

BUSINESS MINDS BUSINESS WINDS

Mainstreaming Business Support For Mental Health:
Research Findings From The Newcastle Demonstration Project



“Through the Business Minds project, mental health and mainstream enterprise support have met, explored common ground and opened up new possibilities”

Sandy Ogilvie
Director of the Newcastle
based enterprise agency
Project North-East

“I think that its been really worthwhile for the project. It’s given us the chance and an opportunity to speak to different organisations that we wouldn’t have spoken to...and it has given us a lot more contacts and a lot more people know we are here now”

Business Minds Project Staff

“Allowing me to meet my adviser made me feel my aims are realistic and that my mental health problems won’t stop me reaching them”

Business Minds Client

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PROJECT SUMMARY

This report presents findings from an innovative demonstration project which aimed to establish whether mainstream 'high-street' business advice agencies could effectively engage with people with mental health problems (MHPs) who want to start their own businesses.

starting a business is hard work

However, it is not without its rewards. Becoming self-employed can provide individuals with far greater control over their working lives, the experience of meaningful employment and a method of unlocking their true potential.

Self-employment has now been identified as an option for people with MHPs who want to get back to work (Social Exclusion Unit, 2004). It is argued that self-employment can provide the extra flexibility and control to allow some people with MHPs to 'work around' their condition, whilst also building confidence and self-esteem (Mind, 2006).

This interest in self-employment and mental health has resulted in some encouraging developments, including a short government funded programme on mental health and enterprise (DTI, 2004). The major contribution of this programme has been to highlight the fact that people with MHPs can start their own businesses with appropriate support.

MAINSTREAM SUPPORT

an easily accessible community resource for people with MHPs

The majority of initiatives on mental health and self-employment have been delivered through *specialist services* targeting people with MHPs. The advantage of this approach is the experience, contacts and resources for 'reaching out' to people with MHPs that such services often have.

This focus however, has masked the potential contribution that *mainstream 'high-street' business advice agencies* could make in this area. In England there are around 160 self-standing Local Enterprise Agencies, 135 of which are members of the National Federation of Enterprise Agencies. Since 1990, they have experienced radical change in official policy. They have acquired a resilience and a will to survive, now contributing as key partners within Business Link, the Government's national network of one-stop shops for business support services and aiming to

become an integral component in the new Small Business Service. Over 20% of Enterprise Agency clients are now existing firms over one year old. Much of the help agencies provide to 'start-ups' includes help with developing business ideas, advice on planning and guidance on obtaining loan funds and premises.

Given their number, mainstream advice agencies could provide an easily accessible community resource for people with MHPs, particularly where people do not wish to associate themselves with a specialist mental health service or setting.

'BUSINESS MINDS' INITIATIVE

an opportunity to explore and evaluate

However, little research has been conducted on mainstream service support. Furthermore, research has not considered the experiences and needs of BCAs, as well as mental health service users.

In response, the 'Business Minds' initiative was developed in Newcastle in 2006 to explore whether *mainstream 'high-street' business advice agencies* could effectively engage with people with MHPs who want to become self-employed. This had the following research and capacity-building objectives:

1. *field-test guidelines* for mainstream Business Counsellors and Advisers (BCAs) on working with people with MHPs in the 'real-life' context of mainstream advice services;
2. *set-up programmes* for people with MHPs within mainstream business support teams in Newcastle and in consultation with specialist providers;
3. *develop client referral networks* with existing mental health networks and charities, general health and social firms, and enterprise agencies;
4. *document the expectations and experiences* of BCAs and clients with MHPs who participate in Business Minds;
5. *collect data on the 'process'* of setting up the programme and developing referral networks;
6. *deliver linked training to BCAs* on working with people with MHPs on employment issues;

It is important to note that the guidelines and training resources for BCAs had been previously developed in Phase One of this Sainsbury Family Charitable Trust study (Grant: ABS 168). Phase Two therefore represented an opportunity to explore and evaluate the effectiveness of these guidelines as they were used to organise and implement the Business Minds initiative (Phase Two), as well as training and dissemination activities.

SETTINGS

local project with national implications

The Business Minds initiative was implemented in Newcastle in the North-East of England. This ran from March – December 2006.

The guidelines were field-tested with staff and clients with MHPs at the offices of a business advice centre run by Project North East. 'Field-testing' involved:

- (i) staff and clients completing brief surveys before and after business advice appointments;
- (ii) staff being interviewed multiple times throughout the implementation period of Business Minds; and
- (iii) review of related documentation and resources

A referrers' network of mental health and service user organisations, wider health bodies, social enterprise agencies and social firms in Newcastle and the surrounding region was also established. Along with local and national media articles and interviews, this was used to assist with publicising the 'Business Minds' initiative and to recruit clients. The process of developing this referrers' network, and also organising and implementing the overall initiative, was documented as part of the research.

Newcastle and London were the venues for training sessions for 19 BCAs and other professionals, based on the guidelines, research experiences and training course materials. These sessions involved a lead mental health service user training consultant and four mental health service user training facilitators.

PROJECT PARTNERSHIP

the initiative ran through a unique partnership of:

- Project North East (PNE) implemented the client advice programme from their offices in Newcastle and led on the training and dissemination components. This was headed by Stuart Anderson, Head of Business Support.

- the Research and Training Unit (CRTU) at the Royal College of Psychiatrists designed the evaluation of the initiative, advised on recruitment and assisted with data analysis. This was overseen by Chris Fitch, Research Fellow.
- the Hamlet Trust took overall responsibility for planning and co-ordination. This was managed by Vyvyan Kinross, who was closely involved in Phase One of the study.

In addition, there was involvement and guidance from Lionel Joyce (service-user consultant and trainer), Alison Robson (enterprise trainer), and four service user training facilitators.

KEY SUCCESSSES

successful PR & promotional campaign

These are described in more detail in the following report. However, they include:

- development of field-tested guidelines into finished format, in hard copy format for face-to-face use and set up as PDF files for promotion and downloading via the web: (see www.pne.org)
- establishment of programmes for clients with MHPs which continue after official project end;
- successful PR & promotional campaign via broadcast media and regional newspapers: news release; radio interviews; online and so on;
- delivery of BCA training: Newcastle & London.

