

## **A new hope?**

*Rita Brewis of In Control voices her opinions on personalisation*

A new system of social care is arriving– Self-Directed Support –or some people call it personalisation. Self-Directed Support puts people in charge of their support – including the money for that support.

I see this as a good thing because it offers a route from dependency on services to a life of active citizenship. Self-Directed Support invites individuals to make their choices and shape their own lives. This should, of course, be everyone's right, including those who have mental health problems.

Direct Payments offer greater control and are part of Self-Directed Support. But people who use mental health services have used them least. I don't believe that this is because people with mental health problems don't want the same rights and opportunities as everyone else. There is good evidence that people will use Direct Payments to transform their lives if they have the right support and flexibility. If we don't remove the blockages, most people who use mental health services will continue to lose out.

People have told me of the 'cataclysmic lack of confidence' often felt when someone has been through a breakdown, or been diagnosed with a mental illness. Self-Directed Support can help here because it is based on trust in the ability of individuals to make decisions. Also, a Self-Directed Support Plan starts with someone's hopes and dreams and doesn't focus on illness and disability.

A fundamental shift of power is needed. Professionals will no longer be the holders of all knowledge. Instead, people will be the experts on their own life and condition. We must replace the 'medical model' approach (which defines people wholly by their condition) with person-centred

approaches that see the whole person – someone who is an important member of their community.

Expert mental health advice and treatment will still be important, but that expertise alone is insufficient. We need also to give people control of resources so they can address the impact of an illness on all aspects of their life (home, job, friendships etc.) in a way that works for them.

We are learning from people who control their own support that some prefer to stick with the services they know, but many choose ordinary mainstream activities instead. Over time many make progressively more creative support choices. This is natural. In Self-Directed Support, people can take as much control as they are comfortable with and can have as much help to organise their support as they need.

Money is power. If people have money and also information, advice and support, they can start to make real choices. At the very least, everyone should know how much money is available for their support. Hearing about support plans their peers have made will provide ideas and encouragement.

I have always tried to work towards developing mental health services that I would feel OK to use myself. User-involvement seemed to me to be the key to such services. I had given up hope of this happening in my lifetime. But now Self-Directed Support has the potential to move power directly to people who use social care (without having to rely on someone else benevolently allowing involvement). I have to feel cautious because I know how resistant big organisations can be to change. But now, I think there's at least a chance – a good one.

Find out more about In Control at [www.in-control.org.uk](http://www.in-control.org.uk)

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