



General election 2024:

No Mind Left Behind.



This election is a pivotal moment for mental health.

Every year, 1 in 4 of us will experience a mental health problem.¹ But right now, the mental health system is at breaking point. With nearly 2 million people in England on the waiting list for NHS mental health services, far too many of us aren't getting the help we desperately need.²

The scale and severity of mental health need is spiralling. Since 2017 the number of young people struggling with their mental health has nearly doubled³ and the number of people sectioned under the Mental Health Act has reached a five-year high.⁴

The impacts of this broken system do not fall equally. People living in poverty, people from racialised communities and those most severely affected by mental illness are getting left behind; all too often not getting the help and support they need.

In the midst of a cost of living crisis, with poverty growing at its fastest rate in 30 years, it's not surprising that more of us are becoming unwell, unable to stay in work and are turning to the benefits system for support.⁵ Mental health is now the leading cause of sickness absence in the UK. 300,000 people with long-term mental health problems fall out of work every year. And mental health problems are estimated to cost society £300 billion annually; double the NHS's entire budget in England in 2022.⁶

More of us might be talking about mental health than ever before, but support is still out of reach for too many. That's why we're clear on what we want to see from the next UK government. We need a government that prioritises mental health to make sure that everyone gets the support they need, when they need it.

The good news is this is fixable. There are clear, evidence-based solutions that the next government can commit to over the weeks ahead which would help ease the pressure on mental health services and start to shift the dial for our nation's mental health.

This will require a truly cross-governmental approach from the next UK government. Mental health problems can affect different aspects of a person's lives – from care and treatment to employment and finances – which is why government departments, civil society and those with lived experience all need to be involved in developing and delivering a new mission for mental health.

Our network of local Minds run a range of innovative mental health services ranging from counselling, befriending support and talking therapy through to benefits advice and employment and training schemes, giving us unprecedented insight and knowledge into what is needed to deliver the transformation needed for people with mental health problems.

The recommendations we set out are the immediate steps the next UK government must take towards a future where there's no mind left behind.

We're calling on the next UK government to:

- 1** Raise the standard of mental health hospitals
- 2** Reform the outdated Mental Health Act
- 3** Fund a network of early support hubs for young people
- 4** Fix benefits assessments for disabled people
- 5** Support people with mental health problems to thrive at work

Together we can make sure there's no mind left behind.

Why prioritise mental health

Public opinion

Mental health should be at the heart of this election. Nearly two-thirds (66%) of the public are concerned about the state of mental health services provided by the NHS. And this concern is held by voters across the political spectrum, with over three quarters (78%) of people who voted Labour in 2019 concerned and more than three in five (61%) who voted Conservative.⁷

With almost half (49%) of the UK public saying mental health support is difficult to access⁸, it's clear that the next UK government must prioritise mental health to make sure that everyone can get the support they need, when they need it.

The mental health crisis has been growing over the last few years. And the public know why. They squarely place the responsibility on the cost-of-living crisis (68%) and NHS waiting lists (48%).⁹ Resolving both of these issues will be front and centre during this election. And it's clear that mental health must be part of the solution.

The public want to see mental health given equal attention. More than 3 in 5 people believe mental illness is just as serious as physical illness.¹⁰ And we have to see that reflected in the next UK government's plans.

Together we can make sure there's no mind left behind.

Funding for mental health

With the social and economic cost of mental health problems in England at £300 billion, the next UK government can't afford to do nothing. That's up from £119 billion in 2020 and £77 billion in 2003.¹¹ It's shocking.

The upside is that we know that a sustained focus and investment in mental health is worth it.