KEY CHALLENGES

the response from the media campaign was positive

A recruitment strategy to reach out to people with MHPs and encourage them to find out more about starting their own business through 'Business Minds' was employed. This incorporated a local media campaign, awareness raising through voluntary sector organisations, and contact with statutory NHS mental health bodies.

The response from the media campaign was positive, with almost all the I I participants being recruited from this. However, a similar response was not experienced from voluntary or statutory agencies. This resulted in the project not meeting its original recruitment target of 25 clients. Potential reasons for this are outlined in this report.

EVALUATION & RECOMMENDATIONS

The Business Minds initiative provides a direct window onto the experience of advisers and clients. What do these insights mean, however, for improving practice on self-employment and mental health?

MAKING IT WORK

key lessons

REACHING CLIENTS: mainstream and 'high-street' business advice agencies can work with clients with MHPs. However, solely relying on busy NHS mental health services for clients may not work. Reaching clients also needs to be achieved through the local media, mental health user groups and advice/employment agencies.

SUPPORTING STAFF: advice staff sometimes do lack confidence or knowledge in working with clients with MHPs. Training using the Business Minds guidelines can address these concerns and should be rolled-out across the UK.

CORE ADVISER SKILLS: advisers already have the core skills to work with most people with MHPs. Our research also identifies strategies that advisers employed including: 'realistic encouragement'; treating mental health problems as one issue among many; 'bad days' and contingency plans and sensitivity to working at a speed comfortable for the client.

WHAT CLIENTS WANT: clients with MHPs wanted credible information and advice on whether they could really become self-employed. Realistic encouragement was key.

FINANCE AND BENEFITS: sources of business funding were obviously important, but clients also wanted basic questions about benefits answered. Advisers need to have good working knowledge of this area or contacts who can assist and advise.

EDUCATION AND AWARENESS: an education and awareness programme based around case-studies and 'champions' (where people with MHPs have started their own business) needs to be developed and targeted at service user, mainstream advice agencies, NHS service providers and sources of business loans.

REACHING CLIENTS

establishing a wider public profile and reputation.

- the Business Minds initiative successfully recruited clients with MHPs, demonstrating that mainstream agencies *can* reach clients with MHPs and there is also considerable interest in self-employment among this population.
- the Business Minds initiative succeeded in establishing a wider public profile and reputation. This was achieved through the strategic use of local print and radio media.
- client recruitment from statutory NHS services was unexpectedly low. There is a need to engage with NHS providers to understand why this happened, and how this relationship can be strengthened.
- the involvement of service users and case-studies was particularly important in establishing this public profile. This gave the clear message to people with MHPs: self-employment is something you *can* do.

SUPPORTING STAFF

key reference source

- advice staff had their own experiences and expectations of working with clients with MHPs. Advisers reported using the 'Business Minds' guidelines as a key reference source to help address areas where they lacked confidence or knowledge.

CORE ADVISER SKILLS

nothing to be afraid of

- the key lesson for advisers was that there is *nothing to be afraid of*. Advisers already had many of the core skills to realistically support clients with MHPs.

Advisers also developed their own strategies for working with clients with MHPs. - such as:

- realistic encouragement was based on a balance between supporting clients with low self-confidence, but also making them consider the real challenges and obstacles they might encounter.
- treating mental health as 'one issue among many' involved the adviser not exclusively focusing on the MHP, but building this into their business plan.
- advisers found numerous strategies for raising the mental health issue with clients including asking them about 'bad' mental health days (and what problems this might cause for their business), and helping clients to talk through contingency plans (to address these problems).

WHAT CLIENTS WANT

ability and business idea

- clients wanted general advice on whether they could really start a business given their MHPs. This was in contrast to other clients without MHPs, who were generally confident in their ability and business idea, and who wanted specific assistance with finance or planning.
- in addition to face-to-face appointments, a large number of telephone requests were also received. These underline the difficulties people with MHPs are having in obtaining credible advice and information.

FINANCE AND BENEFITS

clients often had questions

- finance is a key consideration for clients with MHPs – advisers need to have good links with sources of funding, and could benefit from establishing which funders are particularly supportive of applications from people with MHPs.
- benefits were also an important issue – clients often had questions or wanted reassurance. Advisers need to have good working knowledge of this area, or contacts who can assist and advise.

THE PHYSICAL ENVIRONMENT

- the physical environment is important in ensuring that clients are comfortable and relaxed.

QUALITY STANDARDS

'makes the grade'

- a 'Business Minds' charter mark could provide a visual indication to people with MHPs that a mainstream business advice organisation 'makes the grade' in their capacity to deal with people with MHPs.

BUILD ON GUIDELINES

highly effective

- the Business Minds initiative was founded on written guidelines and resources developed during Phase One of the study. The evaluation findings tell us these guidelines are highly effective.
- we would recommend that copies of the guidelines, revised on the experience of the Business Minds initiative, are distributed to every business adviser in the UK.

BUILD ON TRAINING

roll-out training

- there is an unmet training need in relation to advisers; the response to the training sessions has been significant, reflecting a need to fill the gap.
- we would recommend roll-out training for advisers in the enterprise support network across the country.

EDUCATION & AWARENESS

key message

- key messages from the project need disseminating more widely and deeply into the target audiences of people with MHPs, advice agencies, NHS service providers, and sources of business loans. The key message is 'This is something you can make work.'
- we recommend that an awareness and education programme is mounted across the mental health and business advice network.

SELF-EMPLOYMENT AND MENTAL HEALTH

Self-employment is an under-considered option for people with MHPs. There is a lack of research and information on the issue. What is available, has focused on self-employment schemes amongst specialist services, rather than the mainstream.

WHY SELF-EMPLOYMENT?

a pathway into employment

Not everyone can start their own business – whether they have a MHP or not. Becoming self-employed involves hard work, dedication and motivation, and an equal mixture of rewards and disappointments.

However, for people with MHPs it can also offer an important opportunity. Currently, only 24% of adults with long-term MHPs are in work: the lowest employment rate for any of the main groups of disabled people (Social Exclusion Unit, 2004). Self-employment can potentially provide the flexibility of being able to manage work 'around' a MHP, provide a personally meaningful job, and the opportunity to take a first step back into work (Mind, 2006). Furthermore, becoming self-employed can also provide a pathway into employment which may not be available due to employers' attitudes towards MHPs, of their belief that there is too much of a risk taking on a person with MHPs.

