

## **Good practice in personalised care in mental health services**

Personalisation has become a defining feature of adult social care services. Direct payments and personal budgets are set to become default methods of funding local authority care as they are believed to provide service users with enhanced choice and control over the services they use. [This agenda has widespread support from organisations commissioning or providing social care services in the UK.](#)

So far, the personalisation agenda has had minimal impact on mental health services. A number of barriers exist to the full implementation of personalisation in mental health services including organisational cultures being unable to respond to new ways of working; concern about the management of risk which may constrain risk-taking in the context of increased choice and control over care; difficulties in disentangling 'social care' and 'health' needs to justify funding; or bureaucratic obstacles to setting up personal budgets or direct payments. Although [all local authorities have met the performance target of having 30% of social care service users in receipt of a personal budget by April 2011](#), notional personal budgets have been used in some cases (particularly for mental health service users). This raises questions about the extent to which meaningful choice and control is being provided within the nomenclature of a personalised service.

In 2010 we set up [a research group](#) which brought together leading researchers, service users and carers to develop research proposals to investigate some of these issues. The group was successful with a bid for an [NIHR Programme Development Grant on personalised care in mental health](#). This grant provides funding for a one-year project to investigate the feasibility of conducting a programme of studies to evaluate the effectiveness and cost-effectiveness of personalised care in mental health services. The first step of this is to identify places where personalisation is working well in mental health services.

We are keen to hear from you if you know of examples of personal budgets being used innovatively to meet the social needs or aspirations of people with mental health problems. We are interested to learn about practitioners empowering people to have genuine choice and control over their care and support in mental health services. We would like to know where the bureaucracy around personal budgets has been streamlined to facilitate the process. We also would like to hear about mental health services which have fully taken on board the principles of personalised care. In short, if you are a user of services, carer, practitioner, manager, commissioner or otherwise know of good practice in personalised care in mental health services, we would like to hear from you.

If you have some good practice which you are willing to share with us, please email [linda.parker@kcl.ac.uk](mailto:linda.parker@kcl.ac.uk) with the following information:

- Your name
- Your daytime telephone number
- Your email address
- Name of local authority / NHS mental health trust
- A few sentences about the example of good practice you wish to share

A researcher will be in touch with you sometime during March or April to gather further information. The research team will then collate all this information to develop a 'gold standard' exemplar of personalised care in mental health services. We will share examples of good practice on a new website (with the permission of the local authorities or mental health trusts involved). The exemplar we develop will then form the basis of the second phase of the feasibility study. This will explore whether NHS mental health trusts can genuinely achieve personalised care and whether or not we can evaluate its outcomes.

Any contribution to our search for good practice will be most welcome. Thank you!