Here's how:

- The extra £1 billion a year for the Five Year Forward View for Mental Health (2016) and £2.3 billion a year by the end of the NHS Long Term Plan (2019) has meant:
 - 4.8 million people accessed NHS mental health services in 2022/23 - that's 1 million more than in 2016/17. This includes almost 750,000 children and young people (CYP) aged under 17, about 40% higher than the number of young people who accessed services in 2019/20.^{12 13}
 - There are now 24/7 all age crisis lines covering all of England, taking around 250,000 calls each month.
 - There are 600 mental health crisis alternative services nationally, including 70 crisis houses and 15 mental health crisis hubs.¹⁴⁻¹⁶
 - Mental Health Support Teams in schools and further education now cover 35% of pupils and learners.¹⁷
- Targeted investment in the Time to Change anti-stigma campaign delivered by Mind and Rethink Mental Illness led to real change in the discrimination reported by people with lived experience, with the attitudes of 5.4 million adults in England improving since the start of the campaign.¹⁸
- The Mental Health Investment Standard has been vital to making sure funding for mental health reaches frontline services.



Mental health hospitals: the case for change

Mental health hospitals are broken. Buildings are crumbling. Wards are often bare, cold, and rundown. And people's voices are being ignored. It's time for the next UK government to raise the standard of mental health hospitals.

A string of recent abuse and safety scandals have highlighted the failings in mental health hospitals that have gone on far too long. Tragically, recent cases include patient deaths, overuse of restraint and sexual safety incidents.

**'Unsafe',
'unheard'
'prison-like'
'frightening'
'noisy'**

These are words people with lived experience used to describe their stay in mental health hospitals.

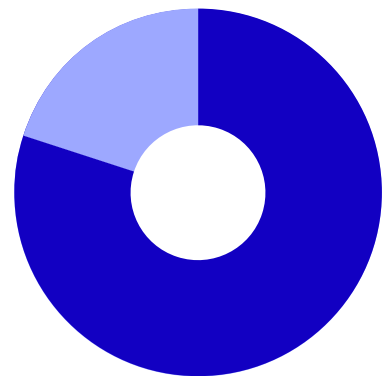
40%

of mental health providers across the country were rated as 'requires improvement' or 'inadequate' for safety by the CQC this year.

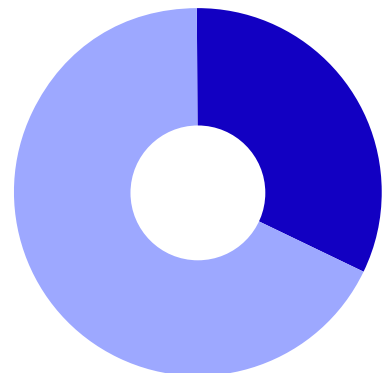
Tiwa's story

what she says about her time in hospitals:

"It was very traumatic there – I left with more trauma than I went in with. It felt like we as patients were more responsible for each other than the staff were, and I watched several friends nearly die from ligature incidents... Sometimes I think I was deemed as more aggressive because of bias against Black people, and there were patients on the ward who used the N word, which wasn't pleasant. When I turned 18, I felt I automatically gained so much more autonomy, respect and humanity compared to my experience in CAMHS."



68% of people think the government should be doing more to protect people in mental health hospitals from unsafe care and abuse.¹⁹



Almost 1 in 5 mental health nursing posts are vacant, contributing to an over-use of restrictive practices, including restraint, seclusion, and segregation.²⁰

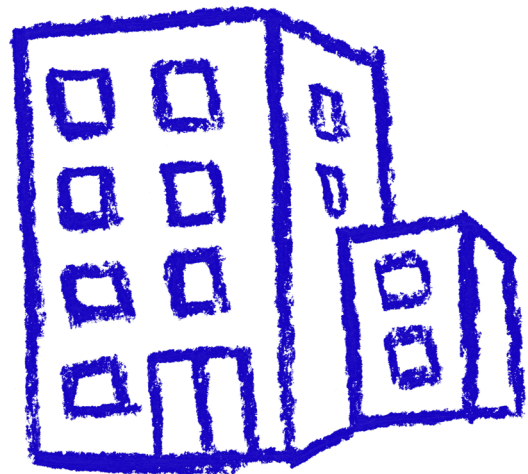
Raise the standard of mental health hospitals

Following the launch of our Raise the Standard campaign earlier this year, we've already seen the Health Services Safety Investigation Body (HSSIB) launch an investigation into mental health hospitals, but there's still a long way to go.