WHAT DO WE KNOW?

prejudiced attitudes

Very little is known about self-employment and mental health. This makes the Business Minds initiative an important source of information.

The UK Government has supported a small number of enterprise schemes for disadvantaged groups, including people with MHPs (DTI, 2004). These found:

- people with MHPs perceive self-employment as:
 - a positive choice;
 - enabling them to work in a way that fitted their mental health needs;
 - less stressful than working with employers/colleagues who lacked awareness of MHPs.
- there are a limited and 'geographically patchy' number of specialist agencies providing support for self-employment among people with MHPs.

- there is a lack of awareness among service users, carers, and professionals about the benefits of self-employment and where to obtain advice;
- experiences of prejudiced attitudes meant that individuals felt unable to disclose mental health needs when seeking support for their enterprise.

MAINSTREAM SUPPORT:

untapped & undervalued?

The Business Minds initiative has been developed on the belief that *mainstream business advice agencies* can play an important role in helping people with MHPs start their own business.

There are compelling reasons as to why this makes sense:

- mainstream advice agencies provide an easily accessible and geographically available support service with a wealth of experience;
- mainstreaming has the advantage of placing people with MHPs at the centre of enterprise support, where all relevant departments and agencies can more easily liaise with each other;
- experiences of prejudiced attitudes can mean that individuals feel unable to disclose mental health needs when seeking support for their enterprise – agencies can be trained to help individuals disclose and work these needs into successful business plans;
- mainstreaming encourages innovative partnerships with relevant organisations in the private sector, such as banks;
- supporting people with MHPs who want to start their own businesses will help tackle social exclusion and build bridges to a group who are still too often marginalized in mental health settings;
- encouraging business starts and self-employment will help empower mental health service users and contribute to wider patterns of economic growth, by lessening a culture of dependency on benefits.



“I started my business four years ago after being made redundant. When I worked for someone else, there were quite a few days where I just couldn’t cope because of my depression, and I would spend the whole day bluffing my way through.”

“I knew I couldn’t go back to being an employee, and starting my own business would enable me to better match my work to my moods and abilities. I can now organise my working hours to coincide with the times I’m feeling at my best, and as a result I’ve noticed a dramatic improvement in both the quality of my work and in my mental health.”

“I would encourage anyone else with a mental health problem with an ambition to start their own business. I think a lot of people might think it’s too complicated or difficult, but it doesn’t have to be, and it could completely change their life.”

figure 1: press clipping-

Lionel Joyce talking to the Newcastle Evening Chronicle
10th August 2006

WHAT IS 'BUSINESS MINDS'?

The Business Minds initiative aimed to give advice to people with MHPs on setting up their own business. This programme was run from a mainstream or 'high-street' business advice agency which had no previous experience of such work.

WHAT IS BUSINESS MINDS?

recognising untapped potential

Business Minds is an initiative which aims to help people with MHPs find out more about starting their own business.

Critically, Business Minds is part of an existing mainstream business advice agency. The reason for this was to establish whether it was feasible and effective to run such a programme as an *integral part* of a mainstream agency, rather than a specialist mental health service. This is based on the rationale that mainstream agencies offer a valuable but untapped source of accessible experience, advice and resources for people with MHPs.

WHERE IS BUSINESS MINDS?

a high street location

Business Minds is located within the Project North East business advice offices in Pink Lane, Newcastle. This is a 'high-street' location which is in the centre of Newcastle town.

WHO IS BEHIND BUSINESS MINDS?

project north east

Business Minds is a collaboration between the Hamlet Trust and Project North East.

The Hamlet Trust was established in 1988 to help develop alternative services for people with mental health problems. It aims to support the development of community-based and user-led mental health initiatives, and to enable people to build better lives.

From its inception in 1980 as Project North East, the PNE Group has been designing, building and managing innovative projects that help enterprising people and communities develop their ideas, and create wealth and employment.

WHO ARE THE BUSINESS MINDS TEAM?

in addition to an advice team

The Business Minds team was comprised of two advisers (who undertook all of the client appointments), an administrative officer (who greeted all clients, explained aims of the evaluation survey, and assisted with surveys and data collection), and the business advice service manager (who oversaw day-to-day implementation). Participants did not see the emerging results of the evaluation study.

In addition to the advice team, a training group also operated in Newcastle and London. This was comprised of two trainers, including a service-user trainer with personal experience of mental health services. In the Newcastle and London training programmes, four service user co-facilitators were involved in the training.

WHAT DID THE ADVICE APPOINTMENTS INVOLVE?

further support and advice

The advice sessions were all held in the Newcastle offices. On average, these lasted for one hour. The evaluation focused on clients' first appointments with the Business Mind initiatives.

Each appointment was operated within the realms of the nationally agreed 'IDB' (Information, Diagnostic and Brokerage) model which is operated by partners of Business Link. This model gives advisers the opportunity to diagnose the needs of the client and broker in further support and advice if needed. Very often, within the first appointment it is a chance for the client to chat generally about the ideas they have, and get a feel for what support is available.

BUSINESS MINDS: EVALUATION FINDINGS

The Business Minds initiative resulted in notable successes and achievements – however, as this section explains, the most important lessons were learned during the steps leading up to these.

OVERALL ACHIEVEMENTS

can we do it?

“I think I talked about being slightly apprehensive...wondering what...client would come through the door. That’s definitely gone now. It was just the unknown. Was this person going to come in...and be extremely difficult to communicate with, or were they going to be very unreceptive, or...aggressive. There were slight extremes but not something I couldn’t handle or adapt my skills to.”

Can we do it? At the outset of the Business Minds initiative this was the question the Newcastle team faced. With the majority of the team having no personal or professional experience with mental health issues, engaging with people with MHPs represented an unknown and uncertain prospect.

11 months on, the single most important achievement of the Business Minds initiative has been to demonstrate that *it is possible* for a mainstream Business Advice agency to recruit, support and work with clients with MHPs. And, that with the right blend of training and support for staff, a service can be provided that is valued and sought-after by clients, and also beneficial to the agency itself.

