MENTAL HEALTH CRISIS SUMMIT 2019

Campaigners, service users, staff and the labour movement - united to end the crisis in mental health

Saturday 28 September
Royal Free London

HEALTH CAMPAIGNS T#ourNHSGETHER

NHS **NOT FOR SALE**
Keep our NHS public

MENTAL HEALTH – Time for action

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Aims of Mental Health Crisis Summit 2019

This summit aims to raise awareness about the extent of the mental health crisis. What should a well supported public NHS provide for mental health care provision and what political response should be made to this crisis?

The conference will embrace the Social Model of care and call for more preventative strategies, early intervention and outpatient care. We will put political campaigning at the heart of our response to the crisis and discuss how only through campaigning and political change can we truly stop the crisis and enable society to address the mental wellbeing of the people in this country.

Much of the narrative out there about mental health puts an emphasis on individual causes of mental ill health and the onus on the individual's lack of coping ability regarding the realities of the world of work. Apologists also state that the rise in reporting of mental health distress is as much to do with an increase of awareness of the condition as anything external.

These ideological explanations do not create space for an objective analysis of why we're in the crisis.

It is the aim of the summit to explain how the crisis is created by this Government's policy decisions, which are driven by a commitment to neo-liberal and racist ideas.

Austerity has now been policy for nearly a decade. Its slash and burn approach to the welfare state has cut not just mental health services, but school funding, local council budgets, social housing, social services, community centres, libraries, youth clubs and of course the NHS itself.

The impact on mental health and indeed life expectancy for hundreds of thousands of people in Britain has been devastating.

The 'Hostile Environment' too has fostered an increase in racism in society, and the persecution of migrants. This has meant that we have seen a massive increase in the mental ill health of many people within BME communities.

Added to which there is the brutal Department for Work and Pensions (DWP) regime, universal credit, frozen pay and attempts to undermine trade unions.

It is our belief that these are the root causes of the mental health crisis.

Earlier this year, the Government increased funding for mental health services, appointed a 'Suicide Prevention Minister' and Theresa May stated that more should be done to train teachers to spot mental ill health and online bullying. Whilst welcome, this does not repair the damage done and is far too little, far too late.

Health Campaigns Together (HCT) and Keep Our NHS Public (KONP), working with campaigners in mental health and with the TUC and health unions, needs to build a powerful campaign capable of challenging Government policy, forcing it to roll back austerity, end the 'Hostile Environment' and properly fund and staff the NHS and other public services.

We need to secure the future of the NHS as a publicly run and publicly owned service, free at the point of need and accessible to those who need it.

It is our aim for attendees to leave the summit with the necessary arguments, facts and campaigning strategies to build a movement that can help to bring an end to this dangerous and unacceptable mental health crisis.

Conference Themes

Throughout the day we plan to cover the following themes:

Austerity

- NHS under-funding, lack of beds, lack of staff

- Pressures on social services, social care and schools

- The need to reverse cuts in schools and local authority funding

- Government must commit to 5% extra funding over the next 5 years across the NHS

Mental Health of Young People

- The rise in mental health issues among young people

- Good safe community-based care from the NHS

The Social Model

- Major inequalities of benefits system 'reforms'

- Stigma and negative stereotyping

- Reversing cuts in schools and local authority funding

- Discrimination against people with mental health issues

- Putting the user at the centre of mental health services

Workplace stress and mental health

- Workplace stress - the union case for mental health first-aiders

- Working in mental health; working with mental health difficulties

Hostile Environment and Racism in Mental Health

- Inequalities in treatment for BME communities

- Mental health issues on the increase in BME communities

- The Hostile Environment and migrant charges

Statements and demands from participating organisations:

Here you will find statements from these organisations: **Health Campaigns Together, Keep Our NHS Public, Mental Health–Time for Action, TUC, Unite the Union, National Education Union, GMB, BFAWU, The National Survivor User Network, Mental Health Resistance Network, Psychologists for Social Change, Educational Psychologists, Docs not Cops and the Patients Not Passports Campaign, Surviving Work and Campaign to Save Mental Health Services in Norfolk & Suffolk.**

It is the belief of the organisers (HCT, KONP, MHTfA), that the best way to fight back and the end the crisis in mental health is for all these campaigns and more to recognise each other's work, share skills and pool resources. We all have different skills and different specific goals, but we all share a determination to work together and end the crisis.