Mental health hospitals should be a safe and therapeutic environment to recover in. They should be places of understanding, kindness and hope. Places where people feel respected and cared for. Too often this isn't the case. We desperately need to see dedicated funding to improve the state of mental health hospitals.

We want to see a greater range of treatment options that give people the support they need when they're at their most unwell. Mental health hospitals also need to have enough staff who are supported and well trained to keep people safe and deliver high-quality care. And most importantly, mental health hospitals need to include the voices of people with lived experience in how they are run.

Long-term, we need to be moving more care away from mental health hospitals and into the community. Gaps in community care are resulting in the ongoing strain on hospital mental health care and increasing waiting lists for mental health services. People who are unable to access support for mental health problems are more likely to experience a deterioration and reach crisis point. Others slip through the cracks between different overstretched agencies. This cannot go on. The next UK government must urgently raise the standard of mental health hospitals.



What the next UK government should do

There are clear steps that any political party could take to start fixing mental health hospitals:

- The NHS Long Term Workforce Plan should make sure mental health hospitals have enough staff who are supported and well-trained.
- Establish a Mental Health Investment Standard (MHIS) just for capital funding to make sure any future investment is fairly allocated to mental health redevelopment and improvement schemes. This will help make mental health hospitals safer, more comfortable environments to recover in.
- Produce a comprehensive, fully funded plan on actions the UK government, NHS and relevant agencies will take to implement the recommendations of the Health Services Safety Investigation Body (HSSIB) investigation into inpatient care.

Impact

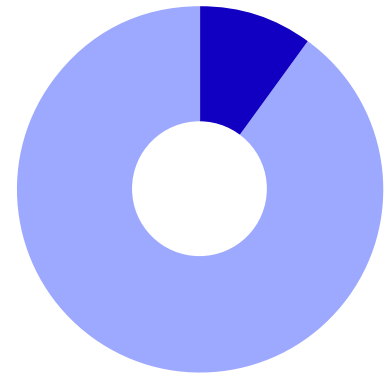
These steps are desperately needed to combat the safety issues and abuse that are too common in our mental health hospitals. They will keep patients safe from harm, train and support staff, and make the hospital environment more comfortable and appropriate for recovery. So that no matter what support someone needs for their mental health, there's no mind left behind.

Reform the Mental Health Act: the case for change

The Mental Health Act is outdated. It's not fit for purpose. Mind has been pushing for reform to the Act for many years. And we can't wait any longer.

Here are just some of the problems with the Act:

- **People detained under the Act don't have enough say in their treatment.** They can't choose the treatment that works for them, and the Act doesn't offer a way to appeal decisions.
- **There are shocking racial disparities in how it's used.** Black people are over 3 and a half times more likely to be detained under the Act than White people. They're more than 8 times more likely to be subject to a community treatment order too.²¹
- **Community treatment orders don't work.** Community treatment orders are meant to give people supervised treatment in the community. They give someone a set of conditions to follow when they're discharged from hospital. They were introduced to stop people repeatedly going back into hospital, but they don't work. They don't reduce the number of readmissions. They don't reduce the amount of time people spend in hospital. They're intrusive and restrict people's lives. And people don't know what they have to do to get off the order.

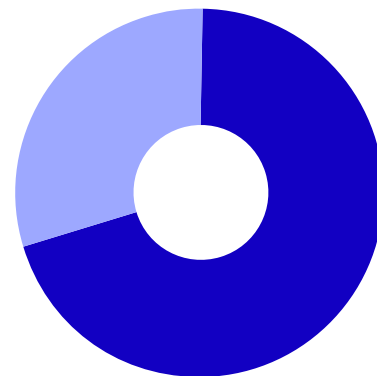


Only 1 in 10 (11%) of people think the UK government is currently doing enough to protect people in mental health hospitals from unsafe care and abuse.²²

“I have never felt more unsafe than I did in that place [...] Staff were pulled in so many different directions at once and it was clear that there just weren't enough of them. [...] My time at hospital is something I've sought support for in therapy since leaving – it was that bad. Acute inpatient services should be a refuge, not a source of added trauma.”