Box 1

an overview of achievements

Advice appointments held with 15 clients with MHPs.

Personal contact made with over 20 agencies with expertise in MHPs-many more through promotional campaign.

54% of clients were ‘very satisfied’ with the sessions, 27% were ‘satisfied’- and there were no negative responses.

Development and dissemination of first field-tested guidelines.

First UK training course to mainstream Business Advisors.

Establishment of advisor and referrer networks.

However, the success of the Business Minds initiative not only lies in its outputs and outcomes, but in the lessons learnt from the experience of delivering the project to clients. In this section, we therefore describe each step in the development of the project, and the key findings and lessons encountered during this.

PROJECT START: EXPECTATIONS

my first impression was

At the start of ‘Business Minds’, the Newcastle team were asked about any expectations they had about working with clients with MHPs.

One advisor – who had no prior experience of mental health issues – explained that they had **concerns about their ability** to work with clients with MHPs:

“I was intrigued because its a very niche market, and...we’re quite a general business advice agency...my first impression was that this is very niche, and probably very specialist and I wondered if I would be able to be involved, if I had the skills to be involved”.

The expectation that working with clients with MHPs requires specialist skills or knowledge is understandable, and can dissuade agencies from engaging with this group. However, as this advisor explained later, such concerns are often rooted in the ambiguity of the term ‘mental health problems’, and a lack of basic, simple knowledge about different types of condition:

KEY LESSON: advisers do not need to become mental health ‘experts’, but do need a basic understanding of different conditions.

Other expectations were also encountered. One advisor touched upon the importance of **not having expectations** of clients with MHPs **which were too low** (“You don’t stop being bright just because you’ve got bi-polar”), noting that these could represent an obstacle to clients engaging with the service, or getting a sense that advisors thought they were ‘not well enough’ to become self-employed. However, this advisor also observed that at the same time, it was important to hold and communicate realistic expectations of what each client could achieve:

“...its got to be done in a very realistic way... it has to be based on an absolutely realistic plan, and you know they have to go into it with eyes wide open.”

Importantly, striking this balance between encouragement and realism was noted as a core skill of being a business advisor, and which was used with clients regardless of their mental health status.

KEY LESSON: the ability to work with clients from diverse backgrounds – including experience of mental health – was perceived as a core adviser skill.

PROJECT START: REACHING CLIENTS

“local and regional press forcefully targeted”

Expectations also existed at project start about the best method of reaching potential clients with MHPs.

A large investment of time and resources were made in the initial stages of the project in forming a ‘referrers network’. These were individuals and organisations who could help bring clients with MHPs to Business Minds. This involved:

1. mapping services and individuals – spanning mental health service user organisations, NHS mental health services, and voluntary sectors;
2. making a case for their involvement – through overviews and presentations;
3. encouraging them to refer clients – through providing contact details and fliers to distribute to potential clients.

During the course of the project, over 20 services and key individuals were contacted. The project was repeatedly informed that a large number of potential clients existed, and that referrals could be made rapidly. However, despite this, **only a minority of clients were recruited through this network**. Furthermore, only one client was recruited through a specialist mental health service.

Why was this?

Discussions within the Newcastle team and the referral network identified four possible reasons:

KEY LESSON: the Business Minds ‘message’ was being lost – particularly in mental health settings, clients are bombarded with large amounts of information aiming to change their behaviour. Business Minds was just one message among many.

KEY LESSON: the Business Minds message wasn’t clear enough – some organisations commented that it was unclear what Business Minds were offering, and what was required of the client (e.g. did they have to sign-up for a certain number of sessions).

KEY LESSON: existing programmes focused on employment and mental health in the Newcastle region were still in development.

KEY LESSON: the Business Minds messages perhaps lacked credibility – although service user organisations were engaged with, it was noted that Business Minds were an unknown organisation among mental health service users, and didn’t have a clear user involvement.

a change in strategy

A greater emphasis was consequently placed on directly and clearly communicating with people with MHPs. It was decided that the local and regional press should be more forcefully targeted. Additionally, it was agreed that service users with their own experience of self-employment should be centrally involved.

The result of this was a regional campaign which encompassed print and radio media (Box 2). This was fronted by Lionel Joyce (a collaborator with personal experience of mental health problems and self-employment) and Stuart Anderson (PNE Business Manager).

The campaign ran through the summer months of 2006, with the majority of the press coverage falling in August 2006. The response was noticeable with the *majority of clients being recruited through media articles and appearances*.

figure 2: examples of press coverage

Every day I would ask 'Are you going to kill yourself?'

A new scheme helping people with mental illnesses set up their own businesses is being piloted in the North East. Here, one man who has battled with his demons, talks to MITYA UNDERWOOD

"the evening chronicle" thursday august 10th 2006

"the evening chronicle" thursday august 10th 2006

Why mind your own business?

By Howard Walker

A NORTH enterprise agency is piloting a scheme designed to help boost entrepreneurship amongst people with mental health problems.

Project North-East (PNE) is pioneering the UK's first guidelines specifically designed to raise the level of skills and knowledge of business counsellors who advise and support people with mental health problems on starting their own businesses.

The new 'Business Minds' guidelines, developed by PNE in partnership with the Hamlet Trust mental health charity, are being tested on Tyneside, with a view to becoming adopted nationally.

PNE wants to hear from people with mental health problems looking to start their own businesses so that the pioneering initiative can be developed.

Stu Anderson of Project North-East said: "Starting a business could enable many people with mental health prob-

lems to take more control over their own careers, give them greater flexibility to work around their condition and achieve better mental health.

"We would be delighted to hear from anyone with a mental health problem who would like to find out more about starting their own business, even if they don't have a definite business idea."

People with mental health problems have often been excluded from the world of work as the result of discrimination and prejudice.

Chris Fitch, Research Fellow at the Royal College of Psychiatrists, which is evaluating the 'Business Minds' initiative, said: "Many people with mental illness want to work, but find the employment opportunities open to them are often very restricted.

"By encouraging people to consider the option of starting their own busi-

ness, the 'Business Minds' initiative is filling an important gap, in enabling people to return to work."

It is hoped that testing of the new guidelines and support in the North-East will provide a blueprint of best practice for business support organisations throughout the UK.