Health Campaigns Together and Keep Our NHS Public

Chronic underfunding has pushed mental health services to the brink, and the problem is getting worse. Understaffing, cuts and failure to provide early interventions for mental health patients is putting unprecedented pressure on A&E departments, emergency services and beds. Patients are being forced to travel further, and suffer worsening health, as they wait longer for treatment. We believe that Keep Our NHS Public's aims are the best way to secure an end to the mental health crisis and move toward a social model of care.

Our Aims:
- Stop privatisation and commercialisation of our NHS
- Replace the Health and Social Care Act 2012 with legislation based on the NHS Reinstatement Bill
- Reinstate a comprehensive, universally accessible, publicly funded, publicly owned, publicly provided, publicly accountable, NHS – free at the point of use and based on need
- Campaign to defend the NHS from cuts and closures, and to achieve the resources needed to provide excellent health care for all on a long term, sustainable basis

- We demand 5% real terms annual increase in public funding to provide top quality public NHS for all, with safe staffing levels and fair pay and conditions for staff
- Any service reconfigurations must be evidence based, driven by clinical need, not cost and be subject to meaningful public consultation including with trade unions
- Keep NHS and public services out of all trade deals
- Ban racism and anti-migrant scapegoating from the NHS, end the hostile environment and oppose all migrant charges

healthcampaignstogether.com
keepournhspublic.com

Mental Health - Time for Action

In 2016 Rachel Bannister's teenage daughter was sent over 300 miles away from home for treatment for a mental health condition. Sadly, it isn't just Rachel's family that have had to endure such a painful separation and the resulting trauma. Out of area placements continue to be common practice. They not only cause great upset and trauma for patients and their families, they often have a detrimental effect on recovery, through denying patients continuity of care.

Mental health is poorly resourced and under-prioritised in the NHS—child & adolescent mental health services (CAMHS) in particular. We need to change that.

We demand:
- Urgent action to provide properly funded NHS mental health services that prioritise early intervention and continuity of care
- The Government make mental health provision a top priority and end privatisation and cuts to the NHS at all levels
- Transformational funding to ensure all areas of the country are able to offer early treatment and in addition provide an intensive outpatient step-up service to lessen the need for crisis care and hospitalisation
- Treatment options that include access to trauma resolution therapies in all mental health trusts— many mental health problems are a result of trauma

We held our inaugural conference in May 2018 where we heard from people from a range of backgrounds including doctors, mental health nurses and teachers all with experience of, or interest in, mental ill health. In addition to campaigning for better services we are also committed to trying to ensure a happier and more equal society.

We believe therefore that we must end austerity, poverty and the current system of over testing in schools. We believe that it is imperative that we return our National Health Service into public ownership and ensure healthcare continues to be available for everyone and remains free at the point of need.

We hope that you will be inspired to join the campaign to fight for properly funded mental health services which we believe must provide continuity and consistency of treatment, wherever possible within the community.

Visit: mentalhealthtimeforaction.org

TUC

The TUC knows that mental health is a trade union issue. It impacts on a diverse range of trade union activity and functions: health and safety; conduct and behaviour; performance management; workplace relationships; equality issues; ill health and sickness; workplace wellbeing; learning and training, and many others.

However, not enough is being done to ensure people are able to get and to stay in work, or to make sure workplaces are positive places for mental health and wellbeing – and that's where trade unions come in.

Trade unions—especially workplace reps— have a vital role to play in putting mental health on the agenda at work. We have negotiated better mental health support policies and procedures with employers; every day we represent and support members experiencing mental ill health who require reasonable adjustments to remain in work; and we are often the first port of call for members experiencing mental health difficulties and signpost them to further sources of support and guidance.

Many people experience mental health problems at some point in their lives, and most reps and members will know somebody with a common mental health problem or diagnosis. There are members in every union, every branch and every workplace affected by mental ill health in some way.

TUC research has shown the levels of discrimination and disadvantage that far too many workers experiencing mental ill health face at work.

When we analysed official employment statistics, we found that only one in four (26.2 per cent) people with a mental illness or phobia lasting for 12 months or more are in work. This figure compares to 80.4 per cent of non-disabled people who are in work.