Priya, young person

- **It's unfair on people in deprived areas.** People living in deprived areas are also more than 3 and a half times more likely to be detained than those in the least deprived areas.²³
- **It doesn't work for young people.** Young people are inappropriately put in adult wards that are often far from home. This is unacceptable. They're restrained, ignored and left to deal with a confusing system on their own. And when they get back to their communities, support they were promised often never materialises. 58% of the young people we spoke to said their mental health got worse after being in a mental health hospital.²⁴



Almost 70% of young people said they did not have a positive experience of being in a mental health hospital.²⁵

2

Bring forward reform of the Mental Health Act

The road to reform began in 2018 with the independent review of the Act, followed by a White Paper in 2021, and a draft Mental Health Bill has since been developed and undergone pre-legislative scrutiny. Many people with mental health problems have shared the difficulties and trauma they have experienced under the current Act with the intention of this evidence being used to improve the draft bill. All of this will now

have come to nothing. The vast amount of time, effort and resource that has gone into reforming this legislation to make it for purpose in the 21st century can't be thrown away. The next UK government need to respond to the Joint Committee's report on the draft mental health bill and introduce the bill to parliament within their first 100 days of office.

What the next UK government should do

The next UK government must deliver a reformed Mental Health Act to strengthen people's rights, choice, and control while they are in a mental health hospital.

The bill should be **introduced to parliament within the first 100 days of the next government.**

In this new mental health bill, we call for the following changes, in addition to what has been proposed:

- Community treatment orders to be abolished.
- People to have a right to mental health assessment and treatment when they need it.
- Advance choice documents for everyone in a mental health hospital and a right to appeal treatment decisions.
- Everyone in a mental health hospital to automatically get an advocate unless they don't want one.
- Children and young people to be equally protected under the new rights and safeguards.
- An end to inappropriate placements of young people on adult wards or far from home.

Impact

Reforming the Mental Health Act is crucial to strengthening people's rights, choice, and control while they are in a mental health hospital. It is an opportunity to address the deep inequalities in how the Act is and to give people a greater say over their own treatment.

Young people's mental health: the case for change

More and more young people are now experiencing mental health problems. And often, they can't get support when they first need it. Services currently available through schools and the NHS simply can't cope with the level of need.

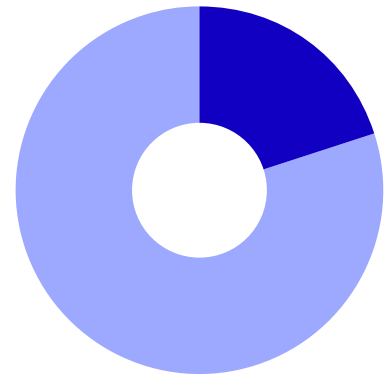
Early Support Hubs can help change this. They'll give young people a place to get help before they're in crisis. A place to improve their life chances.

The earlier a young person can get support for their mental health the more effective it's likely to be. Failure to provide high-quality mental health interventions before age 25 creates significant risks for long-term social and health outcomes.

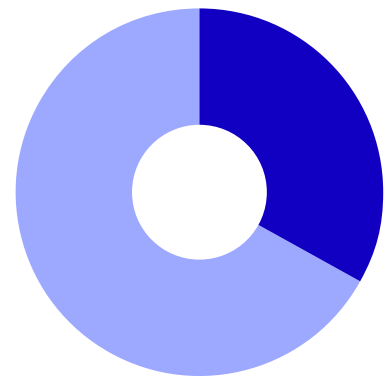
There's a unique role for early support hubs **in filling the gap between existing services and meeting the needs of young people who are less likely to engage with NHS services or support at school:**

Research suggests that services delivered by hubs that are currently open are more able to engage young people who have left school, people from LGBTQIA+ and Black and minority ethnic communities in comparison to CAMHS NHS services and school counselling.²⁶

Early support hubs provide services for young people up to the age of 25. They give young people transitioning into adult life consistency, especially when they're no longer being supported by the school system or child and adolescent mental health services (CAMHS).



