Inclusion London submission to the Labour Party's mental health policy consultation

Consultation paper:
http://www.yourbritain.org.uk/agenda-2020/commissions/health

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1. Introduction

Inclusion London

Inclusion London is a London-wide user-led organisation which promotes equality for London's Deaf and Disabled people and provides capacity-building support for over 90 Deaf and Disabled people's organisations in London and through these organisations our reach extends to over 70,000 Disabled Londoners.

Inclusion London is one of the leading organisations in the Reclaiming Our Futures Alliance, a national network of grassroots Deaf and Disabled People's Organisations and campaigns across England.

Disabled people

- In 2012/13 there were approximately 12.2 million Disabled adults and children in the UK, a rise from 10.8 million in 2002/03. The estimated percentage of the population who were disabled remained relatively constant over time at around 19 per cent.[1]
- There are approximately 1.2 million Disabled people living in London.[2]

[1] Family Resources survey United Kingdom 2012/13: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/325491/family-resources-survey-statistics-2012-2013.pdf (page 61)
[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/325491/family-resources-survey-statistics-2012-2013.pdf (page 64)

2. Summary of recommendations

Recommendation 1 - Inclusion London promotes the principle of 'Nothing About us Without us' and recommends that the Labour Party continues to consult with experts by experience, i.e. children and adults with mental health support needs to help inform their policy making on mental health.

Recommendation 2 - Commit to making funding available for mental health support services with the specialist skills to work with Deaf and Disabled people across different impairment groups.

Recommendation 3 – Labour party to consult with Deaf and Disabled campaigners on social security policy.

Recommendation 4 - Labour party to adopt a position that opposes government plans to integrate health and employment services and consult with Deaf and Disabled campaigners on a disability employment support policy.

Recommendation 5 - Labour party to consult with mental health service users and professionals concerned at the current decimation of the therapy provision linked to the welfare reform agenda and under-funding, and to commit to funding a range of provision including longer term interventions.

Recommendation 6 - Labour party to continue strong public opposition to the government's welfare reform agenda.

Recommendation 7 - Labour Party to commit to repealing the Welfare Reform Act 2012 and Welfare Reform and Work Act 2016. (See Appendix A for specific reversals of cuts and changes that have adversely impacted on Disabled people including those with mental health support needs).

Recommendation 8 - Labour party to consult with Disabled people including people with mental health support needs on all areas of social policy including social care, employment and transport.

Recommendation 9 - Labour party to ensure its social care and mental health policies are joined up and that commitments to independent living support for Disabled people include people with mental health support needs.

Recommendation 10 - Labour party to sign up to Disabled People Against Cuts Mental Health manifesto (see Appendix B).

Recommendation 11 - Labour party to consult with the Justice for LB campaign and their legislative proposals to aimed at protecting people with autism and learning difficulties from mistreatment within the mental health system.

Recommendation 12 - Labour party to commit to tackling racial inequalities in the mental health system.

3. Inclusion London's response

Inclusion London welcomes the opportunity to respond to the Labour Party's 'Mental Health – the way forward' consultation. We are delighted that the Labour party is developing its policy in this area. People with mental health support needs have seen their life chances go dramatically backwards since 2010 along with other groups of Disabled people, resulting in a United Nations investigation into grave and systematic violations of Disabled people's rights in October 2015. The adverse impacts of austerity measures on other groups of Disabled people and the wider population has in turn contributed to a worsening of mental health. Meanwhile issues such as coercive treatment, negative models such as the "recovery model" underpinning service design and treatment commissioning and unequal access for people from Black and Minority Ethnic communities continue to need addressing.

Inclusion London, in partnership with our allies in campaigns such as Disabled People Against Cuts, Mental Health Resistance Network, Psychologists Against Austerity, the Psychologists and Counsellors Union and grassroots Deaf and Disabled People's Organisations across England who are part of the Reclaiming Our Futures Alliance, would be happy to provide any further information on any of the issues covered in our response or to facilitate focus groups and dialogue with our members as would be useful.

Disabled people with mental health support needs are experts by experience. Inclusion London's response has been informed by the views of the Mental Health Resistance Network (MHRN), the Survivor led Facebook Group and Disabled people's Against Cuts (DPAC) Mental Health Manifesto.

