



We've waited long enough

It's time for a fair mental health system



About Rethink Mental Illness

No matter how bad things are, we can help people severely affected by mental illness to improve their lives. We're on a mission to bring about meaningful change, through our services, groups and ground-breaking campaigns.

As a leading charity provider of mental health services in England, people living with mental illness and those who care for them are at the heart of everything we do. They shape our expert advice, information and around 200 services – everything from housing to community based services. They drive our campaigning to change the law and tackle discrimination. Together, we run over 130 local groups which provide vital peer support in the community.

We know, from our vast experience, that people severely affected by mental illness can have a good quality of life. Ahead of the General Election on 12th December 2019, we are asking all parties to commit to a fair mental health system – we've waited long enough.

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Summary

We know that people living with mental illness face challenges on a number of levels, from poor housing, an unfair welfare system, financial hardship and contact with the criminal justice system. It is a shocking fact that people with severe mental illness die between 15–20 years earlier than the rest of the population, and that only 8% of people living with schizophrenia are employed in the UK,¹ even though there is a strong appetite to work and live fulfilling lives.

Over the past year we have been encouraged by several developments across mental health. We've seen a commitment to implementing the Five Year Forward View for Mental Health, a full independent review of the Mental Health Act, and people living with severe mental illness are now at the heart of the NHS Long Term Plan. These are all strong developments but with fewer than four in 10 people having access to mental health services we know there is still a long way to go.

Rethink Mental Illness wants to see a concerted effort by the next government to address these issues and a full commitment to improving the lives of people severely affected by mental illness.

We call on the next

Government to:



Create a cross-government mental health strategy



Modernise the Mental Health Act



Provide fair funding for mental health services

¹ The Schizophrenia Commission (2012) [The Abandoned Illness](#), page 6.



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Create a cross-government mental health strategy

Clinical care is only one part of a bigger package of support needed to give people severely affected by mental illness a meaningful life in the community. Housing, welfare and employment all are a crucial part of giving people the best quality of life possible. Every government department must take action to make a difference.

The next government must lead the development of a cross-government strategy for mental health that adopts a mental health in all policies approach.

Social care for working age adults

Social care for working age adults is critical to support the many people severely affected by mental illness who might struggle to leave the house, volunteer, take part in social activities or prepare meals alone. Yet social care for working age adults is means tested and there is a significant funding shortfall. The Local Government Association has estimated that this amounts to £1.2bn.² The NHS Long Term Plan cannot be effective without adult social care being funded as an equal partner. That's why we are calling for a funding settlement for working age adults that covers the next 10 years.

Most people do not receive social care that lives up to the compelling vision of support set out in the Care Act 2014. All too often people wait long periods of time to be assessed before finding out they have to make significant contributions towards their care – which often does not meet their needs. Carers can go without any support and advocates are not available as early as they should be. That's why we are calling for a review of how the Care Act provides adult social care for people living with severe mental illness and their carers.



Housing

Supported housing is an essential prevention and recovery service for people severely affected by mental illness. It is a stable environment where people can re-learn the skills and confidence to live independently, but if current trends continue it is estimated that there will be a shortfall of nearly 47,000 supported housing places by 2024/25.³ A lack of supported housing means people are kept on hospital wards, despite being medically well enough to be discharged, because there is nowhere for them to go. There must be a commitment from the Ministry of Housing, Communities and Local Government to increase the supply of supported housing, accompanied by a stable funding mechanism, that meets the needs of people with mental illness.

² King's Fund (2018), [Key challenges facing the adult social care sector in England](#), page 3

³ National Housing Federation (2015) [Supported housing: Understanding need and supply](#), page 6



Financial support

The central aim of the disability benefits systems is to provide vital financial assistance to those who are unable to work. It is a lifeline for people severely affected by mental illness, but we routinely hear stories from people severely affected by mental illness that show that the current assessment processes for both Employment Support Allowance and Personal Independence Payment are inappropriate. The number of decisions eventually overturned at tribunal shows that incorrect decisions are being made far too frequently. That's why we believe the PIP assessment and the Work Capability Assessment must be reformed to better fit the needs of people severely affected by mental illness.

The problems that have emerged with the roll out of Universal Credit are well documented. Unless they are addressed, we believe that the lives of people severely affected by mental illness could be damaged as their needs go unconsidered. At a minimum, we believe that disability elements which have been lost through the transition to the Universal Credit system must be restored.

