

Take action for better mental health

Our manifesto for the General Election 2015



mind.org.uk/election2015

A manifesto for better mental health

In this manifesto we'll be outlining what we want the next government to do to make sure everyone experiencing a mental health problem gets both support and respect.

Whoever forms the next government, it must take mental health seriously.

This is our chance to make sure healthcare services and our welfare system truly supports those of us with mental health problems to recover, stay well and have the resilience to lead fulfilling lives.

Who we are

We're Mind, the leading mental health charity in England and Wales.

We're here to make sure anyone with a mental health problem has somewhere to turn for advice and support. We work for a better deal and respect for everyone experiencing a mental health problem.



Welcome to Mind's manifesto

Staying mentally healthy is one of the biggest challenges we all face today. Mental health problems can affect anyone, no matter what their background. In fact, 1 in 4 people experience a mental health problem every year. In England alone, the cost of mental health problems in terms of treatment, loss of earnings and welfare is approximately £105 billion a year.

Here at Mind, we believe everyone experiencing a mental health problem should get both support and respect, and the Government has an enormous role in making sure this happens.

In May 2015, Britain goes to the polls in a general election. Whichever political party forms the next government, it must take mental health seriously. This is our chance to make sure health, care and other services truly support people with mental health problems to recover, stay well and lead fulfilling lives.

Attitudes towards mental health problems are beginning to change, momentum is building and we've now reached a critical stage in determining the future of mental health and wellbeing in our country.

Most of the major political parties recognise the importance of this issue and have committed to valuing mental health and physical health equally, and this principle is now enshrined in law. Some MPs have spoken openly about their own mental health problems and there is a determination across the parties to end stigma.

These are significant achievements, but they're not enough.

In the last few years, the demand for local mental health services has shot up while their funding has been cut in real terms. There have been increases in prescriptions for antidepressants, the number of people being sectioned and, tragically, the number of people

who take their own lives. Thousands of people have had their lives destroyed.

People who use services and those who provide them tell the same story. We're far from treating mental health and physical health equally because of deeper and faster cuts to mental health, prolonged waiting times and a lack of choice in treatments. On top of this, other services and support that help people stay well – including community or voluntary activities, advice services, and benefits – have been scaled back, which has a severe impact on the mental health of many people.

We can't afford to go backwards on mental health. The next government needs to prioritise mental health from the very start.

We won't shy away from saying it. Mental health services need more money and more attention. But it's not just about more beds. The next government must do more to tackle the stigma surrounding mental health, invest in talking therapies, and help communities and individuals build their own resilience to mental health problems. We need creative thinking on the things that affect health and wellbeing, such as benefits, employment policies, local government planning and policing.

In this manifesto, we set out the policies we want the next government to adopt immediately, in the mid-term and by the end of its five year term. The task is large, but if the Government gets it right the rewards will be far-reaching. If it doesn't, we fear mental health problems will rapidly increase over the next five years, with all the associated costs to individuals and our society.



Paul Farmer
Chief Executive, Mind

Violet, Northampton



Getting the government to take the care of those with mental health problems seriously would be a large step in the battle against the stigma.

Our ambition for the future

- Everyone will be aware of the importance of their own mental health.
- People will know where to turn for help if they become unwell.
- Help will be available whenever people need it, wherever they live.
- Recovery will be quicker and the impact of mental health problems reduced.
- Stigma and discrimination will be reduced significantly.

If the next government delivers the six points in this manifesto, this ambition could become a reality within five years.

Our manifesto at a glance

What the next government must do in its first 100 days

- 1 Commit to reducing mental health stigma and discrimination and to supporting the Time to Change campaign to sustain its work.
- 2 Mandate that the NHS in England offer a full range of evidence based psychological therapies to everyone who needs them within 28 days of requesting a referral.