Recommendation 1

Inclusion London promotes the principle of 'Nothing About us Without us' and recommends that the Labour Party continues to consult with experts by experience, i.e. children and adults with mental health support needs to help inform their policy making on mental health.

3.1 Prevalence of mental health support needs amongst Deaf and Disabled people

As the report from the Independent Mental Health Taskforce to the NHS highlighted, '*one in four adults experiences at least one diagnosable mental health problem in any given year and mental health problems represent the largest single cause of disability in the UK*'.[3]

Disabled people under the Equality Act 2010 include people with mental health support needs if the impact has a 'substantial' and 'long-term' negative effect on the ability to do normal daily activities.[4]

There are high rates of people with mental health support needs amongst Deaf and Disabled people with different impairments:

Physical health

According to research by the Kings Fund:

- *Physical health problems significantly increase the risk of poor mental health, and vice versa.*
- *Around 30 per cent of all people with a long-term physical health condition also have a mental health problem, most commonly depression/anxiety.*

Deaf people

Deaf people are twice as likely to experience mental health issues such as depression and anxiety compared to hearing people.[5]

[3] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

[4] https://www.gov.uk/definition-of-disability-under-equality-act-2010

[5] http://www.signhealth.org.uk/about-deafness/mental-health/

Deaf people find it difficult to access so called one to one 'talking therapies' because there is rarely provision within those services to meet communication support needs such as British Sign Language (BSL) interpretation. The presence of an interpreter can create additional difficulties as it restricts privacy and a preferable solution is the availability of therapists who are themselves in BSL available. [6]

People who are blind or have visual impairment

Sight loss is a common cause of depression. According to the Depression in Visual Impairment Trial (DEPVIT):
'*43% of people who lose their sight go on to battle depression, however NHS low vision services focus only on the physical need, and psychological screening or therapy is not yet an integral part of rehabilitation*.'[7]

Vision Aware has highlighted that a clinical trial demonstrated that *'an interdisciplinary rehabilitation program can reduce the incidence of depression by half among older adults with low vision due to age-related macular degeneration (AMD)*.[8]

Peer support and peer counselling are particularly important for people who are acquire sight loss.

People with learning difficulties

People with learning difficulties who experience mental health support needs require access to services able to provide support in accessible and appropriate ways.

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[6] http://www.signhealth.org.uk/about-deafness/mental-health/

[7] https://www.guidedogs.org.uk/news/2016/january/sight-loss-patients-with-depression-are-routinely-overlooked#.V07oHvkrLIU

[8] http://www.visionaware.org/blog/visionaware-blog/integrated-low-vision-and-mental-health-treatment-can-reduce-or-prevent-depression-1376/12

- It has been estimated that up to 40% of people with learning disabilities experience mental health difficulties. They are often unable to get support from the appropriate services. [9]
- … for children and young people with a learning disability, the prevalence rate of a diagnosable psychiatric disorder is 36%, compared with 8% of those who do not have a learning disability. This shows a real need for people with learning disabilities to be able to access mental health services.[10]

Recommendation 2
Commit to making funding available for mental health support services with the specialist skills to work with Deaf and Disabled people across different impairment groups.

3.2 Inclusion London's response to the set questions

Question- In your view which Health and Care policies and key messages in the last manifesto most resonated with voters? Which policies did not resonate so well?

Voters with mental health support needs were particularly aware at the last election of the terrible adverse impact of welfare reform on Disabled people. The High Court found that the Work Capability Assessment does discriminate against people with "cognitive impairments" (including mental health support needs) yet recommendations to address this have been barely implemented and do not go far enough in ensuring an assessment that is fair. Sanctions also

[9] http://www.learningdisabilities.org.uk/our-work/changing-service-delivery/improving-access-psychological-therapies/

[10] http://www.learningdisabilities.org.uk/our-work/health-well-being/improving-access-mental-health/

http://www.learningdisabilities.org.uk/help-information/Learning-Disability-Statistics-/187699/

disproportionately target people with mental health support needs. The Labour party's failure to commit in its manifesto to abolishing the Work Capability Assessment or sanctions, thereby addressing key issues facing people with mental health support needs, led many to take their vote elsewhere.

Question: Was there anything missing from our policy offer to voters on this issue?

