# HINK AHEAD

# **Our impact**

 Aisha, a Think Ahead participant, leading the planning of a Connecting People intervention to support an individual with mental health problems.

# We want to see a society where everyone with mental health problems can flourish

We set out in 2014 to inspire a movement to advance this vision. This report, our first impact review, sets out what we've achieved since then and our goals for the future.

Since the beginning, Think Ahead has been driven by the knowledge that the social foundations of people's lives including their relationships, support networks, living arrangements, and employment - underpin their mental health. By empowering individuals with severe mental health problems to manage these life issues, mental health social workers enable people to not just get well, but stay well.

We created the Think Ahead programme to strengthen mental health social work: attracting talented graduates and careerchangers, delivering innovative training, and working with mental health services to maximise the contribution of social approaches to mental health support.

With nearly 200 participants going through the programme and partnerships with 52 mental health services across England, we're proud of what everyone involved in Think Ahead - programme participants, mental health and social work professionals, people with lived experience of mental ill-

health, and supporters of our work - has achieved. Now we want to build on this success by expanding our movement, growing our evidence base, and sharing our learning. We hope you can be part of Think Ahead in the years to come.

## Natalie Acton

Joint Chief Executive. Think Ahead

## **Ella Joseph**

Joint Chief Executive, Think Ahead

# Professor Dame Carol Black

Chair, Think Ahead

## 2015

March

# 2016

January Think Ahead launches with cross-party support.

## September

Applications open for 2016 Cohort

Revealed to be one of the UK's most competitive graduate schemes, with 23 applications per place.

## Julv

First Summer Institute for the 96 participants in the 2016 Cohort.

#### September

2016 Cohort joins frontline services. Applications open for 2017 Cohort

# 2017

Januarv Prime Minister backs Think Ahead in mental health strategy.

### July

Summer Institute for the 98 participants in the 2017 Cohort.

## September

- 2016 Cohort qualify as social workers and begin second year of programme.
- 2017 Cohort joins frontline services.
- Applications open for 2018 Cohort.

▶ **Kazim,** 2016 participant, studied Psychology at Nottingham and Law at Birmingham.

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# Mental health is an urgent national challenge

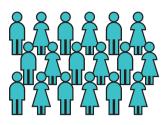
# Mental illness is everywhere



Two in three adults (65%) have experienced a mental health problem at some point in their lives.



38% of all ill-health is caused by mental illness (for under-65s).



Over **300,000 people in** England are living with a psychotic disorder, such as schizophrenia.

# It can turn lives upside down



Nearly nine out of ten people (87%) with mental health problems have experienced stigma and discrimination.

"My life changed when a policeman came to my door and told me that my son had been killed in a car accident. The building blocks of my life disappeared – it was very frightening." Laurie, describing the onset of severe clinical depression.



Mental ill-health has the <mark>same effect on life expectancy</mark> <mark>as smoking</mark>.

"I thought that my family were in fact actually scientists and psychologists [...]. One night I even felt like I was being operated on by knives, saws, and other sharp objects." Ziaul, who lives with schizoaffective disorder, describing his experiences of psychosis.



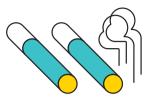
People with severe mental health problems **die on** average 20 years earlier.

"When manic, my spending would become out of control and I would self-medicate with drink and drugs. When depressive, I wouldn't get out of bed, it would feel like I had a lead weight on me."

**Lee**, describing the impact of severe bipolar disorder.

# And it affects our whole society





People with mental health problems are three times more likely to have debt problems.

The smoking rate amongst people with mental health problems is **double the national average**.



**80% of homeless people** report having a mental health problem.



90% of the prison population are estimated to have a mental health problem.



**£100bn** 

**20% to 40% of police time** is spent supporting people with mental health problems.

Mental health problems **cost** the economy in England £100bn every year.

# But many people need better support



Only **65% of people** with psychotic mental health conditions, and **25% of adults** with depression and anxietyrelated conditions, **are thought to receive support from services.** 



Only **38% of people** using community mental health services feel that they receive the help they need quickly enough.