Today, **1 in 5** young people have a mental health problem. That's up from 1 in 9 in 2017.²⁷



Yet **only around a third** of young people with a diagnosable mental health problem are able to access NHS-commissioned treatment.²⁸

“It would have stopped my mental health getting bad so quickly and provided an immediate source of relief without judgment from my school, peers or my GP as I wouldn't have needed a referral. It would have been an environment in which I was made to be comfortable instead of the uncomfortable feeling of school. As an early intervention, it could have stopped my mental health problems escalating as they did.”

Zoe, young person

3

Fund a network of early support hubs for young people

Early support hubs provide easy to access mental health support to young people when they first need it. Anyone aged 11-25 will be able to drop into a service in their local area without an appointment or referral.

Their main purpose is mental health support. But hubs can also provide a base to help young people with other problems they're experiencing, all under one roof.



This could include:

- Employment support
- Housing advice
- Sexual health services

Early support hubs are a proven model, which is cost effective and sustainable. Some hubs already exist in parts of England, but young people face a postcode lottery as to whether they can access one. Extra funding would support these existing hubs and create new ones in areas without them.

Early intervention is just one part of the picture. A national rollout of early support hubs will help to reduce the number of young people on waiting lists for specialist support in the future.

But while the demand for specialist support is still growing, we have to make sure NHS services have the capacity and funding needed to deliver this support to the young people who desperately need it.

What the next UK government should do

- We want to see investment in young people's futures. That means funding a national roll out of early support hubs – a place in every community for young people to go when they first experience a mental health problem.

Impact

A national roll-out of early support hubs would help reduce pressure on the NHS, on schools and other local services. It would also bring savings elsewhere in the NHS from lower referrals to expensive specialist services (like child and adolescent mental health services) and fewer people arriving at A&E with a mental health problem.

Poverty and mental health: the case for change

We know there's a 2-way link between poverty and mental health. People with mental health problems are more likely to struggle financially, and people facing financial difficulties are more likely to struggle with their mental health.

The current cost of living crisis is taking a huge toll. More people are now experiencing mental health problems and the situation has got worse for anyone who was already struggling.

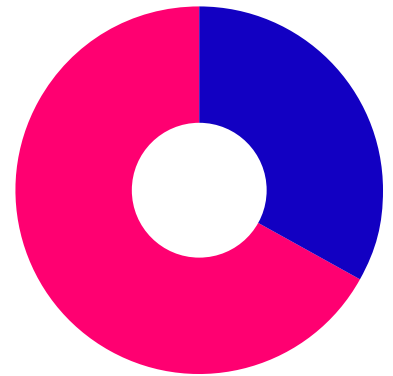
6 in 10 (59%)

UK adults say that the cost of living crisis has had a negative impact on their mental health, leaving them feeling anxious, depressed, or hopeless.²⁹

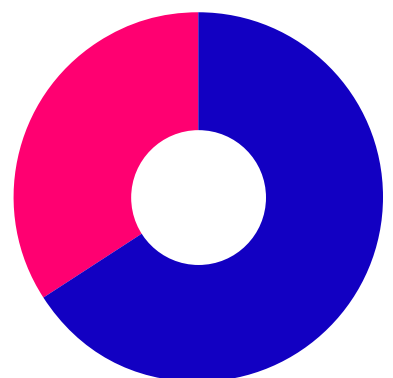
Our research shows that people receiving benefits have been hit particularly hard and are experiencing increasingly severe and complex problems post pandemic.³⁰

“I am a human being who is struggling, not just a National Insurance number, or a form that's being processed. Decision makers should have experience of mental health and be able to be empathetic and understanding.”