The Labour party's election manifesto promised:[11]

- *A focus on prevention and early intervention, and joining up services from home to hospital.*
- *We will radically improve mental health support, especially for young people, by prioritising new investment in under 18s*
- *Mental health will be given the same priority as physical health.*
- *People will have the same right to psychological therapies as they currently have to drugs and medical treatments.*
- *To help address the problem of undiagnosed mental illness, NHS staff training will include mental health.*
- *We will increase the proportion of the mental health budget that is spent on children,*
- *Make sure that teachers have training so they can identify problems early and link children up with support.*
- *To support young people's health and wellbeing, we will encourage the development of social and emotional skills, for example through the use of mindfulness to build resilience.*
- *A strategy with the goal of ensuring that the great majority of patients can access talking therapies within 28 days*
- *All children who need it can access school based counselling.* [12]

[11] http://www.labour.org.uk/manifesto/nhs

http://www.labour.org.uk/page/-/BritainCanBeBetter-TheLabourPartyManifesto2015.pdf

[12] http://www.labour.org.uk/manifesto/nhs

http://www.labour.org.uk/page/-/BritainCanBeBetter-TheLabourPartyManifesto2015.pdf

We agree with these manifesto promises, but they fail to address more fundamental areas where change is needed in order to achieve equal life chances for people with mental health support needs. These areas include:

1) Welfare reform and reversing measures that target people with mental health support needs and that worsen mental health through pushing people into poverty and causing avoidable distress.

Recommendation 3
Labour party to consult with Deaf and Disabled campaigners on social security policy.

2) The integration of employment with health. This is taking place at a policy level with a government green paper due in the Autumn. According to this approach, "worklessness" is seen as a mental health condition and employment is a clinical outcome. At a practice level this is seriously undermining mental health support services and has the potential to push people with mental health support needs further from support and treatment. Trained therapists and mental health professionals have highlighted how tying therapy services to employment outcomes is unethical.

Recommendation 4
Labour party to adopt a position that opposes government plans to integrate health and employment services and consult with Deaf and Disabled campaigners on a disability employment support policy.

3) Models underpinning mental health support services and treatment. Funding is increasingly limited to short term interventions associated with the IAPT programme (Improving Access to Psychological Therapies). Short term interventions only address the very surface of a psychological issue and are not able to provide effective long-term outcomes for people with complex issues and trauma. Different types of intervention based on different forms of therapy work for different people. Access to different forms of therapy is now limited to those who can afford to pay privately while therapists with training

and specialisms in different forms are increasingly pushed out of their own profession to be replaced by less qualified IAPT workers. As well as denying access to more effective support and treatment this is also potentially unsafe.

Recommendation 5

Labour party to consult with mental health service users and professionals concerned at the current decimation of the therapy provision and to commit to funding a range of provision including longer term interventions.

Question - How can we best identify and address the root causes of mental distress in our society?

Addressing the social causes of mental distress

We start with the words of Denise McKenna, a member of the Mental Health Resistance Network and an expert by experience:

"*We knew that mental distress was caused by social factors, poverty, discrimination, domestic abuse, bullying, and so on and we weren't convinced that the chemical imbalance in the brain story was the whole story or even any part of it….*[13]

The Survivor led Facebook Group has named issues that '*hinder 'recovery' and maintain distress'*, which are:[14]

- Unstable housing (lack of secure tenancy)
- Sexism
- Loss of the welfare state

[13] https://recoveryinthebin.org/2016/03/10/welfare-reforms-and-mental-health-resisting-sanctions-assessments-and-psychological-coercion-by-denise-mckenna-mental-health-resistance-network-mhrn/

[14] https://recoveryinthebin.org/unrecovery-star-2/

- Loss of rights
- Economic inequality
- Homophobia/transphobia
- Racism
- Discrimination
- Trauma/iatrogenic trauma
- Poverty[15]

Identifying the root causes of mental distress is very complex and many areas of life can be involved, such as social factors including bullying and hate crime, stigma, discrimination, poverty, isolation, unemployment and break down of relationships. We discuss some of these areas below:

Disability hate crime

There has been a rise in disability hate crime in recent years linked to rhetoric of politicians[16] and the media that portray Disabled people as 'benefit scroungers and fraudsters'[17] and Disabled benefit recipients as a burden on society.