Lionel Joyce from Newcastle has already succeeded in managing his mental health problems and starting his own business.

Despite being diagnosed with manic depression, the 59-year-old has built-up a successful consultancy and personal development business.

Mr Joyce is convinced other people with mental health problems could benefit from finding out more about starting their own business. He said: "I think a lot of people might think it's too complicated or difficult, but it doesn't have to be, and it could completely change their life."

Further details on the project are available on (0191) 230-6401.



CONTENTED DAD: Lionel Joyce with his wife Hilary

Test-bed for guidelines

TYNESIDE is the test-bed for the UK's first guidelines and support to help people with mental health problems start their own businesses.

Project North East (PNE), is pioneering the UK's first guidelines specifically designed to raise the level of skills and knowledge of business counsellors who advise and support people with mental health problems.

The new Business Minds guidelines, developed by PNE in partnership with the Hamlet Trust mental health charity, are being tested on Tyneside with a view to becoming adopted nationally.

PNE's Stu Anderson says: "Starting a business could enable many people with mental health problems to take more control over their own careers, give them greater flexibility to work around their condition, and achieve better mental health.

"We'd be delighted to hear from anyone with a mental health problem who would like to find out more about starting his or her own business, even if they don't have a definite business idea."

■ To contact PNE about the scheme ring (0191) 230 6401.

"the journal" saturday july 22nd 2006

PROJECT START: TRAINING STAFF

reviewing the guidelines

The Newcastle team were given a brief training intervention based on the guidelines 'Mainstreaming Business Support for Mental Health'. This involved the team individually reviewing the guidelines, and clarifying issues related to data collection.

APPOINTMENTS: CLIENT WELCOME

investing additional time

"I think the biggest challenge, is the same as anybody, is to come in the door to speak to somebody, to say this is me, and this is what I'm doing".

In total, of the 37 enquiries received about Business Minds, around 15 actually resulted in appointments. As the adviser above observes, this underlines the key challenge of getting clients to attend an appointment.

Advice team staff were asked about their experiences when first meeting and welcoming staff to the Newcastle project. Some staff noted that although they made a conscious effort to treat clients with MHP the same as everyone else, that they did spend more time with these clients:

"It's just a case of treating people as you'd like to be treated...I don't feel I should make them stand out, because that might be, make them feel worse...[However], I spend a bit more time with the clients [with MHPs]...I've sort of been sitting for about 15 minutes just to sort of make them feel as comfortable as possible, to go through the forms..."

Although partly due to administrative processes, investing this additional time was also noted by advisors (see later). Project staff also observed that the physical environment of the project and appointment room made a difference:

"If they're looking a bit claustrophobic and a bit panicky and hemmed in, they need the door open... people associate closed doors with consulting rooms, housing benefit, with INCAP appointments, with stressful situations where they're going to be challenged and judged. I think that's really important, the first two minutes to make somebody feel really comfortable and safe."

KEY LESSON: projects should be prepared to spend additional time with clients with MHPs, and also make sure the physical environment is comfortable.

APPOINTMENTS: ADVICE SESSIONS

outline of views

During the course of the Business Minds project, the advisers saw 11 different clients in sessions which lasted between 15 minutes to 2½ hours (Box 2). Below, we outline the views clients had on these session, and the key lessons advisers also drew.

BOX 2

sample characteristics

- 15 people with MHPs attended appointments. 11 people completed surveys.
- 7 of these people were men, 4 were women.
- 4 participants had seen a business advisor before.
 - 2 were working full-time.
 - 6 were on benefits.
 - 1 was a student.
 - 1 was 'test-trading'.
- 4 participants reported they had depression.
 - 2 had bi-polar conditions.
 - 1 had OCD.
 - 1 had schizophrenia.
 - 2 had other conditions.
- 9 participants had medical treatment for their MHPs in the last year.

I: What did clients want?

Overwhelmingly, clients wanted general advice on whether they could really start a business given their MHPs. This was in stark contrast to other clients who didn't have MHPs, who were generally confident in their ability and business idea, and who wanted specific assistance with finance or planning.

In addition to face-to-face appointments, a large number of telephone requests for general advice were also received. These underline the considerable interest of people with MHPs in self-employment, but potential difficulties in obtaining credible advice and information on what this might involve.

KEY LESSON: people with MHPs want credible information and advice on whether they can really become self-employed, but do not know where to obtain this.



MAINSTREAMING BUSINESS SUPPORT FOR MENTAL HEALTH

Guidelines & Training for Business Counsellors & Advisors (BCA)



DISPELLING SOME MYTHS/ CONFIRMING OTHERS

- People with the most serious mental illnesses can live happy fulfilled and productive lives, holding down stressful jobs and enjoying full relationships.
- Mental illness affects people from all social classes and all intelligence levels more or less equally. It does not affect intelligence.
- People with Bipolar Disorder may be more creative than the average and include some of the most creative people of the last 200 years.
- People with mental health problems are generally not prone to be more dangerous or violent; people with mental health problems are far more likely to be the victims rather than the perpetrators of violence.
- Most areas now have organisations of people with first hand experience of mental illness, as well as carers, who will help business to help service users.

2: Realistic support

Although recognising the need to encourage and build confidence among clients with MHPs, advisers also underlined the importance of *realistic support*:

“Our job is to help them look at their lives, look at their business, face it realistic. You see if they can’t go off and find out about [a specific issue] they shouldn’t be running a business. Running a business isn’t an easy option, it’s far easier for them to get a part-time job somewhere.”

Taking this approach required advisers to strike a balance between supporting clients who often had low self-confidence, but also making these clients realistically consider the challenges and obstacles their business might involve.

3: Mental health: one issue among many

One consequence of the above approach, as one adviser explained, was that whilst a client’s MHPs were considered, these had to be **tackled as one issue among many**:

“I usually just say, look, we’ll have to consider [your MHPs] in planning your business, but no more than anybody else would have to consider any other personal thing in their life, and manage it in their business either. You know, I just say, I won’t be making an issue out of it, unless it’s something you bring up and something you need to consider for yourself.”

In their evaluation of the advice sessions, clients responded positively to this approach, with eight clients indicating they were very satisfied with the way the adviser helped ‘build-in’ their mental health problems into their business plan (Box 5).

