

Speak Up for Mental Illness

Rethink
Mental
Illness.

Manifesto 2017

Who we are

Rethink Mental Illness is a national charity leading the way to a better quality of life for everyone severely affected by mental illness. This includes people affected by mental illness, their carers, families and friends. We work with, and champion, all people severely affected by mental illness through campaigning and the provision of services.

Ahead of the General Election in 2017, we are calling upon all parties to speak up for mental illness.

Summary

It is a shocking fact that people with severe mental illness die on average 20 years earlier than the rest of the population. This is mainly because of preventable physical illnesses including the impact of antipsychotic medication, lifestyle factors, poor health monitoring by the NHS, and a failure to treat the physical illnesses that people may also have. 1 in 3 people using mental health services report experiencing stigma and discrimination from health professionals.

We have seen increasingly positive commitment towards mental health in recent months and years and the Five Year Forward View for Mental Health (FYFVMH) published by NHS England has set out a clearer direction for improving the way the health system deals with mental illness. However, too many people are forced to travel over 50

kilometres for non-specialist treatment or are waiting too long for treatment. Additionally, only 43% of people with mental health problems are in employment.

Now is the time for robust commitments to tangible change – meeting and going beyond the commitments in the FYFVMH, especially when it comes to access to and dignity within health services as well as welfare, employment and housing. Getting these basics right will help to ensure that people with mental illness live longer and more fulfilling lives.

We call on the next Government to commit to:

- Fair access to mental health services and support
- A Mental Health Act fit for tomorrow
- Close the mental health employment gap
- A place to call home for everyone with severe mental illness

Challenging attitudes, changing lives.

Fair access to mental health services and support

The Five Year Forward View for Mental Health outlined an ambitious and long overdue vision to bring mental health onto an equal footing with physical health. The wide-ranging recommendations called for an overhaul in how services are funded, designed and delivered and the Government agreed an additional £1.2 billion funding to support delivery by 2020/21. This is widely acknowledged, including by Simon Stevens, Chief Executive of NHS England to the Public Accounts Committee, as the minimum necessary to deliver the commitments under the FYFVMH and that faster progress could be made if funding was increased.

One year on, we have seen encouraging progress as NHS bodies, commissioners and services develop national and local plans to make this ambitious vision a reality. However, as these plans are put into action, it is vital that we maintain momentum. The next Government will play a crucial role in holding national and local bodies to account, ensuring continual improvements in data quality and transparency in order to do so. Further progress is needed: the number of Out of Area placements in mental health services due to bed unavailability rose by 23% between November 2016 and February 2017.

The challenges identified in the Five Year Forward View for Mental Health are long term and system-wide. The workforce crisis in mental health, chronic underfunding of services and the devastating impact of mental illness on physical health are not quick-fix issues. There is still unacceptable variation in the experience of people with severe mental illness in the quality and timeliness of the care they receive. The next Government needs to commit to a robust plan post-2021 to future-proof the progress made and, as a minimum, maintain necessary funding. Significant planning and resource is needed, for example, to develop the staff required to support the vision of mental health in the FYFVMH and this will take some time to embed.

The next Government should review funding for mental health provision to ensure continual improvements in the quality of care and support for those affected by severe mental illness. The programme of work outlined in the FYFVMH is the minimum necessary – for example, the current ambition is that by 2021 only 60% of those experiencing first-time psychosis will access Early Intervention in Psychosis services within two weeks. The next Government also needs to recognise that much support is often provided by carers and it is vital that the financial support they receive reflects the vital role they play.

We call on the next Government to:

- End the health inequality faced by people with severe mental illness so that they have the same life expectancy as anyone else.
- Closely monitor national and local progress against the 58 recommendations in the FYFVMH to ensure full delivery.
- As a minimum, maintain promised funding commitments to support delivery to 2020/21.
- Conduct a review to ensure long-term fair funding of mental health provision which meets the growing need for mental health services.
- Outline a clear and comparable plan for the five years post-2021.
- Appoint a cabinet level ministerial post for mental health with responsibility for ensuring a cross-Government plan to address mental health inequalities.
- Commit to a review of Carers Allowance to ensure that it is sufficient to meet the financial support needs of carers.

A Mental Health Act fit for tomorrow

The Mental Health Act performs an important role in treating people when they are unwell if they pose a threat to themselves or others. However, detentions under the Mental Health Act have risen by almost 50% in the past decade, of which 33.1% were from over-represented black, minority and ethnic (BME) communities. In 2014/15, the number of people detained outstripped the number of voluntary admissions for the first time. Evidence suggests this is because of pressure and demand on mental health services.

The Act is the only piece of healthcare legislation that starts with the assumption that the individual is not in control – so it does not seek to maximise independence and shared decision making.

Annual reporting by the Care Quality Commission (CQC) indicates that almost a third of patient records showed no evidence that service users were involved in their care planning. This is despite evidence that shows this can lead to faster recovery and discharge from hospital, and an independent life back in the community. Our supporters tell us that their dignity and rights are compromised unnecessarily and routinely. The definition of 'Nearest Relative' under the Act is particularly outmoded and inflexible – the consent of ex-partners is required in many cases.