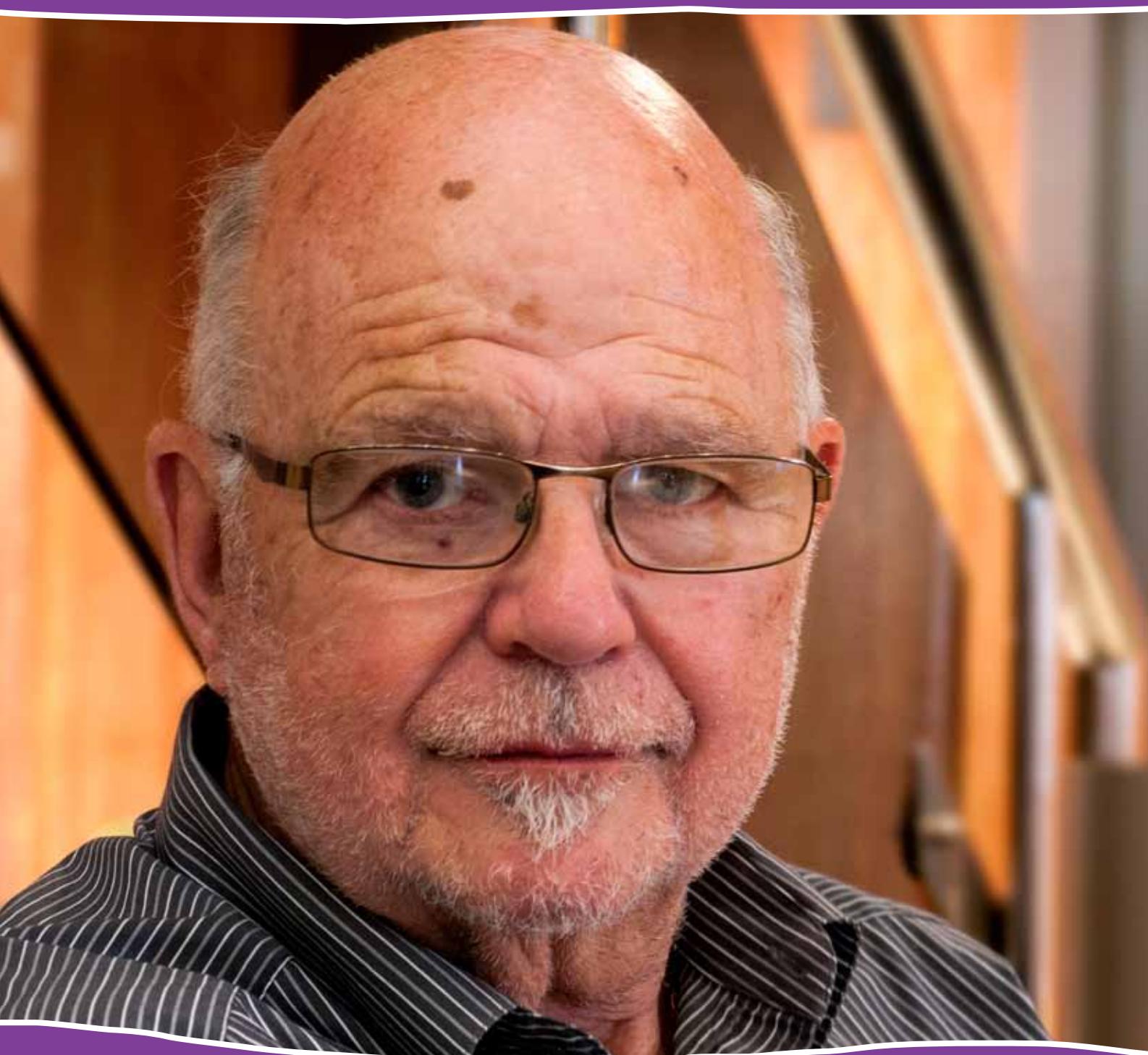
What the next government must do in its first year

- 3 Commit to ensuring everybody has safe and speedy access to quality crisis care 24 hours a day, 7 days a week, whatever the circumstances in which they first need help, regardless of where they turn to first.
- 4 Transform the support offered to people who are out of work because of their mental health and create a system that really helps people to overcome the barriers they face.