Almost half (45%) of people with debt have a diagnosis of a mental illness.⁴ Mental Health UK, which Rethink Mental Illness is a part of, runs the Mental Health and Money Advice service to support people with debt they can no longer cope with. In its first year, the service supported 1,198 people through its telephone service, completed 406 debt cases and 635 benefit cases, but there are many more people who need help. We recommend that the government commits additional funding to the service to increase the number of people the service can support with tailored financial advice.

Employment and volunteering

For some people severely affected by mental illness, working will be too much of a challenge – but we know there is an appetite among many others in this group to engage with some form of appropriate volunteering or paid work. Just 8% of people with schizophrenia are employed in the UK.⁵ We believe the disability employment gap can be halved over the course of the next parliament. Supporting more people severely affected by mental illness to retain employment while managing a mental health condition requires legislative and non-legislative change. Employers must be supported to do more for employees with mental illness and the law must better protect people with mental illness against discrimination. That's why we're calling for the Equality Act 2010 to be broadened to include specific reference to mental illnesses.

4 Jenkins, R. et al. (2009) 'Mental Disorder in People with Debt in the General Population'. *Public Health Medicine*. 6(3), pp.88-92

5 The Schizophrenia Commission (2012) [The Abandoned Illness](#), page 6

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Modernise the Mental Health Act

The Mental Health Act 1983 is the law that allows someone to be detained and treated for a mental illness without their consent. It can save lives, but it is out of step with how a modern society thinks about mental illness.

The Independent Review of the Mental Health Act (2018) led by Professor Sir Simon Wessely consulted extensively for over a year with professionals, sector organisations, carers and people who have been subject to the Act.

If implemented, the recommendations of the Wessely Review will do more to protect and care for the people subject to the Mental Health Act. It would mean people had more choice and say in their treatment. It would stop significant family members and friends being cut out of a person's care. It would reduce forced medication and restraint.

In 2018/19, there were 49,988 detentions under the Mental Health Act – with black African and black Caribbean people detained at four times the rate of white people,⁶ Detentions under the Act have risen substantially.⁷ Being detained for the first time is a confusing and scary experience. People need to know in that moment that they are going to be given as much choice as possible at a time when they may feel that control is slipping away from them. That's why we're calling for the recommendations of the final report '[Modernising the Mental Health Act: increasing choice, reducing compulsion](#)' to be implemented in a new mental health bill, along with a sufficient capital funding commitment to upgrade mental health units.

6 NHS Digital (2019) Mental Health Act Statistics, Annual Figures 2018-19

7 NHS Digital (2016) '[Inpatients formally detained in hospitals under the Mental Health Act 1983 and patients subject to Supervised Community Treatment: 2015/16, Annual figures](#)'. Data shows detentions rose by 47% between 2005/6 and 2015/16, when data recording changed

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Fair funding for mental health services so more people can get the right treatment at the right time

It will take time to turn around the years of chronic underfunding of mental health services. It is for that reason that we need greater ambition in how mental health services are funded so that people who are severely affected by mental illness are able to access the NHS help they need.

The NHS Long Term Plan is an important step forward and will lead redesigned community mental health services for people with severe mental illness with waiting time standards and increased annual physical health checks to reduce the mortality gap.

But even with this settlement there is still some way to go to achieve parity of esteem between physical and mental health.

That's why we must continue to prioritise mental health funding so that people get timely and high-quality support close to home as soon as they first ask for help.

Rethink Mental Illness supported the think tank Institute for Public Policy Research (IPPR) to calculate for the first time the cost of achieving parity of esteem.⁸

By modelling how much it would cost to have similar rates of access to mental health treatment as physical disease, the price tag for parity of esteem was calculated as an additional £4.1bn by 2023/24.⁹

The NHS gave mental health services £2.3bn funding boost in its Long Term Plan – we are now asking parties to commit to the remaining additional £1.7bn for NHS mental health services by 2023/24 to get more people the right treatment at the right time, with an ambition for mental health services to receive £23.9bn by 2030/31 to finally deliver parity of esteem.¹⁰

8 IPPR (2018) [Fair funding for mental health: putting parity into practice](#)

9 IPPR (2018) [Fair funding for mental health: putting parity into practice](#), page 5

10 IPPR (2018) [Fair funding for mental health: putting parity into practice](#), page 5