Paul



Around 1 in 3 people applying for and receiving Personal Independence Payment (PIP) and 1 in 2 people receiving Employment and Support Allowance (ESA) have a mental health problem, cognitive impairment or learning disability as their main disability.^{31, 32}



Almost **7 in 10 people (66%)** said that going through their benefits assessment made their mental health worse.³³

4

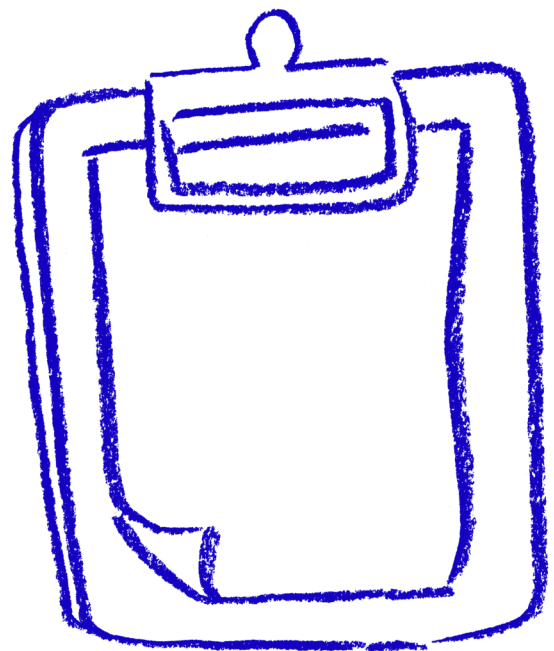
Make benefits assessments work for people with mental health problems

The current benefits system doesn't give people with mental health problems the financial support we need. Inaccurate health assessments are leaving many people having to go through long, stressful processes to fight for benefits to which they are entitled, all while they are unwell.

The Personal Independence Payment (PIP) assessment and Work Capability Assessment (WCA) used by the Department for Work and Pensions (DWP) are in desperate need of reform. There is a lack of expertise and understanding of mental health problems within the benefits system, which means assessments ultimately cause harm to many people's financial situation and mental health. People with experience of the benefits system must be at the heart of planning how to improve it.

The benefits system should be there for all of us when we need it most. Recent proposed reforms have sought to reduce access and make the system harder for disabled people. Instead, a fresh approach is needed, which prioritises getting disabled people, including people with mental health problems, the support they need.

There's little evidence that sanctions work to help people with mental health problems into the workplace, but plenty of evidence that they are harmful to our health. For the benefits system to work for people with mental health problems, it has to be built on understanding and empathy. Personalised support should be delivered by skilled and experienced staff, who are there to support people to fulfil their individual aspirations, instead of just pressuring them to comply.



What the next UK government should do

- **Stop applying conditionality and sanctions to disabled people and people with long-term health conditions.**
- **Create a new commission led by disabled people to redesign benefits assessments.**

A commission should be tasked with:

- Identifying reforms to the structure and criteria of benefits assessments.
- Coming up with new criteria for the PIP assessment that reflects how a someone's health condition or disability affects them.
- Looking at whether removing the WCA is the right decision, and if so, how it can work safely.

Impact

Reforming benefits assessments to make sure they're fair, accurate and appropriate for people with mental health problems will help people live with independence and dignity when they're too unwell to work.

And redesigning assessments and ending conditionality will reduce the negative impacts of the current system, and help support people's recovery and ability to return to work when they are ready.

Mental health at work: the case for change

Mental health is the leading cause of sickness absence in the UK. 300,000 people with long-term mental health problems fall out of work every year. We know that small business owners and the self-employed are struggling in particular, **with 1 in 2 reporting poor mental health.**³⁴ People in low paid and insecure work, experiencing in-work poverty, have also been particularly affected.