4: Discussing mental health

Whilst treating MHPs as one issue among many was a favoured approach among advisers, *it was acknowledged that raising and talking about the issue in the first place was still an important challenge*. Critically, this wasn’t always easy:

“[One] client...refused to discuss anything outside of his comfort zone, which was very technical web programming...”

“There was one gentleman...who had schizophrenia and he was very sort of edgy about his questions...he was quite snappy”

The Newcastle team developed their own strategies to discuss mental health issues. As one advisor explained about his web programming client:

“I needed to understand a little bit more to then find a better way of keeping his mind focused on something he wasn’t so comfortable with....I didn’t blatantly say ‘what happened?’, or what’s up...But...I questioned his business, but in the same way asking about him...I was asking him from a business point of view, why are you not secure with promoting the business in such a way, and he didn’t answer the question, but started talking about himself, why he...had this insecurity.

Other advisers, meanwhile, took the approach of not asking about a particular condition, but how this manifested itself on a ‘bad day’:

“I didn’t ask very many direct questions about it, but [said]... I understand about this, this, and this, and what do you do on a bad day? He said I’m really concerned about a bad day. I said what do you do now?”

For this adviser, framing days as ‘good’ and ‘bad’ worked to both depersonalise a client’s MHP and also get them talking about the practical impact of their condition in terms of their business idea.

KEY LESSON: asking about a client’s ‘good’ and ‘bad’ days was an effective strategy for raising and discussing mental health issues.

It was noted that clients commented positively on this approach (“He said what had been beneficial about the session he had been treated as a capable person again”). Again this was reflected in the evaluations clients gave of the sessions, with eight clients stating they were ‘very satisfied’ with the advisers understanding of their MHPs

5: ‘Contingency plans’

Clients repeatedly reported they had two linked concerns (Box 4). Firstly, how they would manage their business when experiencing periods of poor mental health. Secondly, the negative impact that running a business could have on their mental health.

“one guy was just saying...what happens if he gets unwell and he can’t go into work? That means he’ll be losing money, and it’s his own business. And basically, the stress of running a business and what happens if it gets too much for him?”

CASE STUDIES**responding creatively to client's ideas**

"I had a lady that did massage and aromatherapy. But she's agoraphobic, so she doesn't want to go to anyone else's premises, which makes it a little bit more difficult to get clients. By the same token, she's worried about coming into her house as well".

"So, with that, we just try to explore what we could do, and what we couldn't do, and deal with it, if she was going to do it, and places she might feel safe. One of those might be old peoples' homes for example. So sheltered accommodation places, so she was quite pleased with that and said that was something she'd thought of, and she'd gone away to investigate that."

working with a mental health problem

"And then the girl last week, erm, she's got erm, OCD. So, she wants to be a cleaner to channel that energy, and she came in with a support worker...And she's, this lady is trying to get some money together for driving lessons and stuff, so she can get around, but we also put a plan in for the Princes Trust and she seemed to get it, she seemed to get what I was on about, and hopefully she'll come back on her own next time. Because it's always easier when people come in on their own."

using core adviser skills

"There was a young guy who was very, very excitable and I had to keep him down almost a bit, because he would go off on tangents and end up talking about sport".

"...it was difficult, not difficult, slightly more tricky than normal to keep him reined in and focused on what we were discussing. He wanted to sell American sports equipment was his business idea...and to help him relax slightly, I mentioned that I used to like it when I was a kid...which is talking about something totally removed from the business, it's just getting us on a level, so I can talk to him, but he always kept going back... and he'd go off on a little story..."

"It was kind of an extreme, because he was visually and verbally getting very excited talking about these things, where as people will usually just talk about it, as discussing in a conversation which he obviously got a lot from this sport".

dealing with client nerves

"I think it was my first client...I remember him as a person, he was very, very nervous. Erm, I usually sit with the door open in the little counselling rooms as they do get very hot, makes it just uncomfortable, but he insisted on the door being shut, but throughout I don't know if it was nerves, but he kept looking at the door, it was a thing of his"

"He was quite kind of relaxed talking about his issues, but at the same time had this underlying nervousness being a little kind of looking over his shoulder to see if there was a noise, and that kind of nervous side of things. [Interviewer: how did you deal with that?] I...gave him space, very limiting these little rooms, but as much as I can. So it was more a body language thing of sitting back and... just giving him that kind of space. And it was fine..."

One solution proposed for this, was the development of *contingency plans*. Through active questioning, advisers tried to help clients to clearly identified the 'trigger' factors that they were becoming unwell, but also the plans clients might have to be put into place to deal with this:

"So I said to him what will you need to do when you need... to sort yourself out, when you start running your own business? He said, well my wife could go in first. So I said what would you have to do to organise that?... So, he's coming up with, his own answers. I'm not saying to him, well if you have a bad day, you're wife can go in and... I ask the question, to get him to provide his own solution."

KEY LESSON: contingency planning can help the client to identify the triggers of their MHPs, and their own solutions for managing the business during these 'bad days'.

6: Working at the client's pace

Advisers observed that although they attempted to work with all clients in exactly the same way, that additional time was often invested in individuals with MHPs. Firstly, advisers noted that time was often used to get some clients with MHPs to talk about their business ideas:

"His character was a very submissive character. Erm, and hence, he used to go back into himself. That's my analogy of an elastic band, he would come so far out of his box, and get dragged back into it... I had to keep on, luring him out to talk about the reason why he was here. It was... a 2.5 half hour session... double or more outside of our usual time-scale".

Meanwhile, other staff noted the challenges of getting clients to focus on the central business idea:

"There was a young guy who...was very excitable and I had to keep him down almost a bit, because he would go off on tangents and end up talking about [sport]. It was kind of an extreme, because he was visually and verbally getting very excited talking about these things...yeah it was slightly outside the boundaries of dare I say it, an average person".

Staff also observed that some clients would require two or three sessions before a level of trust and security was established to enable them to 'open up'.

KEY LESSON: clients with MHPs may require a greater investment of time and careful facilitation. This does not always mean longer appointments, and could involve multiple weekly sessions.