Of the 100,000 people who die in England each year in avoidable circumstances, **one in** three have a mental health problem.

# Social work makes an essential but undervalued contribution

# Social circumstances are vital to mental wellbeing

Mental health problems aren't just medical conditions, and supporting people doesn't just mean treating their symptoms.

# The British public were asked: What has the biggest effect on your mental wellbeing?

**#1 Response:** Relationships with family and friends. **#2 Response:** Jobs / work-life balance.

# People who've attempted or considered suicide were asked: What contributed to your decision?

41% Financial and/or housing pressures.29% Job loss or difficulties at work.25% Relationship breakdown.

# Mental health social workers empower people to lead independent and fulfilling lives

They support people with severe mental health problems, such as psychosis or bipolar disorder, to manage the social foundations in their lives. This is especially powerful in enabling people to not just get well, but stay well.

# Mental health social work includes:

 Therapeutic support – e.g. Solution-focused brief therapy. Motivational interviewing. Family group conferencing.

## Practical action – e.g.

Safeguarding and crisis management. Arranging funding and care. Support to manage finances, housing, or employment. Setting up and improving community services.

## Advocacy – e.g.

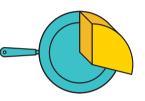
Ensuring people's rights are upheld by agencies and employers.

Determining mental capacity to make life decisions.

# But social work's value in mental health often goes unrecognised

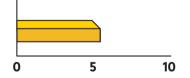


Less than half (41%) of the British public recognise that social workers are important providers of mental health support.



**Over a quarter (29%)** of the British public mistakenly think that mental health social workers do household jobs like cooking and cleaning.

**27%** think that they provide help with washing and dressing, and **30%** that they provide childcare.



Students at the UK's top universities **rate social work 5 out of 10 for career status**, below teaching, policing, and nursing.



Research has found that <mark>social workers often struggle to be heard by other professionals</mark>

in multidisciplinary teams, and are often required to act in limited roles that don't enable them to use all their professional skills.



G Mental health social work is a job that's overlooked and undervalued. Social work has not always had great press, but often people tell us that the support they really need and value is from their social worker. The things that people say are really important to them – like relationships and friendships – are related to their social circumstances.

**Paul Farmer CBE,** Chief Executive of Mind. We strengthen mental health social work through talent, training, and support

# Our mission:

To give talented individuals the inspiration, training, and support to empower people with mental health problems.

# **Our routes to impact:**

**1.** We attract talented people into mental health social work.

**2.** We train our participants to improve outcomes for people with mental health problems.

**3.** We support services to unlock the potential of social work.

# Route to impact 1:

# We attract talented people into mental health social work

# We recruit high-potential individuals

- Our programme is one of the most competitive graduate schemes in the country, with 23 applications per place.
- Our entry requirements include a 2:1 undergraduate degree.
- 14% of our participants are Oxford or Cambridge graduates, compared to just 0.5% of new entrants to social work master's courses in 2011/12.
- We assess applicants using a three-stage selection process, including an assessment centre involving experienced social workers and people with lived experience of mental health problems.
- We test for a range of attributes identified as essential by social workers and people with experience of interacting with mental health services.



**Simon Owens**, Consultant Social Worker leading a Think Ahead training unit in Durham.



# And we raise awareness of mental health social work





**GG** It sounds like a cliché but I knew I wanted a career where I could make a tangible difference. In my second year at university I had a panic about what I wanted to do, and looked at graduate roles, but they were all predominantly city and corporate schemes and I couldn't see how I'd be making the kind of difference I wanted to make. **Everything Think Ahead offered** really spoke to me, matching the thinas I wanted to achieve. What struck me was how social work is such an interdisciplinary role. My degree made me see people in different ways, and I feel that Think Ahead allows me to put that insight into practice.