Previous Governments have recognised the need for Mental Health Act reform but this has only resulted in amendments to the original 1983 Act. Legislative change is needed to ensure parity with rights in physical healthcare.

We call on the next Government to:

- Undertake the agreed review proposed in the FYFVMH to ensure a Mental Health Act fit for tomorrow – this should include a full evidence review and full public consultation, including specific engagement with the most affected groups.
- Specifically review the outmoded 'Nearest Relative' definition as a matter of urgency.

Close the mental health employment gap

People affected by mental illness need the right kind of support to help them get back to work if they are able to. And they need the right welfare support if they are unable to work because of their mental illness. The current system fails to recognise the specific challenges that people with mental illness face.

43% of all people with mental health problems are in employment, compared to 74% cent of the general population, and 65% of people with other health conditions. For some conditions the employment rate is even lower – only 8% of people with schizophrenia are currently in employment. Around half of Employment Support Allowance (ESA) claimants have a mental health condition. The most recent statistics show 59% of claimants with mental illness who were found fit to work following an assessment for ESA were successful on appeal.

Existing back-to-work support programmes have been ineffective at helping people affected by mental illness find employment. People with mental illness need targeted support and evidence shows much better outcomes under established and targeted models such as Individual Placement and Support (IPS). Existing support programmes will be replaced by the Work and Health Programme in the next Parliament, but this will operate on a significantly reduced budget. Our supporters are also concerned that the reforms to the employment support system may increase the likelihood of financial sanctions in the coming Parliament.

Existing welfare provision has also penalised people with mental illness who are unable to work temporarily or even permanently because of their illness. Financial support helps them to lead a healthy life focused on recovery but there have been overall cuts and restrictions to both Employment Support Allowance (ESA) and Personal Independence Payment (PIP) in the last year.

We also know that the assessments used to determine eligibility for ESA and PIP do not

capture the realities of living with a mental health condition. Too often we hear stories of mental health deteriorating due to the assessment. In some cases, the situation is so serious for people that a number have taken their own lives as a result of these flawed processes.

Poor mental health awareness and stigma often drive poor outcomes in assessments for ESA and PIP, and for people with mental illness accessing employment. The next Government should make a commitment to promoting mental health awareness and to supporting people with mental health problems to speak out – and should particularly target schools and employers.

We call on the next Government to:

- Increase funding for the Work and Health Programme and create a new 'Work and Mental Health Programme' based on the well-evidenced principles of IPS.
- Reverse the ESA cut introduced in April 2017 for those in the Work-Related Activity Group (WRAG).
- Guarantee that sanctions and conditionality will not be extended to people who have been assessed as too unwell to work.
- Commit to comprehensive reviews, in partnership with the disability sector, of both the WCA and PIP assessment processes. The reviews should consider assessments only by professionals with mental health training and the removal of the onus on people with mental illness to collate medical evidence.
- Make a commitment to tackling mental health stigma by supporting the national Time to Change programme.
- Take action to ensure that mental health conditions are better understood by employers and within schools to help people affected by them to realise their potential.

A place to call home for everyone with severe mental illness

The right housing, with the right support, can be crucial in a person's recovery.

Too often, this is not the case. At least 4 out of 10 homeless people have a mental illness. And people with mental illness often live in restrictive settings longer than necessary because of inadequate and unaffordable housing options. This can prevent them from accessing employment opportunities, maintaining relationships and accessing health services.

Good housing can prevent delayed discharges from hospital and 'revolving door' scenarios, where people end up being readmitted to hospital very quickly, both of which are costly. For example, supported housing – where support with medication is offered onsite – can be a cheaper alternative to inpatient hospital care.

Around 33,000 people live in a mental health supported housing unit in Great Britain. However, recent Government proposals to limit the amount of Housing Benefit payable to people with mental illness living in this type of housing is causing considerable uncertainty.

This is because the plan is to cap the amount of Housing Benefit at the very modest Local Housing Allowance rate, which is likely to leave many with a shortfall between their rent and their welfare benefit. Rents are often higher than average in supported housing, because of the service charges needed to maintain these specialist buildings and their services. A local 'top-up' fund is also proposed to make up any difference between rent costs and a capped Housing Benefit amount. However, most people with mental illness will need to apply for a local top-up and this will cause them unnecessary

anxiety at a time when Local Authorities are already under considerable financial pressure.

Many housing providers are already reviewing their provision, at a time when we need more supported housing, because of the funding uncertainties.

We call on the next Government to:

- Develop a national housing, care and support strategy for people affected by mental illness to support people throughout their recovery.
- Ensure there is sufficient help for people with mental illness and their carers to access the housing provision that they need, when they need it, and that it is affordable.
- Postpone the proposed Housing Benefit reforms while a full impact assessment is undertaken, and alternative evidence-based options are explored with the mental health sector, to ensure that everyone with a mental illness has a place to call home.

**For more information, please contact
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**Leading the way to a better
quality of life for everyone
severely affected by mental illness.**