This figure compares to 80.4 per cent of non-disabled people who are in work. The government had promised to halve this employment gap by 2020 – but with only a few months to go, it has failed to do this. It increasingly falls to trade unions to ensure employers adequately support workers and hold the government to account for its failed promises around mental health.

And it's not just in the workplace where the government has failed on mental health. We know that mental health services are on the brink of collapse. Our members in the NHS, local government and schools tell us about how a lack of adequate funding to safely help others has negatively impacted their own mental health.

Trade unions play an important role in campaigning for government change too. Our members are our greatest strength and they are best placed to say what action would improve mental health services – more money for our public services, parity of esteem between mental and physical health services and proper training and development so workers can deliver the best possible care.

Visit: tuc.org.uk

TUC Disabled Workers' Committee

The TUC Disabled Workers' Committee is made up of 17 disabled people nominated by their affiliated unions and elected at the annual TUC Disabled Workers' Conference, a conference where over 200 disabled trades unionists from across the UK debate and agree policy on the key issues affecting them. Each year one motion selected by the Disabled Workers' Conference goes to Congress where it is debated and, if carried, becomes a priority for the coming year.

The Disabled Workers' Committee:

• Advises the TUC General Council on how to advance equality for disabled workers
• Helps the TUC and trade unions to fight and campaign for disabled people's rights at work
• Advises the trade union movement on steps they can take to be more accessible to and inclusive of disabled members
• Campaigns as part of the disabled people's movement for equality and against attacks on disabled people's rights.

The democratic principles of the Committee and Conference, and the core belief in solidarity, ensure disabled people's voices are central to trade union policy. Policy agreed by the Disabled Workers Conference and carried at TUC Congress has the weight of over 5.5 million UK workers.

The Social Model of Disability: The TUC has formally adopted the Social Model of disability and uses it to inform all of its work pursing the rights of, and equality for, disabled workers.

Unite the Union

Unite recognises that nearly two thirds of people will suffer some kind of poor mental health episode during their life and that this has a huge impact on Unite members, Unite representatives and the wider public.

Unite is committed to (1): Mental health awareness training for all forms of Unite workplace representatives; Ensure that all representatives have access to dedicated mental health courses that will help and equip them on mental health issues; Facilitate the eradication of stigma and discrimination and promote good practice in relation to mental health issues; Promote mental health awareness in the workplace and wider community;

Develop workplace wellbeing policies/agreements with employers; Provide support and assistance to workers experiencing mental health problems in the workplace by collaboration between management and trade union representatives; Launch a union wide campaign to promote good practice in relation to mental health wellbeing. Unite is also committed to campaigning and lobbying the Government and the Labour Party to have stress classified as an occupational disease and reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations act (RIDDOR).

Unite also supports a number of other important campaigns including:

#WheresYourHeadAt (2) - campaign to get health and safety legislation changed requiring employers to have trained Mental Health First Aiders in every workplace; **Equally Well UK** (3) - a collaborative that believes that if you have a mental health problem, that shouldn't mean you have any less right to good physical health; **Stopping and scrapping Universal Credit** (4) - for reasons including the negative impact it has on people's mental health; **Stopping #DebtThreats** (5) - which would put an end to intimidating debt letters; Working with partners in the first 1,001 critical days of a child's life (6) - and **maternal mental health** (7).

As part of Unite the Union's 1.4 million members, we have over 100,000 members who work in the health sector. Some of these work directly in the mental health field, including members of the Mental Health Nurses Association and in applied psychology professions.

Others support the public day-in, day-out with their mental health including members who work in health visiting, school nursing, doctors, ambulance personnel and many more.

To ensure our members in the health sector are supported by their employers, we also campaign on areas where policy changes and more funding are required. Unite also produces a number of resources that help educate and inform its membership and the wider public including professional journals (8) and podcasts (9).