**Amy**, 2017 participant. Joined Think Ahead after graduating in Human Sciences from Oxford.



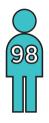
GG I looked at lots of corporate roles and jobs in finance when I left university, but I felt they didn't really suit my personality. It was Think Ahead's focus on mental health that really convinced me. I don't have personal experience of mental illness, but I know a lot of people who have. In South Asian culture. mental health issues often aren't taken very seriously, and people sometimes feel quilty about revealing a problem. Someone close to me had depression and was self-harming, but when she told people about her mental health problems, she wasn't taken seriously at all. Seeing her being treated like that made me want to work in mental health

**Aisha**, 2016 participant. Studied English Literature at Queen Mary London, and worked in HR in the private sector.



**GG** Until I got talking with Think Ahead at a recruitment fair I hadn't considered a career as a social worker, and I knew very little about social work. I knew I was looking for something challenging, exciting, and with the opportunity for progression. but I'd resisted applying for other graduate schemes because I didn't want to be stuck in an office. I also knew I wanted a career that would mean I could help people. It was the opportunity to be out on the frontline helping people that really sold Think Ahead to me. Using a social approach, talking to people and treating them as individuals rather than just a diagnosis, really resonates with me.

**Jack**, 2016 participant. Joined Think Ahead after graduating in History from Warwick.





98 participants.

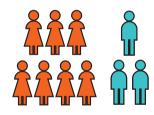
Studied at 55 universities.



**Studied 31 subjects** – from psychology and sociology to agriculture and film production.



93% did not apply for any other route into social work.



### 27% male and 73% female.

Compared to 20% male and 80% female for social workers in adult services in England.



## 16% BAME.

Up 20% from our 2016 Cohort. Compared with 13% of the general population and 22% for social workers in adult services in England.



# 20% received free school meals.

Compared to 14% of the general population (in 2016).



54% are in the first generation of their family to attend university.

# Route to impact 2:

# We train our participants to improve outcomes for people with mental health problems

Our approach enables our participants to make an impact early:

- Learning on the job participants are based in the workplace full-time, with academic input connected directly to practice.
- Fast-track model participants spend more time on the job, over a shorter period, than in traditional social work training, allowing them to qualify a year earlier.
- Mental health focus participants are primarily based in statutory mental health services. Outside Think Ahead, less than 8% of training placements are in mental health services.
- Integrated leadership training participants have leadership support tailored to the challenges they face.



# The Think Ahead programme

On our two-year programme, participants learn on the job while studying for a master's degree and developing their leadership skills. They build up hours in practice more quickly than in traditional training, allowing them to qualify a year earlier.



## Summer Institute

A six-week intensive residential learning experience in July and August. Teaching is delivered by expert academics, practitioners, and people with lived experience of mental ill-health.



## Year Two

Participants take up qualified roles in their services. During this year, they complete a master's degree in social work alongside their Assessed and Supported Year in Employment – a standard requirement for newly qualified social workers.



## Year One

Participants join a community mental health service, learning on the job in units of four participants led by an experienced mental health social worker. At the end of the year they qualify as social workers.

### After the programme

Participants finish the programme as experienced social workers and become lifelong members of the Think Ahead network.

Leading frontline practitioner

Service manager

Advocate for mental health in a variety of fields

# We teach evidence-based interventions at three levels



# Individuals

## E.g. Motivational Interviewing

An important step for people recovering from severe mental health problems is finding the motivation to identify and change counterproductive behaviours.

Our participants learn how to strengthen individuals' motivation by encouraging an open dialogue, using counselling techniques such as focused reflective listening, and through engaging with warmth and empathy.

This helps individuals to identify the differences between their actual and desired behaviours, and to identify how their behaviours impact on themselves and others.



# **Families and groups**

## E.g. Family Group Conferencing

Plans that support an individual's recovery are much more likely to be successful when they build on the existing strengths of their family or network, rather than being designed and imposed from the outside.

When this intervention is used, participants arrange and run a network meeting with all the people involved. This empowers the group to offer solutions, and gives them the private time to develop a plan which they are then supported to put in place.



# Communities

## **E.g. Connecting People**

Evidence has shown that people with severe mental health problems often lack access to the informal social networks and relationships that are essential for mental wellbeing.