The Thriving at Work Review, commissioned by the then government in 2017, highlighted 300,000 people leave work each year due to long term mental health conditions.³⁵ The Review proposed a set of standards that employers of all sizes and sectors should look to implement to allow everyone to get the support they need at work. These were brought together under the Mental Health at Work Commitment. But progress from the UK government has stalled and we're yet to see a full implementation of the recommendations made in the Review.

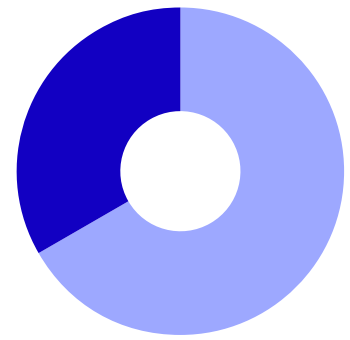
The rights of people with mental health problems are also currently unclear within the Equality Act 2010, due to the requirement for a disability to be "long-term". Mental health problems can fluctuate and be episodic and it is essential that legal protections reflect this.

And the current model of Statutory Sick Pay (SSP) means many people who are not fit to work can't afford to take the necessary time off sick. Evidence shows this has negative impacts on someone's health and recovery.³⁶

"I have health conditions so really struggle to work, but I can't afford to take time off. My employer doesn't like me using annual leave to cover sickness.

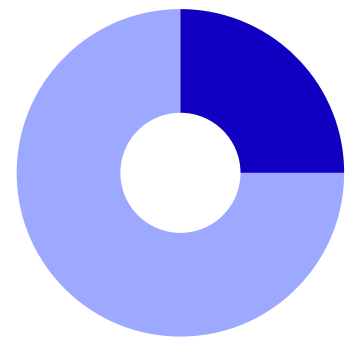
I'm struggling to survive as a single parent with one income, but I physically can't do more work due to health."

Respondent in Mind survey 2020

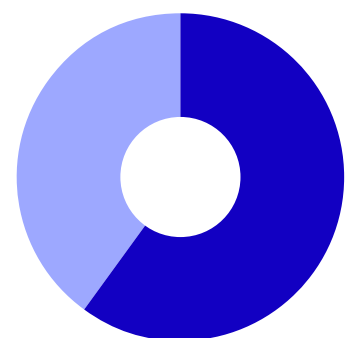


2 in 3 people on SSP due to their mental health told us that SSP has caused financial problems and for some this meant going into debt.

For people with mental health problems on SSP:



1 in 4 said it's slowed down their recovery.³⁷



3 in 5 people told us that the reduction in income caused by SSP had a negative effect on their mental health.

5

Support people with mental health problems to thrive at work

Employers need to step up to the challenge of improving workplace wellbeing for all and supporting people with mental health problems. But with 68% of people thinking the government should enforce standards for how employers deal with mental health at work,³⁸ we also need to see action from the UK government.

By implementing the Thriving at Work recommendations in full and promoting the Mental Health at Work Commitment, the government can offer a framework for business to create workplaces that promote good mental health. In particular, they could provide a focussed package of funding, support and information to support SMEs and micro-organisations to implement the Mental Health at Work commitment.

The UK government should also clarify and extend the protections available to workers under the Equality Act 2010 so that people with mental health problems get the same rights as other disabled people.

And with workers on Statutory Sick Pay (SSP) getting as little as £1.10 an hour in the first week and less than £3 an hour after, SSP is in desperate need of modernisation.³⁹ People on low incomes or the self-employed aren't eligible for Statutory Sick Pay (SSP)¹ and while many people returning to work after an absence due to mental health find it easier to manage the transition through a phased return, SSP in its current form isn't flexible enough to accommodate this.



¹ SSP is payable to all 'employees' (defined as workers paying Class 1 National Insurance Contributions (NICs)) who earn above the Lower Earning Limit of £123 per week (on average). An estimated 2 million workers earn below this Lower Earnings Limit and are therefore not eligible for SSP or any financial support from their employer. The self-employed who do not pay class 1 NICs are also excluded.