Public support for so-called "welfare reform" and benefit cuts is based on a lack of information and understanding about the welfare budget. The UK is the fifth wealthiest nation in the world so can afford to sustain and improve the welfare benefits system including the payment of benefits specifically for Disabled people, so everyone has an adequate standard of living in line with

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[15] https://recoveryinthebin.org/unrecovery-star-2/

[16] http://www.telegraph.co.uk/news/politics/9263453/500000-to-lose-disability-benefit.html

[16] http://www.telegraph.co.uk/news/politics/9263502/Iain-Duncan-Smith-Im-not-scared-to-light-the-fuse-on-disability-reform.html

[17] https://www.inclusionlondon.org.uk/campaigns-and-policy/facts-and-information/equality-and-human-rights/bad-news-for-disabled-people-2/

http://www.scope.org.uk/About-Us/Media/Press-releases/July-2012/Discrimination-increases-on-back-of-%E2%80%98benefit-scrou

http://www.thesun.co.uk/sol/homepage/news/politics/6333434/iain-duncan-smith-anger-at-benefit-cheat-stories-in-sun.html

Article 28 of the UN Convention on the Rights of Persons with Disabilities and Article 25 of the Universal Declaration of Human Rights . Where politicians take a stand in opposing misinformation and abuses of statistics by the government and right wing media on welfare this leads to a better informed public which can in turn contribute towards an environment where Disabled people are able to claim benefits without a backlash of abuse.

Recommendation 6

Labour party to continue strong public opposition to the government's welfare reform agenda.

Poverty

Poverty and poor mental health are closely linked. According to the Centre for Social Justice:

'*Children and adults from the lowest quintile (20 per cent) of household income are three times more likely to have common mental health problems (than those in the richest quintile) 5 and nine times as likely to have psychotic disorders. ….*

Self-harm is more than three times as common in men and 2.5 times as common in women from the lowest 20 per cent of income compared with those from the highest 20 per cent…..

The chronic low level stress of coping with daily hardship and disadvantage affects the way the body reacts, impacting on people's physical health through higher cholesterol levels, blood pressure and heart disease. [18]

Disabled people, including those with mental health support needs, are more likely to live in poverty and struggle to cover basic living expenses. Government figures show that households where at least one member was Disabled who were in "absolute poverty" rose from 27% in 2012-13 to 30% in

[18] http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/MentalHealthInterimReport.pdf

2013-14.[19] Other research has shown Disabled adults are twice as likely as non-Disabled adults to live in persistent poverty, defined as spending three or more years in any four-year period in poverty.[20]

Cuts and changes to welfare benefits have resulted in more Disabled people struggling to cover household bills. According to London Deaf and Disabled People's Organisations there has been a rise in the number of Disabled people having to use food banks and facing eviction in the last two years.

Sanctions and people with mental health support needs

People with mental health problems are receiving a disproportionate amount of sanctions. According to the Royal College of Psychiatrists:
'*Official figures show that people with mental health problems are disproportionately sanctioned – 50% of people in the WRAG group have a mental health problem, but they received 60% of the sanctions.*
Possible reasons for this are:

- *A lack of understanding of mental health throughout the benefits system.*
- *The barriers faced by people with mental health conditions are not readily taken into account.*
- *The current benefit system is ineffective and inaccurate at assessing claimants and placing them on the appropriate benefit'.*[21]

Disabled people are being sanctioned for very minor reasons, such as being late twice by 5 or 15 minutes. As Paul Morrison, Public Issues Policy Adviser for the Methodist Church, said:
"Sanctioning someone with a mental health problem for being late for a meeting is like sanctioning someone with a broken leg for limping.[22]

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[19] https://www.gov.uk/government/statistics/households-below-average-income-19941995-to-20132014

[20] Breaking the Link Between disability and poverty report: https://kittysjones.wordpress.com/2014/04/28/breaking-the-link-between-disability-and-poverty-full-report

[21] http://www.rcpsych.ac.uk/policyandparliamentary/welfarereform/esasanctions.aspx

The conditionality and sanctions system for Employment and Support Allowance and Job Seekers Allowance pushes Disabled people, particularly people with mental health support needs further away from employment. The sanctions regime is punitive, distressing and counter-productive and should be stopped.

