Birmingham libraries' work with mental health service users.

An overview of the past 15 years
by Inge Thornton.

I am in no way holding Birmingham up as a role model, merely outlining some of the things we’ve achieved in an attempt to describe one particular way of working that has worked for us.

Throughout the case study I have used the phrases ‘people with mental health problems’ or ‘mental health difficulties’ or ‘users of mental health services’ as a rather convenient way to include a very wide range of conditions and illnesses that can affect people. Many people who have used mental health services like to use the term ‘survivor’. I hope my use of my preferred terms doesn’t offend anyone.

Case study
The NHS and Community Care Act 1990 (NHSCCA) had a profound effect on the way we offer our services to people experiencing mental health problems. In the past we had offered a service based around delivery of ‘bulk loans’ to mental hospitals by those libraries that happened to have one in their catchment area.

The NHSCCA meant a radical change in the way mental health services were to be delivered – in the community rather than in a hospital setting. This meant that we had to change radically the way that library services were delivered.

As the (provisions of) NHSCCA began to take effect, staff in libraries across the city were beginning to notice differences. Many libraries were reporting an increase in the number of people with recognisable mental health difficulties who were using (or attempting to use) library services. It was clear that not all library staff were comfortable with this, feeling perhaps ill-equipped in how to interact with these customers. Library managers began to realise that a more co-ordinated approach to offering service to people with mental health difficulties was necessary; to ensure that these service users were obtaining proper access to all the facilities that the library could offer and that the staff at all levels would feel more confident about working with mental health service users. We were starting from a position that not all staff were sure about what a mental illness was – many of them would confuse it with what was then being called a mental handicap, or learning difficulty. Also many staff, although wanting to work with these customers and offer them as good a service as possible, were unsure about exactly how to do this.
In response, a post of mental health project worker (funded by Core Skills money) was established. There were several aspects to the role of this postholder. Firstly, they would work in a specific area of the city to improve access to libraries for mental health service users. The Handsworth and Ladywood areas of the city were chosen as many day-care facilities, hostels and residential homes were being established here after the closure of all but a few wards at the nearby All Saints’ Hospital. The worker would also develop a training schedule for staff across the city, as many library managers were reporting that their staff were commenting on difficulties they were having in working with people with mental health problems. Lastly, they would produce a report for Birmingham Library Services’ management team on how to develop services in the future.

The postholder, Julie Wilson, had been a psychiatric nurse and had also had a job as a library assistant several years ago, so understood well how both services worked. Her approach to improving services in the Handsworth and Ladywood areas was to work through the providers of services for people with mental health problems in that area. (Most people with mental health problems severe enough to be noticed by a member of a library’s staff will be in contact with some sort of service provider – a hostel, day-care service, advocacy or befriending service, drop-in centre or CPN).

Working with people with mental health difficulties can be a very slow process. We know that libraries have got a great deal to offer to people with mental health problems, but the mental health service user may not already know this and may not yet trust what is being offered. The customer may not have the confidence to ask for what he or she wants, and may feel self-conscious or embarrassed about making specific requests. Working through organisations can go some way towards counteracting this. One approach that Julie took was to establish a regular coffee morning at Handsworth Library. Users could come to the library for a coffee and a chat. They would get used to seeing the library staff and would then build up confidence about asking for books or information on certain subject areas. This also helped staff at the library to build up their confidence. By chatting to the service users in an informal setting they got to know them better and be more confident about assessing and delivering their library needs.

Training
The training that Julie provided covered many different areas. She decided what to put in the training after consultation with library staff and library managers. Many of the staff felt that they needed to know about specific illnesses, what caused them and what symptoms someone who was experiencing that illness would manifest. Although not everyone felt that this was a particularly useful topic to cover in the training – surely the important thing to look at was the service that libraries were giving to their customers and how we could improve it – as so many staff had asked for it, it was covered anyway.

As well as specific illnesses, Julie looked at
The structure of provision for mental health service users across Birmingham. This included details on who to contact if the staff were worried about a particular person in their library, which seemed to be of some concern for several library staff.

- Reading and information needs of people with mental health problems (MHPs).
- Customer care – how we could improve the service we offered.

The mental health project worker’s post finished in 1994. Growing out of the work that Julie did, and also following a report by Maggie Norwood, a District Librarian in Birmingham, submitted for her BA, library managers realised that several things needed to happen in order for our services to people with MHPs to continue to improve.