What the next government must achieve by the end of its five year term

- 5 Increase the overall NHS mental health budget by a minimum of 10 per cent in real terms.
- 6 Develop, consult on, fund and implement a national strategy for wellbeing and resilience.

David, North Devon



A significant number of those living with mental health problems do so unsupported, and have to call upon dwindling resources to try and cope. This is inherently wrong.

What the next government must do in its first 100 days



1 Commit to reducing mental health stigma and discrimination and to supporting the Time to Change campaign to sustain its work.

Mental health problems are still surrounded by ignorance, prejudice and fear. Nearly nine out of ten people with a mental health problem say they have faced stigma or discrimination. It makes them feel isolated and excluded from everyday activities, it makes it harder to get or keep a job, and it can prevent people from seeking help.

Time to Change is England's biggest programme to challenge mental health stigma and discrimination, run jointly by Mind and Rethink Mental Illness. It is the first campaign in the world to show that it is possible to change people's behaviour towards people with mental health problems. Since it began, the average level of discrimination that people with mental health problems report has dropped by 5.5 per cent, and public attitudes towards mental health have improved by 3.6 per cent.

We've built a social movement of tens of thousands of people, and hundreds of organisations, who are actively challenging stigma and discrimination in communities and workplaces across England. Together, we're making it easier for people with mental health problems to speak out, seek help, and live their lives to the full.

But changing attitudes is the work of a generation, and funding for Time to Change runs out in March 2015. Although we've made good progress, the latest figures show that over a third of people still come up against stigma and discrimination on a monthly or weekly basis. That's why we're calling on the next government to commit to supporting Time to Change over its five year term. Without a concerted effort and investment in Time to Change, there is a huge risk that our early gains will be lost.

Over a third of people still come up against stigma and discrimination on a monthly or weekly basis.

Shalini, Surrey



**Coming from an Asian background,
I want more awareness in BME
communities to accept that mental
health illnesses are real, can be
debilitating and need to be addressed.**

What the next government must do in its first 100 days



2 Mandate that the NHS in England offer a full range of evidence based psychological therapies to everyone who needs them within 28 days of requesting a referral.

When people experience a mental health problem, early access to the right type of psychological therapy can make a huge difference to their recovery and prevent the problem getting worse.

The Improving Access to Psychological Therapies (IAPT) programme, delivered by the current Government and the last one, has helped millions of people access therapies on the NHS but has not gone far enough. Demand for psychological therapies is rising and the system is struggling to cope, leaving people waiting too long for treatment.

In 2013, on behalf of the We Need to Talk coalition, Mind surveyed people who have used psychological therapies and found that one in ten people waited over a year for treatment, and more than half waited more than three months. Almost three out of five people weren't offered a choice in the type of therapy they received, despite the fact that different therapies work well for different people. Respondents also reported concerns about whether services were meeting the needs of people from ethnic minorities.

This isn't good enough. All the main parties have committed to valuing physical and mental health equally and this must extend to comparable waiting times and choice of treatment. Not only will this benefit the individuals who need treatment, it will also save the NHS money. By treating mental health problems earlier, fewer people will require more costly crisis care services later, and more people will be able to stay in or return to work.

That's why we are calling on the next government to ensure that NHS England and the Department of Health increase investment in psychological therapies to meet demand, and introduce a 28-day maximum waiting time. We're also calling for standards to ensure that everyone can access services, no matter where they live, how old they are, or what community they come from.

- 1 in 10 people waited over a year for treatment
- More than half waited more than three months
- Almost 3 out of 5 people weren't offered a choice in the type of therapy they received.

James, Cardiff



I have experienced very mixed crisis care services depending on where I have lived - an example of the 'post-code lottery' in the provision of mental health services.

What the next government must do in its first year



3 Commit to ensuring everybody has safe and speedy access to quality crisis care 24 hours a day, 7 days a week, whatever the circumstances in which they first need help, regardless of where they turn to first.

When people are in a mental health emergency, the range and quality of care they receive varies enormously depending on where they live. Some excellent care does exist, but it isn't available everywhere, and far too often people are left feeling frightened, isolated and alone. People from Black and Minority Ethnic (BME) communities face stark inequalities in accessing mental health crisis care. In 2012-13, of those people who spent time in hospital, 70 per cent of Black or Black British people were subject to some form of compulsory detention compared with 42 per cent of White people.