Work Capability Assessment (WCA)

Some Disabled people are not able to work due to the barriers they face and the impact of living with their impairments. For those with lifelong or degenerative conditions they are not going to "go into remission" or "recover". The current WCA assessment for Employment Support Allowance often does not accurately determine a Disabled person's 'capability' of working. The stress of being pushed into inappropriate job search activity or employment can be extremely detrimental to health and well-being, even leading to Disabled people taking their own lives. A 'Prevention of future deaths report'[23] sent to the Department for Work and Pensions (DWP) by Mary Hassell, the senior coroner for inner north London, following the suicide of a man found fit for work by the department after undergoing the Work Capability Assessment said:

'I found that the trigger for Mr O'Sullivan's suicide was his recent assessment by a DWP doctor as being fit for work'.

Similarly coroner Tom Osborne ruled that the trigger for Stephen Carre's suicide had been DWP's rejection of his appeal against being found "fit for work", and he called in his Rule 43 letter for a review of the policy not to seek medical evidence from a GP or psychiatrist if the claimant has a mental health condition.[24]

[22] http://www.methodist.org.uk/news-and-events/news-releases/new-data-more-than-100-people-per-day-with-mental-health-problems-are-having-their-benefits-sanctioned

[23] a prevention of future deaths (PFD) report,

[24] http://www.disabilitynewsservice.com/new-evidence-suggests-dwp-covered-up-coroners-wca-warning/

Research by Liverpool University concluded:
'The programme of reassessing people on disability benefits using the Work Capability Assessment was independently associated with an increase in suicides, self-reported mental health problems and antidepressant prescribing. This policy may have had serious adverse consequences for mental health in England, which could outweigh any benefits that arise from moving people off disability benefits.'[25]

The social security system needs to recognise that some Deaf and Disabled people cannot work due to the impact of their impairments. Forcing Deaf and Disabled people into employment can have a disastrous impact on health and mental well-being. Also Deaf and Disabled people are prevented from obtaining employment because of various barriers, which includes employer's discrimination and the assessment and welfare benefits system needs to recognise this.

Recommendation 7
Labour Party to commit to repealing the Welfare Reform Act 2012 and Welfare Reform and Work Act 2016. (See Appendix A for specific reversals of cuts and changes that have adversely impacted on Disabled people including those with mental health support needs).

Employment

Many Deaf and Disabled people are unemployed but wish to work, but often have not received effective into or in-work employment support. Deaf and Disabled People's Organisations in London have developed a successful employment support model providing one-to-one, long term, personalised support that includes support with other issues that prevent employment uptake such as welfare benefit issues or housing problems.

In order for more people with mental health support needs to be able to benefit from being in employment, flexible working hours and other

[25] http://jech.bmj.com/content/early/2015/10/26/jech-2015-206209.full#ref-1 http://www.nhs.uk/news/2015/11November/Pages/Fit-for-work-disability-tests-linked-to-increase-in-suicides.aspx

reasonable adjustments in line with the Equality Act 2010[26] need to become common practice. Flexible working hours are often needed by others such as parents and carers as well as Disabled people so should be an option for all employees.

Worsening working conditions and treatment of employees can cause or aggravate mental health support needs, for example in one survey nearly two out of three respondents believed that unrealistic workload/too high expectations/long hours had caused or exacerbated their mental health problems.[27]

There are indications that disability discrimination in the workplace is growing, particularly in government departments[28]. The Performance Management Review system has been identified as discriminating against Disabled workers in research commissioned by PCS union[29].

Despite the current government target around getting more Disabled people into employment, programmes such as the Access to Work employment support scheme that has the potential to be effective are being undermined by attempts to reduce budgets. Access to Work customers with mental health support needs are viewed as "low value" and the scheme aims to increase its take up amongst this group through increasing referrals to its Mental Health support service contracted out to Remploy. However, this one size fits all approach does not recognise that people with mental health support needs may have an ongoing or more intense need for employment support and currently denies greater choice. Approaches such as access to ongoing support costs that would be accepted for a person with a physical impairment or a learning difficulty are often only agreed to if the person really fights for it.

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[26] http://www.legislation.gov.uk/ukpga/2010/15/section/20

[27] https://www.mentalhealth.org.uk/sites/default/files/out_at_work.pdf

[28] http://www.disabilitynewsservice.com/discrimination-against-disabled-staff-shoots-up-at-dwp-the-home-of-disability-confident/

[29] Civil Service Performance Management Diversity & Inclusion outcomes data 2014-5 – an analysis

Steve French, Keele University

Isolation from the community

Long periods of loneliness or social isolation can have a negative impact on physical and mental health.[30]Disabled people's ability to participate in the community and keep contact with family and friends and maintain leisure pursuits outside the home is being curtailed by insufficient funding from central government for social care and support and a lack of protections of social care budgets by local authorities.