Our participants help individuals to make new connections beyond traditional services, for example by joining a club or volunteering, and to recognise the value that they can bring to these groups. They work closely together to set activities and outcomes linked to an individual's strengths and life-goals.

 Aisha, a Think Ahead participant, leading the planning of a Connecting People intervention to support an individual with mental health problems. **GG** I am much happier since working with Lauren, and I don't feel worried any more.

**Rosalind**, a service user working with Think Ahead participant Lauren.



# **Rosalind's story**

Rosalind is 58 years old, has emotionally unstable personality disorder and depression, and is profoundly deaf. Rosalind started working with Think Ahead participant Lauren in December 2016.



y adoptive mother died six years ago, she was 101 years old. I got very poorly, I was up and down for years. When I was feeling unwell I

wouldn't sleep properly, I couldn't eat properly and I lost lots of weight. I felt numb – I would walk about doing nothing or stay in bed all day. At times I got a bit better for a little while but then I'd get unwell again.

Last year I tried to take my own life by taking lots of tablets. I ended up in hospital for a few months, and had to have six months off from my job working at a supermarket.

A little while after I left hospital I started working with Lauren. I have been able to trust Lauren and I've been able to talk to her.

Lauren has helped me to find things to do that make me happy. I joined a walking club and have been on walks around the park and to the British Museum. I love knitting so I've also joined a knitting club and I've knitted blankets that I've donated to a homeless charity. And recently I've started going to a Women's Club where I play bingo and go dancing. It's great to get out and meet people – that makes me feel better.

Lauren has also helped me go back to work. She came with me to visit an occupational health therapist who made recommendations. Lauren came with me to a meeting with my employers before I went back to work to make sure they followed the recommendations. I like being back at work, everyone knows me there.

I am much happier since working with Lauren, I have a lot more laughter, and I don't feel worried any more.



# Lauren's story

Lauren is a Think Ahead participant working in Waltham Forest. She joined Think Ahead's first intake in July 2016.



efore joining the Think Ahead programme I had a few different jobs – including in the probation service – where I worked

with people with mental health problems. But I wanted to be able to support people more holistically, stand up for them and help them in the long run. I realised that mental health social work was a good way to do this. I've really been on a journey during my first year of the programme. It's rigorous and challenging and hard work – but the mixture of academic and practical work has stood me in good stead and, although I've still got lots to learn, I can see that I've really enhanced my skills and grown in confidence.

When I first met Rosalind she had just come out of hospital and in our first meeting she hardly talked, she just nodded. She was given medication which helped but it was only one piece of the puzzle - in my role I've been able to help her in lots of ways.

Over time I have helped boost Rosalind's self-esteem using a technique called motivational interviewing. I've got Rosalind to focus on her good qualities and her strengths. Rosalind is a very motivated and determined person.

Helping her get back to work was really important – it's helped her feel like herself again, and get back her independence. But it was a challenging thing to do. I organised an appointment with an occupational health therapist for Rosalind to get some recommendations about staying well when she returned to work. And I attended a meeting with Rosalind's employer to ensure they were putting her needs first. Rosalind is profoundly deaf and can't understand lots of people talking at once – at one point I had to intervene and pause the meeting to ensure that Rosalind understood what was being said, and to make sure that everyone spoke to her directly, one at a time.

I also wanted to make sure she felt safe in her home, and her hearing impairment means she can't hear a normal smoke alarm, so I arranged for the fire brigade to come round and install a specialist fire alarm under her pillow.

Finding the walking club, knitting group and Women's Club have also helped Rosalind to feel more connected to her community.

I've really noticed a difference in Rosalind in the time that we've been working together. Since we first met, she's become much more chatty and has started taking care of herself. Her family tell me that they can see a real difference. But most importantly, Rosalind tells me I've made a difference and thanks me. Being able to see a real difference in someone that I'm working with is a really great feeling.

# **Route to impact 3:**

# We support services to unlock the potential of social work

# We show what social work can do

Our partnerships – with 52 NHS Trusts and Local Authorities across England – raise the profile and capabilities of social work within mental health services.