Mental health crisis care has begun to receive more political attention in the last three years and there have been very welcome developments. In the national Crisis Care Concordat, 22 national organisations including the Department of Health and Home Office committed to working together to improve crisis care. New guidance and training aim to reduce the use of restraint and put an end to the practice of restraining people face-down. But, welcome as these developments are, the next government must be under no illusion – the job is not done yet.

All the evidence on the ground points to a crisis care service that is at breaking point. At least 1,700 inpatient mental health beds have closed since 2011. Thousands of people are taken to hospitals nowhere near their homes, families and friends – in some cases 200 miles from home – and thousands more are taken to police cells because no other option exists.

Four out of 10 mental health trusts have

staffing levels well below the national benchmark, and staff working on the frontline of mental health say their stress levels have doubled since 2010. And, most tragically, the number of people taking their own lives has risen significantly.

This is in no way a party political issue. Every party needs to prioritise mental health crisis care, just as they do physical emergency care. The next government must build on the progress that has been made to date to ensure that everybody, no matter who they are or where they live, can rely on crisis care services 24 hours a day, seven days a week. There can be no retreat from the commitments made in the national Crisis Care Concordat and we need leadership to guarantee that the local roll out is maintained. We need a commitment that Clinical Commissioning Groups in England may commission a wider range of services, including crisis care houses, with appropriate staffing levels.

- At least 1,700 inpatient mental health beds have closed since 2011
- Thousands of people are taken to hospitals nowhere near their homes – in some cases 200 miles from home
- 4 out of 10 mental health trusts have staffing levels well below the national benchmark.

Anne-Marie, London



Having the ability to access talking therapies has been life changing. I feel I have a safe haven in my therapist. Giving me a place to be open, vent and simply be myself.

What the next government must do in its first year



4 Transform the support offered to people who are out of work because of their mental health and create a system that really helps people to overcome the barriers they face.

Government support for people on out-of-work benefits has undergone vast reform over the last few years and has been subject to enormous political and media scrutiny. But behind the sensationalist headlines and political rhetoric are people, many of whom are living with disabilities and illness, and are struggling to make ends meet. Around half of them have mental health problems.

The vast majority of people with mental health problems want to work, and employment can play an important role in helping their recovery. But the current back-to-work programmes for helping people move towards employment simply aren't working. Too often it's assumed people lack motivation or willingness to work, when in reality it is their illness, the need for specialist support, the environment they are expected to work in or a lack of suitable jobs that's the problem.

People are put under enormous pressure to return to work before they are ready and made to jump through hoops to receive support. It's causing anxiety and distress to the point that people become even more unwell and further away from employment.

The next government must transform this approach. It's time to shift the focus from pressurising and punishing people to supporting them, understanding their needs, and addressing the barriers they face in finding work.

The Work Capability Assessment must be improved so that people are accurately and honestly assessed. Assessors must work harder to understand the real impact of people's health problems, and the challenges they face in finding work. Assessors need proper experience and expertise in understanding mental health

problems. They must routinely collect evidence about the people they are assessing ahead of their assessments.

The next government must recognise that back-to-work programmes are not working for people on Employment and Support Allowance (ESA), particularly those with mental health problems. The most recent figures from the Department of Work and Pensions show that less than 5 per cent of Work Programme participants with mental health problems and on ESA have found sustainable employment.

We need a new programme of back-to-work support for people on ESA, focusing on mental health problems. It must be delivered by organisations embedded in local communities and linked into people's health teams. They must support people to achieve their aspirations, rather than pressuring them to undertake generic 'work related activities'.

For people with mental health problems to have a real chance of finding and sustaining work, the next government must focus on the external barriers they face when looking for jobs. Fewer than four in ten employers say they would willingly take on someone with mental health problems. This attitude needs to change, so people can find employment, and those in work can feel free to ask for mental health support rather than hide their problems and potentially fall out of employment.