7: Finance: loans and benefits

Among the challenges identified by clients with MHPs during the evaluation, finance was identified as key (Box 4). On one level, this related to the availability of business loans and finance. Given the Newcastle agency's experience in this area, and the availability of an agency loan fund for people not able to access other finance sources, it is not surprising that seven clients indicated they were 'very satisfied' with advisers' suggestions on where to obtain funding support.

However, unlike clients without similar conditions, more than half of clients with MHPs were not working and received benefits. Consequently, advisers were repeatedly asked 'how might becoming self-employed affect my benefits?'. Advisers acknowledged this was an issue about which they only had a basic knowledge ("it's not the majority of our clients that require that information"). However, although recognising that training could improve this knowledge, advisers contended this was an issue that clients needed to pursue for themselves:

"I think it helps people to find stuff out for themselves. If they then need to go and discuss something that they wouldn't necessarily discuss that challenges them as a person to go and communicate with somebody"

There was some evidence that clients accepted this responsibility and approach, with five clients indicating they were 'very satisfied' with how the advisers handled questions on benefits. However, it could be argued that given the centrality of benefits to many clients' lives, advisers should either be:

- (i) able to answer basic questions about benefits and self-employment, or have
- (ii) accessible resources to hand to help clients address this themselves.

Without this, some clients may be discouraged from continuing with self-employment.

KEY LESSON: advisers should have a working knowledge of the benefits that people with MHPs are entitled to, and/or contacts with external agencies who can address clients' benefit questions.

BOX 4

KEY CHALLENGES IDENTIFIED BY CLIENTS

related to mental health	responses
daily functioning	3
confidence	2
stress + anxiety	1
other	4
unrelated to mental health	
finance	7
motivation + discipline	3
support when things go wrong	3
marketing	2
health	2
learning	1
starting on own	1
finding suppliers	1
competing in market	1
apathy from others	1
using public transport	1
dealing with people	1
being in a working environment	1

BOX 5

KEY CHALLENGES IDENTIFIED BY CLIENTS

	very satisfied	satisfied	not satisfied	no response	number responses
the quality of service received	9	2	-	-	11
understanding of my mental health problems by the advisor	8	1	1	1	11
the way in which the adviser built my mental health problems into the business plan	8	2	1	-	11
questions I had about finance	6	1	1	3	11
the suggestions given on source of funding	7	2	1	1	11
questions I had about benefits	5	1	1	4	11
questions I had about insurance	4	1	2	4	11
the room in which the advice session took place	6	4	1	-	11
the length of time I had in the session	5	3	-	3	11
the directions I received to get to PNE	8	3	-	-	11

8: Working with carers and health professionals

Clients with MHPs were sometimes accompanied by carers or health professionals. Although not unused to this situation with other clients, advisers underlined the importance of trying to encourage future sessions to be undertaken on a one-to-one basis:

"I've got to get the person to help themselves. You know they've got to want to do it for themselves, not to be doing it to please the support worker...It's good moral support for that person, but you just try and make that space safe enough so the next time they come back on their own."

9: Beyond business: other problems

"What's going to happen is, and this is not because of the mental illness, it's because of their literacy skills and stuff, some of them are going to need massive hands on help"

Advisers quickly recognised that one of the biggest challenges facing clients was often not their MHPs, but difficulties with basic literacy skills. This raised the potential challenge of striking a balance between giving clients extra assistance in preparing their business plans, whilst also helping and encouraging them to address these skills deficits.

KEY LESSON: advisers may benefit from establishing greater contacts with basic skills agencies and encouraging clients to develop their skills in these areas.

10: Feedback and follow-up appointments

Advisers placed a great deal of importance on establishing a trusting and open dialogue with clients with MHPs. This extended to the feedback that clients might receive on their business plans and the arrangement of follow-up appointments:

"I would [normally] either send a letter or email, whereas maybe with..clients [with MHPs] I would get them in and talk it through with them. Just because of the old thing you can't tell what kind of tone something is put in and it can be misinterpreted, if it's just in black and white in front of you..."

For the above adviser, the provision of constructive and critical feedback to clients with MHPs, and avoiding misinterpretation, was perceived as being best achieved on a face-to-face basis.

11: Wider agency goals

All interviews within the Business Minds initiative took place within the context of a working mainstream Business Advice agency. This both provides important opportunities, as well as potential constraints, including achieving the required targets of the wider agency:

"it does depend on the contract we have, and we use the one we have at the moment as an example, one of our targets, well our only target is business starts, as well as seeing numbers of people, but that's the big one...Whether that target would be more difficult to reach with more HT clients, I would say possibly. There may be a lesser percentage of clients to start up businesses, the ratio may be slightly less than what our targets require."

When questioned about any potential obstacles, advisers did observe that when working with clients with MHPs, it might be more difficult to achieve these targets.

12: How did clients rate the appointments?

When asked to rate their *overall experience* of the appointments they had with advisers, over half rated themselves as 'very satisfied'. No negative evaluation responses were given.

Clients were also asked to evaluate ten specific aspects of the advice session on a 5 point rating scale (running from 'very satisfied' to 'very dissatisfied'). Clients overwhelmingly evaluated all of the 10 aspects in terms of being either 'very satisfied' or 'satisfied' (Box 5).

Clients gave positive evaluations of the quality of advice received. Importantly positive evaluations were also given of the advisers understanding of the clients MHPs, and how these were built into the advice appointment.

There may be more work that can be undertaken around the issue of specialist finance and insurance products, with not satisfied answers here. It could be that agencies can collate their own portfolios of companies who deal in such products in order to be able to be better prepared for the client group.

SHARING BEST PRACTICE: OUTPUTS AND DISSEMINATION

Business Minds is not only about bringing clients to the Newcastle advice centre, but also widely sharing the best practice and resources developed during the project. In this section, we describe these achievements.

PROJECT GUIDELINES

a range of formats

The Business Minds guidelines were produced in a finished hard copy format for face-to-face use and set up as PDF files for promotion and downloading via the web (see www.pne.org)

Promotion of the guidelines was developed on the web and made available via a variety of sites, including Futuretrends web portal, Loonscape (www.loonscape.com) and other suitable mental health and business related sites.

REFERRERS' NETWORK

specialist service providers

A network of services and organisations in the North-East region who were in a position to refer clients with MHPs to Business Minds was developed.