(1) resources.unitetheunion.org/media/1006/1006.pdf
(2) wheresyourheadat.org
(3) equallywell.co.uk
(4) unitetheunion.org/news-events/news/2018/october/world-mental-health-day-should-be-the-catalyst-to-scrap-universal-credit-says-unite/
(5) moneyandmentalhealth.org/debt-threats/
(6) 1001criticaldays.co.uk/facts-and-stats
(7) maternalmentalhealthalliance.org
(8) bit.ly/2lK9iF4
(9) http://bit.ly/2kHlLsS

National Education Union (NEU)

There is a mental health crisis in our schools. Education professionals are witnessing more and more of their pupils struggle with mental health problems. In the latest NEU survey of over 8,000 teachers, more than 83% had seen an increase in the number of pupils with mental health problems in the past two years.

Despite this, real term cuts to school funding have reduced their ability to provide the support their students need and cuts to specialist services have increased the length of time pupils have to wait to get specialist intervention. One teacher told us:

'Every school should have counsellors to support pupil mental health yet schools can't afford to pay them as they have no funding for any mental health support.'

And another said:

'Accessing CAMHS and Educational psychologists is too hard. I have a child who self-harms and one who has been sexually abused who does not get enough [support] from external agencies. I am trying but can't do more.'

We also know that education policy, dictated by Government, is creating an exam factory system that is pushing students and staff to the limit. Testing starts as young as four-years-of-age and continues through primary and secondary. Teachers at every stage of children and young people's education have to be less concerned about the individual and more about hitting Ofsted and Governments ever-changing targets.

The end result? Many stressed and anxious children, who see their value and the value of education only in terms of the level they have reached and stressed teachers who struggle to cope with workload and a system that squeezes the joy and creativity from the classroom. If we are to tackle the growing mental health crisis there is an urgent need not only to reverse the cuts to our schools and our mental health services but to reimagine our education system in England. We need an end to the exam factory system and a move towards a curriculum and whole school environment that is inclusive, engaging, creative and caring. Put simply we need an education system that puts child wellbeing at the heart of education policy; one that empowers teaches to deliver an education where children are much, much more than a score.

Kevin Courtney, joint general secretary, National Education Union Visit: neu.org.uk

GMB Union

We know only too well that there has been an explosion in mental health problems since the worldwide recession of 2007–08 and the austerity that has followed.

Mental health issues have become more widespread in society. At any given time, one in four people have a mental illness or condition of some kind. We also know that it is getting more and more difficult for people to access mental health services when they need them.

As a result, GMB trade union representatives often assist members who are experiencing work related stress, anxiety or depression. This is now the case across every sector in the UK economy and every section of GMB. All workplaces – from health and care, to construction – now have workers suffering mental health conditions. We know well that most GMB members find it hard to talk about a mental health problem or request advice and support. There is still a lot of stigma surrounding these conditions, and members fear for their jobs, fear for their reputations and fear for their relationships with their work colleagues. No one wants to be judged negatively or laughed at. GMB plays a vital role in challenging employers and campaigns to challenge the stigma in wider society.

It is clear from speaking to GMB members in all occupations of the NHS and ambulance service that staff morale is at an all-time low. Years of austerity, real terms pay cuts, increasing demand for services and less staff have had a real impact on the loyal and hardworking staff that have kept our NHS running. Under resourced departments only add to the stress being felt by staff and our members speak to us about being left feeling undervalued, underappreciated, overworked and of utter exhaustion.

GMB is committed to campaigning for increased funding for mental health services, increased funding for staff, mental health aware and supportive working environments, and increased awareness of mental health in wider society to tackle the stigma attached.

Visit: gmb.org.uk

Bakers, Food & Allied Workers Union

For several years, our Annual Conference has debated mental health, its impact and how as a Union, we need to assist in breaking down the barriers and stigmas attached to admitting we have problems.

That's not to say that we want a gun held to people's heads, demanding that they admit their issues, nor does it mean that we want to invade people's lives and label everything as a 'mental health problem', so that we can have the entire nation taking Sertraline.

The pharmaceutical companies would love us for that! We represent workers in a low paid and exploitative industry and often hear heart-breaking stories of abuse, loss, stress, financial difficulty and other personal issues from people who are genuinely struggling to cope with life in general. Many choose not to seek help or discuss personal issues because they prefer to deal with things in their own way, which is absolutely their prerogative. However, we've found that a good number choose not to seek support, out of fear of being ridiculed or dehumanised, thanks to a macho culture. Thankfully, more people are starting to speak openly about their problems and have admitted that just talking to someone was the game-changer for them.