Finally, we need a national strategy for ensuring that people can access advice and support to help them navigate a complex benefits system.

Fewer than four in ten employers say they would willingly take on someone with mental health problems.

Andy, Doncaster



Mental health fluctuates and is not a constant. Therefore the system of support should be flexible, people need a safety net not a harness. Let's make sure supported return to work is exactly that.

What the next government must achieve by the end of its five year term



5 Increase the overall NHS mental health budget by a minimum of 10 per cent in real terms.

Mental health services are facing a crisis. Although the main parties have committed to valuing mental and physical health services equally, funding for mental health services have faced more severe cuts than other services. In 2013 NHS England recommended that mental health funding be cut by 20 per cent more than acute hospital services. And more than two-thirds of mental health trusts reported a drop in real-terms spending of over 2 per cent over the last two years.

There isn't any room for belt-tightening in mental health services. Mental health has always been chronically underfunded and an easy target for cuts. But right now, demand is rising right across the system, from talking therapies to acute care, and services are creaking under the pressure.

Cuts are self-evidently a false economy. Every day we hear from people who have lost the community healthcare that was helping them to cope and who now find themselves desperate and in crisis, unable to get the urgent support they need. This is simply not good enough. Services are failing people with mental health problems and putting lives in danger. The knock-on effect for other public services, including the police and accident and emergency services, is all too obvious.

Historically, too few people have felt able to speak out about mental health problems, but that's changing and people's voices are stronger.

The next government must not only put an end to the unfair, disproportionate cuts, but go further and commit to much-needed additional funding for mental health. As a bare minimum we are calling for an increase of 2 per cent in real terms of the NHS budget each year. We know that calling for more NHS funding in the current climate is difficult, but poor mental health is leading to huge expense in other areas of the state. Investing in better services is the only way to reduce the financial burden.

Already underfunded, mental health trusts have seen their funding cut by 2 per cent in real terms over the last two years while demand for services is rising.

Kirsty, Manchester



I was referred for talking therapies by my GP. Unfortunately the waiting list was set at a minimum of 22 weeks. In fact I waited 34 weeks. In this time I had multiple crises.

What the next government must achieve by the end of its five year term



6 Develop, consult on, fund and implement a national strategy for wellbeing and resilience.

Better services for people with existing mental health problems are critical, but so too is a long-term plan to stem the flow of people becoming unwell. In order to do this, the next government must develop a strategy which specifically focuses on building resilience and wellbeing across the whole country.

There is clear evidence that fewer people are likely to use mental health services in communities with high levels of wellbeing and resilience. ‘Wellbeing’ is not simply a subjective feeling of happiness – it is ultimately about feeling good and functioning well in society, and encompasses positive relationships, social connections, good health, and a sense of life satisfaction. ‘Resilience’ is about having the skills and coping mechanisms to bounce back from life’s challenges, and not becoming overwhelmed or unwell. Resilience can be learned and improved, as well as eroded or worn down by difficult circumstances; it may vary over a person’s lifetime.

Governments have the ability to promote and increase wellbeing and resilience across the population, and if they do it effectively they could dramatically reduce the prevalence of mental health problems in the longer term. Yet successive governments have merely scratched the surface of this potentially powerful policy area. There has never been a comprehensive strategy to promote wellbeing and resilience.

We want the next government to be ambitious in its approach and embed a focus on wellbeing and mental health across all its departments and the policy-making process. We would expect any wellbeing strategy to set out a clear vision and concrete actions to be taken by the national health and wellbeing partnership of Government, Public Health England and NHS England, as well as local government.

This strategy must include:

- a government-funded, evidence-based, social marketing campaign to promote wellbeing and resilience
- the development of a robust ‘wellbeing impact assessment’ tool to be incorporated into ‘The Green Book’ by which all new government policies would be assessed
- a Cabinet-level Minister to coordinate and promote the wellbeing agenda across all departments.

- 1 in 10 people waited over a year for treatment
- More than half waited more than three months
- Almost 3 out of 5 people weren't offered a choice in the type of therapy they received.

Acknowledgements

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