This involved contact with specialist service providers – such as Northern Pinetrees Trust in County Durham – as well as broader employment and advice agencies. The network comprised:

- Existing mental health networks in North-East Mental health charities, such as MIND, Rethink
- Social Firms UK in North-East
- Mental Health Trusts
- Primary Care Trusts
- National Federation of Enterprise Agencies (NFEA)
- PR & promotional campaign via radio and regional newspapers: (news release; radio interviews and so on)

Some of the main individuals and agencies who were contacted were;

- Mental Health Concern

- Professor Chris Drinkwater, Primary Care Development Centre, Northumbria University
- Andy Cox, Economic Partnerships
- The Shaw Trust
- Mental Health Matters
- Newcastle City Council
- Gateshead Council
- Launchpad, Newcastle
- North East Business and Innovation Centre, Sunderland
- Tyneside Economic Development Company
- Entrust, Newcastle
- Building Up Business, North Shields

TRAINING PROGRAMME

positive participant feedback

BCA training was set up & delivered by selected Project North-East and Hamlet Trust trainers and promoted through the NFEA network, both via newsletter and news release distribution.

Aim and purpose

The aim of the day was to share the learning and experience from the Business Minds Pilot work. The course shared with business advisers and counseling professionals information and knowledge on the following areas:

- background to the work of the Hamlet Trust, the guidelines and PNE's involvement;
- the main mental health conditions;
- self employment versus employment as an option;
- factors that support individuals into self employment.

- practical meeting preparation for clients with mental health problems;
- understanding the implication of self employment for client benefits;
- how to work with other agencies in the community;
- support and assistance available to business advisers
- ongoing and maintaining support to clients and business advisers.

The training dates and venues were as follows: Newcastle upon Tyne -14th November 2006 and London -20th November 2006.

Recruitment of trainees

Publicity materials for the training days were circulated electronically via National Federation of Enterprise Agencies (NFEA) and the Institute of Business Advisers (IBA) Community Development Finance Association (CDFA) and Business Links. Sixteen participants were trained in total (Newcastle 11 and London 5). The lower-than-expected turn-out in London was due to several 'non-attenders' which may reflect the fact that the course was free.

Participant profiles

The course attracted practitioners from a variety of settings including: Business Advisers both generalist and those working specifically with clients experiencing mental illness; Business Coaches; Training Officers; health workers and Job centre plus staff seconded to community based enterprise organisations. Interestingly three participants on the Newcastle course shared with the group that they had each experienced periods of mental health problems within their own lives.

Delivery of training

The workshop was presented jointly by Alison Robson (business adviser and trainer) and Lionel Joyce (mental health champion and service user), this complementary combination of experience and expertise appeared to be successful.

The day, a mix of information, discussion, case studies, group activity and guest speakers worked well and received positive participant feedback. Minor amendments were made to the programme for the second event where greater emphasis was placed on the written guidelines.

Service user facilitators and speakers

This was arguably the most inspiring and informative part of the day for participants. Guest speakers were:

- Bev Mills and Alasdair Cameron (Newcastle)
- Drew Cormack & Roberta Wetherall (London)

All speakers were able to give an insight to their own experiences and the practical aspects of managing mental health conditions alongside being self employed. Various myths and prejudices were dispelled during the discussions with speakers.

POLICY DISCUSSION

with Lord Hunt

On the basis of the Business Minds initiative and training, Lionel Joyce met with Lord Hunt (former Work and Pensions Minister, now Health and Safety Minister) to discuss the project, mental illness and self employment issues. Lord Hunt will also receive a copy of the report.

ACKNOWLEDGEMENTS

Business Minds has been a collaboration between the advice, enterprise, health and service user sectors – without the following people the project would not have been possible.

THE BUSINESS MINDS ADVISORY PANEL

membership of the panel comprised:

- Peter Campbell, co-founder of 'Survivors Speak Out', writer, trainer and mental health campaigner.
- Dr Peter Barham, author, psychologist, and Chair of the Hamlet Trust.
- Dr Paul Lelliott, Director of the College Research and Training Unit, Royal College of Psychiatrists.
- Sandy Ogilvie, Director of the Newcastle based enterprise agency, Project North-East, & an acknowledged expert in planning & managing mainstream business support schemes for young entrepreneurs and other business start-ups.
- Drew Cormack, service user, training facilitator, and graphic designer.

Other acknowledgements

Thanks also goes to Brian Butcher (PNE), Christine Dryden (PNE), Jonathan Martin (PNE), Alison Robson (PNE), Dawn Cranswick (PNE), Claire Harrison (PNE), Brendan Hill (Mental Health Concern), Richard Stevens (Mental Health Concern), Alisdair Cameron (Launchpad), Michael Leithrow (Pinetrees), Grace Weir (Lindon Training), Colin Branthwaite (Mental Health Matters), Terry Dunsford (NNT), and Lorraine Lentell (NNT).

- Cover Photograph by Drew Cormack.

RESOURCES

Resources from Business Minds can be obtained from the following sources.

Project North East
Business Support Centre
7-15 Pink Lane
Newcastle NE1 5DW

Tel: +44 (0)191 230 6409
www.pne.org

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BUSINESS MINDS

BUZINEZZ WINDZ

Mainstreaming Business Support For Mental Health:
Research Findings from The Newcastle Demonstration Project

project north east
the business support centre
7-15 pink lane
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t: + 44 (0) 191 230 6409
www.pne.org

Business Minds is a collaboration between the Hamlet Trust, Project North East, and the College Research and Training Unit (Royal College of Psychiatrists).

This report presents findings from the innovative Business Minds demonstration project in Newcastle. The report shows that it is possible for a mainstream 'high-street' business advice agency to engage with people with mental health problems who wanted to become self-employed.



The Hamlet Trust was established in 1988 to help develop alternative services for people with mental health problems. It aims to support the development of community-based and user-led mental health initiatives, and to enable people to build better lives.



From its inception in 1980 as Project North East, the PNE Group has been designing, building and managing innovative projects that help enterprising people and communities develop their ideas, and create wealth and employment.



The College Research and Training Unit is part of the Royal College of Psychiatrists. The CCAR undertakes large scale, national research and in-depth qualitative studies that provide insight into the experiences of people with mental health problems, their carers, and health professionals.