- Staff training needed to be continued on a regular basis and improved upon
- A working group needed to be established across the library service to co-ordinate any work undertaken and look at ways to continuously improve services
- All aspects of work in this area needed to be examined at a senior management level to give direction, ensure a consistency of approach and make sure plans for these customers were embedded in all aspects of service development

A Birmingham libraries’ mental health group was established. Under the leadership of Maggie Norwood it consists of interested staff from all levels across the service, including staff who do developmental work with children and young people, staff from community libraries and the subject information services in central library and a member of staff from library services at home, who deliver resources to people who cannot or do not want to leave their homes. This group has been instrumental in many developments, ranging from the purely practical to input at a strategic level. Some of the developments include:

- Coordinating our annual involvement in World Mental Health Day. We organised a display banner for all libraries to use, ensuring a consistent visual approach across libraries. We co-ordinated the ordering of materials from central sources to ensure all libraries had a range of posters and other material to help promote any books and other resources

- We have put together booklists and displays on a regular basis, highlighting all the resources that we think are good to promote. We try to keep ourselves up-to-date with resources and other developments by reading relevant journals such as ‘Open Mind’, doing literature searches and getting ourselves on the mailing lists of local and national organisations. These booklists and displays have covered:
We produced a directory for staff to use, which listed all the services in Birmingham for people with MHPs. At the time we produced it, Birmingham was covered by three separate health trusts, which, of course, didn’t overlap in any logical way with social services divisions. In the directory we listed names and contact numbers for every drop-in centre, day centre, advocacy group, community psychiatric nurse (CPN) base etc. The staff found this resource incredibly useful in helping to answer enquiries and directing people to any relevant local services. Fortunately the health trusts in Birmingham have now decided to produce their own versions of these directories.

We have regular involvement in a pan-Birmingham group called the Positive Mental Health Group. This group consists of service users and service providers who want to steer away from the negative images of people with mental health problems perpetuated across large parts of the media and promote positive aspects of mental health. Things the group have done include:

- writing to sections of the media to counteract their negative and often wrong portrayals of people with mental health difficulties
- producing ‘Label Free’, a magazine that gets distributed across Birmingham and Solihull in doctors’ surgeries, libraries, clinics and day centres etc
- producing the ‘Buzz Guide’, a very handy pocket-sized guide to all the local and national phone numbers that anyone might need. This also gets distributed across doctors’ surgeries, libraries etc, and there is also a website (currently under construction but almost up and running) at www.buzzguide.co.uk
- participating in local festivals such as Vaisakhi, Birmingham Gay Pride and Birmingham Carnival to spread the message that mental ill health can affect anybody and to promote the resources we can provide to help

At a strategic level the libraries’ mental health group has made sure that there has been input about working with people with mental health problems in to key library services documents, including:

- ‘People Matter Here’, Birmingham libraries’ guide to coping with disruptive incidents in libraries.
- BESt (Birmingham Enquiry Services Training).

In both cases the focus has been on ensuring good customer care at all times and ensuring that people displaying any mental health difficulties get the same standard of service that any other customer would expect.
- We have continued to provide training, in conjunction with members of the Positive Mental Health Group (PMHG), to as many staff as possible across all levels of the service, from senior managers to security staff. We have begun to look at different areas of training, trying to look at the specific mental health needs of older people, of younger people and children and of black and minority ethnic communities and to focus as much as possible on customer care and on the range of resources and services that libraries can offer.

- We have participated in open days and community events, such as Chinese Health Days and Women’s Mental Health Roadshows to promote the range of resources available in libraries.

To bring things up-to-date, in 2003 the mental health group was successful in its application to the Museums, Libraries and Archives Council (MLA) for a grant of £10,000 (with some match funding provided by Birmingham libraries) to update and improve our resources, to provide more training and to do some focused work across seven libraries.

**Resources**

Although we had, as a library service, increased our confidence in buying resources, as each community librarian was responsible for buying their own resources and collection development it had become inevitable that the standard of what was on offer would vary from library to library. The mental health group produced a stock standard, outlining the coverage of different areas of stock, against which we would ask each library to measure itself. We could then specifically target the resources that we bought on each library’s behalf and go some way to ensuring consistency of provision across Birmingham.