The BFAWU's National Health and Safety Committee conducted surveys of members to see if it could establish just how prevalent mental health issues were among the people we represent.

The responses we received showed that a number of our members have had time off work due to stress and anxiety, citing reasons such as insecure contracts and low pay, along with not being able to pay bills or buy necessities for their children.

Many people had a fear of going off work in case it led to them being dismissed or not receiving an income, so they didn't look for the help they needed.

Others raised the issue of poor sleeping habits and how they used drugs and alcohol to help them sleep. Others cited workplace bullying and how poorly trained and inept managers were unapproachable in terms of being able to discuss any issues they had.

The stories we heard made us realise that workplaces need support mechanisms in order to address these issues, so over the last few years we have engaged with employers and provided joint awareness training around mental health, which has proven to be very successful. This has coincided with roadshows in some of our sites, along with a poster and social media campaign.

We've also armed our Safety Representatives with a toolkit to ensure that mental health becomes an agenda item on workplace Health and Safety Committees so that we can tackle the stigmas and remove any form of discrimination and fear, going as far as to reflect it in respective company policies.

We hope that once we can demonstrate the importance and positive effects of non-invasive, non-judgmental conversations with workmates and colleagues who are struggling to cope mentally, our approach will be adopted by the wider industry

Ian Hodson, National President
Bakers', Food & Allied Workers Union
Visit: https://www.bfawu.org/

The National Survivor User Network (NSUN)

NSUN is a user-led organisation, based in England, which acts as a voice for individuals with lived experience of mental distress and groups led by people with lived experience. NSUN aims to influence law, policy, funding, commissioning and practice in ways which promote full human rights for people with lived experience.

NSUN puts a particular focus on:

- Addressing injustice and harm that have been caused by cuts to public funding and changes to the benefit system, with a particular emphasis on the need for major increases in funding for rights-based and user-led services
- Making the principle of 'nothing about us without us' a reality at all levels
- Working together with people from socially deprived and marginalised communities to promote services determined by them, including alternative services that they advocate
- Challenging institutional discrimination of all sorts
- Promoting the changes in attitudes, services and resource-allocation that are needed if this approach is to be achieved
- A reform of law affecting people who use mental health services which ensures that it is compliant with the full human rights set out in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Use of the UNCRPD's social model approach, including its emphasis on bringing substitute decision-making, detention in psychiatric institutions and forced treatment to an end
- Putting a particular emphasis on the types of funding and commissioning that are needed if services based on the UNCRPD are to become a reality

• The funding of user-/survivor-led research into what is needed and effective ways of attaining it.

NSUN's funding priorities:
• Addressing and resolving current funding and benefit system injustices and the harm caused by these
• Ensuring a meaningful influence for user-led groups in funding and commissioning decisions, including an equal influence for user-led groups representing people from socially deprived and marginalised communities
• Adequate funding of research into these options and into effective ways of implementing them - for user-/survivor-led studies in particular
• A resulting production of evidence-based knowledge about such services - Visit: nsun.org.uk

Mental Health Resistance Network (MHRN)

(MHRN) supports a fully funded, publicly owned NHS. Levels of mental distress have mushroomed with the imposition of a repugnant political ideology and a response that is blighted by the same ideology. Mental health services need more funding but also a radical rethink. Just as we are fearful of the DWP, we are also fearful of NHS mental health services because they are now one and the same.

Alongside our fight to save the NHS, we must fight for a progressive understanding of mental health and a civilised social security system.

Survivors have campaigned against the medical model which locates the cause of mental distress within the biology of the individual and relies almost exclusively on drug therapy. We have been crying out for a social model which takes account of personal trauma along with material circumstances, societal inequality and discrimination. Such a model would require radical social, political and economic changes which won't happen without a fight. Let's make a start on this by calling for the research and manufacture of drugs to be nationalised to remove the profit motive.

Recently a new model has emerged; we call this the neoliberal model. It also locates the cause of distress within the individual; our thinking and attitudes are blamed without reference to social context. Treatments are CBT (IAPTS), mindfulness and the recovery approach which implies that ongoing distress is due to individual shortcomings. Having exhausted the scrounger narrative of worklessness, the story now is that work will cure us and job hunting is the new treatment, the only other available treatment is neglect. Unsurprisingly, survivors are now highly suspicious of mental health professionals.