What the next UK government should do

- **Modernise SSP** so that it is:
 - A true financial support, increased in line with the Living Wage, payable from the first day of sickness and available for 52 weeks.
 - More flexible to better allow voluntary phased returns while receiving wages and on a pro-rata basis.
 - Available to people on low incomes who aren't eligible right now, delivered by abolishing the Lower Earnings Limit.
- **Implement the recommendation of the 2017 Thriving at Work Review** so people are supported to look after their mental health at work.
- **Amend the Equality Act 2010 to clarify the definition of disability** to better reflect the experiences of people with mental health problems.

Impact

The estimated cost of poor mental health to UK employers is at a record high of around £56 billion a year. This is down to sickness absence, presenteeism, and increased staff turnover – up by about 25% since 2019.⁴⁰ By ensuring everyone has the support they need to thrive at work, the UK government can help grow the economy and reduce pressure on NHS mental health services.

No mind left behind: our call to action

The crisis in mental health cannot continue. That's why it's critical that the next UK government ensures we're a country where everybody with a mental health problem gets the support they need, when they need it.

This is a big task – but we know the steps we need to take to make this happen. And with these steps, the next UK government has a chance to get support for people with a mental health problem back on track. And long-term, they can drive the transformation needed within our mental health services.

Mind stands ready to work with the next UK government to make this happen – the delivery of mental health services across **our network of more than 100** local Minds gives us unprecedented knowledge and understanding of what works in mental health.

Together we can make sure there's no mind left behind.



- ¹ McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. *Adult psychiatric morbidity in England, 2007: results of a household survey*, (2009).
- ² NHS Digital, *Mental Health Services Monthly Statistics*, (May 2024). <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/performance-march-2024> [delayed from 9 May 2024 due to operational issues] - NHS England Digital.
- ³ NHS Digital, *Mental Health of Children and Young People in England 2023* (2023). <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up>.
- ⁴ NHS Digital, *Mental Health Services Monthly Statistics*, (May 2024). <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/performance-march-2024>.
- ⁵ Department for Work and Pensions (March 2024) <https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2023/households-below-average-income-an-analysis-of-the-uk-income-distribution-fye-1995-to-fye-2023>.
- ⁶ Centre for Mental Health, *The Economic and Social Costs of Mental Ill Health* (March 2024). https://www.centreformentalhealth.org.uk/wp-content/uploads/2024/03/CentreforMH_TheEconomicSocialCostsofMentalIllHealth.pdf.
- ⁷ More in Common polling (2024) Data tables available: <https://www.moreincommon.org.uk/our-work/polling-tables/>.
- ⁸ More in Common polling (2024) Data tables available: <https://www.moreincommon.org.uk/our-work/polling-tables/>.
- ⁹ More in Common polling (2024) Data tables available: <https://www.moreincommon.org.uk/our-work/polling-tables/>.
- ¹⁰ More in Common polling (2024) Data tables available: <https://www.moreincommon.org.uk/our-work/polling-tables/>.
- ¹¹ More in Common polling (2024) Data tables available: <https://www.moreincommon.org.uk/our-work/polling-tables/>.
- ¹² Department of Health & Social Care (2024). <https://committees.parliament.uk/publications/43339/documents/215812/default/#:~:text=In%202022%2F23%2C%204.8m,when%20compared%20to%202016%2F17>.
- ¹³ NHS England Digital, *Mental Health Services Monthly Statistics* (2024). <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics>.
- ¹⁴ NHS England, *24/7 urgent mental health helplines available across the country*. <https://www.england.nhs.uk/mental-health/case-studies/crisis-mental-health-case-studies/24-7-urgent-mental-health-helplines-available-across-the-country/>.
- ¹⁵ UK Parliament, Question for DHSC: *Mental Illness: Community Care* (2023). <https://questions-statements.parliament.uk/written-questions/detail/2023-06-14/189723/>.
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