Through our links with the PMHG we consulted with service users and with service providers in determining the subject areas we should cover and the range of formats we should be. Subjects included:

- specific illnesses
- information about medication and treatments
- books for people caring for people with mental health problems
- books for African Caribbean people and other minority ethnic communities experiencing mental health difficulties
- preventing poor mental health by relaxation, yoga etc
- building confidence and self-esteem
- biographies and life experiences of people who had had mental health difficulties
Many of the subject areas covered were actually better covered in leaflet format, rather than in books. We put together a reference collection of leaflets for each library, which we would photocopy free of charge for customers, and with instructions of how to obtain more copies.

We also included a comprehensive list of websites covering a wide variety of subjects, so staff could print off relevant information or direct customers to further sources of help.

Formats other than books that are useful for people with MHPs include:

- Tapes and CDs. Relaxation tapes have obvious uses, but novels on tape can be very useful for people who have short concentration spans. People who hear voices have also found them useful in helping to block out the voices.
- Leaflets – anything that gets information over in short chunks can be useful.
- There is a growing range of ‘self-help’ websites and websites produced by survivors of the mental health system detailing their experiences or publishing their own poetry and creative writing.
- Videos and DVDs. There is a growing range of these available, which cover specific illnesses, or case studies. Some of them are available in languages other than English, so we ensured that our coverage also included these formats.

Training
I have already covered the areas of training on which we are now focusing, but the grant has gone a long way towards ensuring we can roll the training out to a larger number of staff.

Service development
Seven libraries across the city used some of the money to develop the services they offered. As well as providing money for speakers the money could be used towards providing refreshments on the day or publicity for the events. Examples of events and activities that we provided as a direct result of the MLA funding include:

- Consultation on resources with a local group of Asian mental health service users. This resulted in producing a leaflet in Urdu and Punjabi to promote a collection of relaxation CDs.
- Providing a series of creative writing workshops in the library for customers from a local day centre.
- A workshop around art and meditation with a local Asian Women’s Groups.
- Self-esteem and confidence workshops with young people aged 9-13.
- Arranging a structured programme of sessions in the library with a local day centre, focussing on getting the most from your library.
- Talks by the ‘No Panic’ society about anxiety and phobias, and the help available.
To sum up, I would just like to bring out some key points that highlight aspects I have learned in the work that I have done with people with mental health difficulties.

**Patience**
Working with customers with mental health problems can sometimes be frustrating, as things may not progress as quickly as library staff and managers would like. Voluntary organisations or day centres that you are trying to work with may well be short staffed and underfunded, and arrangements may have to be rearranged or cancelled. People who are feeling unwell may not feel up to attending a pre-arranged session, so sessions might have to be cancelled or rearranged at short notice. Also, people may have very short attention spans due to their illness or their medication, so it is worth trying to keep any sessions as brief as possible, or to arrange two sessions where we might use one with other customers.

**Cigarettes**
This may seem a trivial point, but it is one worth bearing in mind. It’s a recognised phenomenon that a high percentage of mental health service users (and staff) smoke. Some potential customers may be put off coming for a visit to the library if they cannot smoke when they get there. If it’s impossible to arrange for a session to take place in a room in which people can smoke, it’s worth timetabling in a cigarette break in the middle of a session.

**Ensuring that all staff are behind any initiatives**
Our front line staff are the key people who will deliver our service most of the time. If they do not see the value in any new initiatives, this will be obvious to our customers. Particularly in this area of work it is vital that we have the commitment of all members of staff and that all staff are happy with what we are trying to achieve and why. Embedding good practice across the service and enabling managers to communicate their commitment on mental health issues to front line staff goes some way to ensuring that good customer care happens in all our libraries.

**Input of mental health service users**
As our work has progressed we have moved from a position of trying to provide services for people with mental health problems, to trying to improve our services with input from mental health service users. Partnerships have been formed and strengthened over the years and we now feel we have gone some way towards ensuring we have input from mental health service users as we develop our services for this target group.

**Resources for black and other minority communities**
Although, statistically, African-Caribbean people are over-represented numerically as users of mental health services, relevant resources and materials can be quite difficult to obtain. We have had to use Bookscan, a specialist supplier based in
Brixton, to obtain books for us from America in order to boost our stocks. Resources for other communities, such as the Chinese, or lesbian and gay users of mental health services are also quite scarce. Birmingham has specialist services working with different communities, but as yet, materials available through mainstream suppliers do not reflect specific needs of different groups who are making use of services for people with mental health problems. Let’s hope the situation begins to improve.

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