available £3 million for selected community based mental health services. On 10 October 1994, as part of the World Mental Health Day, the eight winners were announced and invited to receive their awards at a prestigious ceremony attended by the Secretary of State for Health and many of the great and good from the British mental health scene.

The aim of the Initiative is to stimulate the development of comprehensive and balanced mental health services for people with severe mental health problems. The practical examples of the essential components can then be developed into models of good practice. Applications had to include a range of community services covering the various needs of the people who use the service, but specifically to include 24-hour crisis services and teams offering continuity of care, employment opportunities and some form of 24-hour care whether in hospital crisis homes, foster care or home care. All components needed to be of good quality involving users and all relevant agencies working closely together. The services had to be sustainable beyond the three years of Initiative funding. At the end of three years the projects will be evaluated and the results disseminated to inform wider clinical practice.

Eight programmes were chosen from England and Wales following 1200 initial requests for applications and 292 completed submissions. The winning organisations were: North Birmingham NHS Trust to develop a 24-hour service to support existing services; St Helen's and Knowsley Health Authority to develop a rehabilitation service by reorganising existing community psychiatric and social work services; Derbyshire Dales

Home Support Team to provide an extended service including respite beds as an alternative to in-patient admission; Walton & Weybridge Community Health Service to establish an integrated 24-hour mental health service to include a home sitting service, a respite local hospital and a supportive work-experience programme; Ealing, Hammersmith Hounslow Health Agency to provide a 24hour crisis service for people with severe mental health problems; Haringey Mental Group Health (TULIP), a voluntary organisation to provide supported housing and a team of outreach workers to people with severe mental health problems living alone with special attention to women and people from ethnic minorities; Bridgend & District NHS trust to establish an intensive educational service for carers; 'Unllais', on behalf of Gwynedd Mental Health Advocacy Scheme to establish an advocacy service with a network of trained volunteers.

All the successful bids were clearly planned, integrating health, social services and users groups through close co-operation. This contrasted with many of the unsuccessful bids which failed to contain essential components such as alternatives to hospital, 24-hour services and continuity of care. Dr Matt Muijen, the Director of the Sainsbury Centre, said that it is not surprising that we hear so many concerns about the shortage of beds in the absence of alternative community support services.

A number of problems in the implementation of effective community mental health services were observed from the information on all the application forms received and the site visits performed. These included the lack of appropriate training for those who are working in community mental health services, the lack of management support for those responsible for establishing the services, problems in joint working between different agencies and the flow of talent to centres of

excellence depriving other areas of individuals inspired to create change. In parts of the country some of these problems have been assisted by the stimulus of the Initiative, but they need to be further addressed if community forms of care are to succeed nationally.

The amount of money involved, totalling £3 million, is relatively small compared to the UK mental health budget. But the aims of the Initiative are to be applauded and the results of the evaluation of the different projects

should make a significant contribution to nationwide clinical practice. This is to be welcomed as a research initiative to directly inform clinical practice and assist in the implementation of effective local community mental health services.

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WISDOM FOR PSYCHIATRISTS

The currency of emotion

Larry Culliford

Currency implies flow and, secondarily, value. Money flows; it has no purpose otherwise and money, of course, denotes a form of worth.

The emotions are fluid, and also help to ascertain value.

Who knows where anxiety, fear, ends and anger takes its place? Where does anger end and bewilderment begin? How close is bewilderment to doubt, doubt to shame and shame to guilt? And do they not all—in the general flow of things—give rise to sorrow?

And again, when loss is accepted and grief fades, when non-anger replaces anger and sadness loses its grip, does not joy appear like the sun? Shame too departs, and all the rest. With acceptance, is there not clarity of mind in place of confusion? Are not esteem and self-worth re-established over shame? Does not

guilt give way to a renewed sense of innocence or virtue? May not these inner feelings then be reflected in outer harmony, in love and peace?

Only when damned, when the flow is interrupted, when anger – non-acceptance – reigns, is this resolution prevented. Bewilderment, anger, sorrow, fear: these are of value – but only as currency, as part of the flux and flow of feeling. Wherever such a currency is accepted, all may count themselves rich.

Pain, grief, sorrow, lamentation and despair are the ground of tranquillity, joy and wisdom. Try to value suffering, and simply go with the flow.

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