MHRN is campaigning to remove from the NHS Long Term Plan the claim that work is a health outcome for mental distress and professionals should view getting someone into work as an intervention. This highly biased political view of mental distress is being promoted by mental health professionals' bodies and major mental health charities. Along with the cruelty of the social security system, this lack of real care has resulted in a number of deaths from suicide.

This is an excerpt from a letter we have written to The Royal College of Psychiatrists:

"It would seem that, with its vigorous promotion of what we know as the 'work cure', the psychiatric profession has learned nothing from its foray into gay conversion therapy. Can we refer to this new direction as 'political ideology compliance therapy'... We now readily accept same sex marriage which is evidence that public opinion and political ideas are subject to change. The Royal College of Psychiatrists has apologised for the harm caused to LGBT people by aversion therapy. When the hostile environment for disabled people comes to an end, and we are determined that it will, how long will we have to wait for an apology from the psychiatric profession for the role it has played in enabling DWP abuse of people in mental distress?"
Visit: mentalhealthresistance.org

Psychologists for Social Change

Psychologists for Social Change is a network of applied psychologists, academics, therapists and psychology graduates who are interested in applying psychology to policy and political action.

The group started in 2014, when members of the London Community Psychology Network came together to address growing concerns about austerity policies. This led to a number of meetings in London, and a workshop at the Community Psychology Section Festival. This led to the development of the briefing paper on the Psychological Impact of Austerity. The briefing paper was launched at the House of Lords in March 2015, followed swiftly by our first Week of Action.

Since then, we have spread through the country with a number of local groups, and many more events, actions and publications.

Mobilising Psychologists - One of our central missions has always been to encourage more psychologists to become involved in political and social action. To this end we have developed training for Clinical Psychology Trainees, spoken at conferences, and provided supervision for policy placements.

Mobilising Psychological Knowledge - We also aim to disseminate psychological knowledge and research in ways that are relevant to current policy concerns. We understand that one of the resources that psychologists have is an understanding of communication and persuasion. This was the impetus for our briefing papers on the Psychological Impact of Austerity and Improving Discussion on Inequality.

Influencing Public and Policy Debates - Drawing on both these resources, of people and knowledge, we aim to move psychologically informed discussion into the public sphere. This has included examining specific policies for their psychological impact, as well as responding to specific policy announcements and media reports.

Visit: psychchange.org

Association of Educational Psychologists

Educational Psychologists work with children and young people, families, schools and other educational settings to support those who have mental health difficulties as well as those with Special Educational Needs and Disability (SEND) in other areas. They do this by providing training and advice for school staff as well as direct work with families and children, and young people.

Many Educational Psychologists (EPs) have additional training in areas such as Cognitive Behaviour Therapy or other interventions, which they can deliver directly.

Social, Emotional and Mental Health is one of the categories in the Special Educational Needs and Disability (SEND) Code of Practice. As well as being a specific area, it is recognised that children and young people whose main need is in other areas of SEND are more likely than most to also have challenges with mental health.

The most recent revisions to SEND legislation increased the age range from 0-19 years to 0 to 25, as well as making greater demands on professionals, schools and Local Authorities. The challenges in implementing this can be seen in the results of Local Area SEND inspections, which show that many areas are struggling.

The majority of the work done by EPs is with children and young people who may have mental health difficulties, but do not necessarily need the level of support provided by CAMHS. This can prevent problems from escalating. However, the difficulties that CAMHS is experiencing in meeting needs mean that other services can be picking up those with higher level challenges, without having the resources to meet them.

There has been a significant impact on the support that is possible to provide, stemming from a number of factors. The general funding crisis in schools, together with a particular difficulty with SEND funding has reduced support available. Schools are less able to commission additional support from their budgets. Cuts to Local Authority budgets have also reduced their ability to provide more specialist support, including that from EPs.

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A growing increase in demand for the services of EPs and the cuts to Local Authority services have resulted in a national shortage, with the majority of Educational Psychology Services carrying vacancies. Although there is a commitment to increase training places from 2020, it will take three years for trainee EPs to qualify, meaning that it will be 2023 before there is a full impact. This will still not be sufficient to address the shortfall. There are significant stresses on those EPs currently working, arising from the need to cover work arising from vacancies.