**GG** The training in modern social interventions is excellent and has made me aware of the latest techniques. When you're "firefighting" it can be easy to get into a state where you're just monitoring service users and reactina. but this role has reminded me of the value of planning and implementing structured interventions – which can be more effective and actually save time overall. That's an approach I'll definitely take with me into future roles.

**Kate Wilson**, Consultant Social Worker leading a Think Ahead training unit in Hertfordshire. (RC Think Ahead has completely reaffirmed the positive impact social work can have on the delivery of specialist mental health services. The participant unit has been like a breath of fresh air arriving into a very busy multi-disciplinary team. They have been embraced by professionals who have commented that the enthusiasm and talent of the participants has raised the profile of social work across the organisation.

**Dr Lynn Prendergast**, Associate Director for Social Care in a partner service in Essex. After each training day, our participants will come back with new ideas, and share these with other team members in forums and clinical case discussions. They're bringing a whole new perspective – through social interventions such as Family Group Conferencing and Motivational Interviewing.

**Malgosia Eaden**, Consultant Social Worker leading a Think Ahead training unit in Hackney.

# We expand knowledge

Our participants can carry out master'slevel independent research in their second year, working towards publication to contribute to a growing evidence base for what works in mental health and social work.

# We nurture leadership

Our leadership training – offered to Consultant Social Workers as well as participants – builds social workers' capability to influence the way services are designed and run.

GG Having met the Think Ahead students, I believe we'll create a number of future leaders in mental health, who can help give the profession a bright future. I say this as a chief executive who still uses his social work skills every day.

**John Short**, Chief Executive of Birmingham and Solihull Mental Health NHS Foundation Trust.

▲ Jacqui Bell, Think Ahead Practice Specialist. Our Practice Specialists are experienced social workers who work with our partner organisations to implement the Think Ahead model.



# We put service users at the heart of services and training

Our Service User and Carer Reference Group includes people with direct experience of mental health problems and mental health services, and those supporting someone with a mental health problem.

**RB** Think Ahead has taken service user involvement very seriously, from initial organisation set up, through programme design, recruitment and assessment. to the delivery of teaching. Participants benefit hugely from being assessed and taught by people on the receiving end of social work support, cementing their understanding of coproduction, person-centred approaches, strengths-based working, communication, and relationships in social work. **Our Reference Group service** users and carers value being able to share their expertise and educate the next generation of social workers.

**Dr Sarah Carr,** Associate Professor in Mental Health Research at Middlesex University, Chair of Think Ahead's Service User and Carer Reference Group.

# We aim to grow our impact

# Over the coming years, we hope to:

- Continue improving the diversity of our recruits, bringing more men and more people from black, Asian and minority ethnic backgrounds into the profession.
- Build the evidence base for best practice in mental health social work, enabling measureable service-wide improvements.

- Spread our learning across all services and training providers.
- Establish a network for our participants following their completion of the programme, building a movement of mental health practitioners and supporters who understand the power of social approaches.



# You can join the movement

# Train with us:

If you are interested in becoming a Think Ahead participant, you can find out more and apply at thinkahead.org.

# Partner with us:

If you are interested in hosting Think Ahead participants, we would love to hear from you. You can contact Programme Director Kate O'Regan on k.o'regan@thinkahead.org.

# Support us:

We are seeking funding and partnerships to support our plans for growing our impact. You can contact Joint Chief Executive Ella Joseph on e.joseph@thinkahead.org.

# Advise us:

If you have lived experience of mental health problems, or you're an experienced mental health social worker, we welcome your input and you may be able to join our Service User and Carer Reference Group or our Professionals Network. Get in touch at hello@thinkahead.org.

# **Our partners and supporters**







DRAGON ROUGE



# **G** We're getting people to see that this is the place to come if they want to change the world. I'm a great supporter of Think Ahead – it's exciting because it's shining a light on mental health social work in a very positive way.

Paul Farmer CBE, Chief Executive of Mind.



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