Lastly, it is important to recognise that the stresses on children, young people and their families have increased in recent years due to the impact of austerity, including financial and housing difficulties, and a school curriculum and exam system which does not suit everyone. School exclusions are rising, particularly for those with SEND, as well as being linked to unidentified needs. This in itself increases the likelihood of mental health difficulties as well as having an adverse impact on those with existing problems. As professionals working within the community, EPs are very aware of the day-to-day implications of this.

From the Association of Education Psychologists. Visit: aep.org.uk

The Patients not Passports Campaign

The vision of a healthcare service free at the point of care for everyone and anyone who needs it has been steadily eroded over many years. The attack on the founding principles of the NHS includes regulations which restrict access to healthcare. Since October 2017, certain patients deemed to be not ordinarily resident in the UK have been charged upfront for NHS care, including mental health treatment.

This break with the founding values of the NHS has been built on xenophobic restrictions on immigration, and can be seen running alongside the use of NHS data for detention and deportation purposes. The cost to patients has been devastating. High profile news stories have reported the suffering of patients denied care that led to the progression of medical conditions, and in some cases death, as well as the psychological toll of being pressured by bills and threats during 'cost recovery'.

This is in a context of wider public rage against immigration policing across the public sector, named the "Hostile Environment", perpetuating further injustice, most notably in the recent Windrush scandal.

The reality of upfront charging and border policing in the NHS undermines trust between healthcare workers and patients, and creates a false dichotomy between those who are deemed deserving of healthcare, and those who are not. In addition to undoubted detrimental effects to the mental and physical health of patients, concern must also be raised over the effect on the morale and wellbeing of healthcare workers who are obliged to enact regulations that run counter to the premise that healthcare is a human right for every person.

Docs not Cops is a grass-roots collective of patients and healthcare workers and healthcare activists. We formed out of concern for patients' ability to access care, and that it would force healthcare workers to police migration status, like border guards. Our work has focused on direct action, workplace organising and the use of traditional and social media to challenge misconceptions around migrants' access to healthcare, often also in collaboration with other organisations.

Our campaign #PatientsNotPassports calls for an end to all healthcare charges and borders in the NHS.

Docs not Cops.

Visit: patientsnotpassports.co.uk

Surviving Work: What's wrong with IAPT?

The co-option of mental health services into austerity policies and sanctions has re-drawn the political fault lines in the mental health debates. No longer can we restrict ourselves to talking about mental health services as if they are simply benign and only need more funding.

This is not to denigrate the work of people working in the Increased Access to Psychological Therapies programme (IAPT), the vast majority of whom are qualified and experienced professionals providing what care they can. IAPT services are also diverse, with often heroic efforts by teams to protect the principles on which real care is based.

But increasingly whether you work in IAPT or not, the model of mental health dominates across services, peddled without due diligence, combined with a strategic intention to use mental health services to cut the benefits bill.

The IAPT programme provides short-term results-oriented cognitive and behavioural therapy, and has been introduced as a 'talking therapy' that efficiently addresses individual psychological states. The 'evidence base' for its effectiveness has been established through the widespread use of performance data, drawn from a system that has itself become highly contested

Because of the relative low cost of Increased Access to Psychological Therapies services, in comparison to the long-term talking therapies and specialist services that require experienced clinicians, the economic argument for rolling out IAPT services has prevailed across the UK's mental health policy.

Although, as campaigners legitimately argue, the financial case made for IAPT has excluded any consideration of the real costs to the UK economy of not treating mental illness adequately - including consequent costs to acute services, police and prison services - the direct costs of IAPT 'talking therapy' now dominates across the UK's mental health service.

The economic logic for providing mental health services have dominated the debates about how to provide mental health services. As a result, despite the genuine concerns about the ethics and quality of care being provided through IAPT that have been expressed by service users, particularly the many disability and mental health networks in the UK, this downgraded model now dominates over any clinical logic.

IAPT is also a central part of the political crisis that is emerging for mental health services as a result of its positioning as a key component within the government's austerity programme and its plans for changes to welfare benefits. There has been a merging of mental health services with the DWP's programme of welfare reform, as outlined in the DWP's 2017 green paper Improving Lives: the Future of Work, Health and Disability, and the establishment of the Work and Health Programme, which has replaced the Work Programme.

For the first time, health and unemployment services in the UK have been explicitly linked. The adoption of the IAPT model has been central to these plans, since it is cheap to administer, and people who are 'cured' are then disqualified from benefits, based on the state of their mental health.

Dr Elizabeth Cotton, UberTherapy: Working in the Therapy Factory

Visit: survivingwork.org

Campaign to Save Mental Health Services in Norfolk & Suffolk

Norfolk and Suffolk NHS Foundation Trust (NSFT) is widely acknowledged as the worst mental health trust in the country, even by Theresa May when Prime Minister. NSFT was the first mental health trust to be placed in Special Measures and, after being released briefly, it was placed and remains in Special Measures for an unprecedented second time.

It has been rated Inadequate three times in the past five years. NSFT's failure has been raised at Prime Minister's Questions by Clive Lewis, MP for Norwich South. NSFT is the mental health Mid Staffs.

The cause of NSFT's failure is a toxic combination of hubristic and incompetent management and deep cuts. The so-called 'radical redesign' saw the closure of homeless and assertive outreach teams, hostels, hospital wards and teams of link workers working in primary care; other services were slashed. Staff pay fell as staff were 'downbanded', sometimes by two full pay scale bands, on the basis of fifteen-minute interviews; others were made redundant, particularly if they raised safety concerns, even though NSFT had five hundred vacancies.

The original proposals envisaged the redundancy of one-third of NSFT's consultant psychiatrists. As a direct result of these savage cuts staff morale and service quality collapsed and the number of unexpected patient deaths more than doubled. Meanwhile, bureaucrats at the trust and commissioners have awarded themselves bumper pay rises as funding fell for the mental health trust in real terms for at least five years. NSFT remains short of four hundred staff and its medical vacancy rate is more than thirty per cent. The trust is currently involved in ongoing homicide inquiries. The Campaign to Save Mental Health Services in Norfolk and Suffolk was founded in late 2013 by front line mental health professionals deeply concerned about a cluster of what they believed to be preventable deaths as a result of savage cuts to front line services.

Earlier, doctors who reported their concerns to the Care Quality Commission [CQC] via the Royal College of Psychiatry were dismissed as 'shroud wavers'; and Unison wrote to mental health minister and local MP, Norman Lamb and the local Health Overview and Scrutiny Committees and [CQC]. Professionals were joined almost immediately by patients, service users, carers and the bereaved, who are now the dominant force in our campaign.

We have worked with the media, including the Eastern Daily Press, BBC Look East, Channel 4, BBC Network News, Radio 4 Today, Radio 5 and Panorama to raise the scandalous state of mental health services, both locally and nationally. We have lobbied NHS England and NHS Improvement in London and met local MPs and councillors. We held marches, each with more than 500 participants. As a result, we have secured some limited victories, such as £40m for a new hospital in Norwich, but much more work remains. Engagement remains tokenistic, transportation out of area has doubled in the last twelve months since NSFT's latest CQC failure, CAMHS and crisis care is in meltdown and there is nowhere near enough money to meet need. We are very keen to disseminate our learning and look forward to meeting you.

Visit: norfolksuffolkmentalhealthcrisis.org.uk

The Mental Health Crisis Summit was organised by

HCT
healthcampaignstogether.com

KONP
keepournhspublic.com

Mental Health - Time for Action
mentalhealthtimeforaction.org

For useful campaigning information please go to,

NHS Support Federation
https://www.nhscampaign.org/
https://healthcheck.nhsfunding.info/mental-health

Breaking Point - the crisis in mental health funding TUC Report:
https://www.tuc.org.uk/sites/default/files/
Mentalhealthfundingreport2_0.pdf

Campaign for the NHS Reinstatement Bill:
http://www.nhsbillnow.org/

Under The Knife **is a new film on the NHS and the campaigns to defend it - find out more here,**
https://undertheknifefilm.co.uk/

"What this Government has done to society over the last 10 years is shameful. Every service that the state should provide for those most in need has been attacked, people are going hungry, people are living in squalor and on the streets. It's no surprise that there's a mental health crisis in the country. To understand why so many people are suffering we have to look at society as a whole not just at the individual"

Ken Loach Film Director

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