Disabled people have a right under Article 19 of the UN Convention on the Right of Persons with Disabilities (UNCRPD) to '*personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;*'[31]

However, due to a lack of support Disabled people are increasingly becoming isolated, and trapped within the walls of their home. A London Deaf and Disabled People's Organisation which provides support for Disabled people with Personal Budgets said recently:
"People said generally there is insufficient funding to have a good quality of life".

In June 2015 the ADASS reported a total of £4.6 billion budget reductions for adult social care. The president of ADASS said the Chancellor needed to provide a settlement for "….*the growing funding gap for social care"* otherwise:-
"…the safety and wellbeing of growing numbers of people, often with more complex needs, who rely on social care being put at grave risk."[32]

[30] https://www.lifeline.org.au/Get-Help/Facts---Information/Loneliness/Loneliness-and-Isolation

[31] http://www.un.org/disabilities/convention/conventionfull.shtml

[32]https://www.adass.org.uk/uploadedFiles/adass_content/news/press_2015/Ray%20James%20Opening%20Speech%20NCAS%20-%202015.pdf

Even for Disabled people that do not require social care, disabling barriers can lead to social isolation. For instance for wheelchair users the lack of accessible public transport or community transport leads to social isolation.

Vision Aware highlights that:
'*Many visually impaired people are isolated because of lack of transportation, unemployment, and the anxiety of going out in public places. This can lead to loneliness and depression. In fact, research shows that up to one third adults with age-related macular degeneration will also have depression.*[33]

People who experience hearing loss can become social isolated, particularly if the loss occurs in older age:[34]
'Deaf people are regularly marginalised or excluded from establishments and services that the hearing population take for granted…[35]

Recommendation 8

The Labour party consults with Disabled people including people with mental health support needs on all areas of social policy including social care, employment and transport.

Treatment of mental health

Mental health needs to be seen within the context of the social model of disability with access to day-to-day support to enable people with mental health support needs to participate in the community and the same life opportunities as other people. Too often mental health is treated separately

[33] http://www.visionaware.org/blog/visually-impaired-now-what/depression-during-the-holidays-and-beyond/12

http://www.visionaware.org/blog/visionaware-blog/integrated-low-vision-and-mental-health-treatment-can-reduce-or-prevent-depression-1376/12

[34] http://www.nhs.uk/Livewell/hearing-problems/Pages/admit-you-are-going-deaf.aspx

[35] See 'Issues with mental health provision for Deaf people' at: http://www.nwppn.nhs.uk/index.php/our-work/supporting-clinical-excellence/mental-health-deafness

from “disability” with an overwhelming emphasis on “recovery” [36] as opposed to day to day support and management. The dominance of clinicians meant that personalisation and access to Personal Budgets never penetrated the mental health system in the same way it did social care and this has only become worse through funding cuts and budget restraints since 2010. The Care Act 2014 extends the right to a Personal Budget but realistically this will only make a difference to mental health services if individuals with mental health support needs themselves are prepared and have the resources to fight for their entitlement. Meanwhile, a failure to invest in low level, day to day support costs more in the long term as a lack of preventative support results in crises and a need for expensive acute support.

Recommendation 9

Labour party to ensure its social care and mental health policies are joined up and that commitments to independent living support for Disabled people include people with mental health support needs.

Mental health services: physical restraint:

We are concerned that there continues to be restraint- related deaths, which was highlighted in Mind’s report published in 2013, in which a Disabled person said:

“It was horrific… I had some bad experiences of being restrained face down with my face pushed into a pillow. I can’t begin to describe how scary it was, not being able to signal, communicate, breathe or speak”.

The report says:

- There were at least 13 restraint-related deaths of people detained under the Mental Health Act 1983. Eight of these occurred in a single year (2011).[37]
- In 2012 restraint was used over 3,000 times result in almost 1,000 incidents of physical injury.[38]

[36] https://en.wikipedia.org/wiki/Recovery_approach

[37] http://www.mind.org.uk/media/197120/physical_restraint_final_web_version.pdf

[38] http://www.mind.org.uk/media/197120/physical_restraint_final_web_version.pdf

There is a huge variation in the use of physical restraint across England, which is not acceptable: In a single year, one trust reported 38 incidents while another reported over 3,000 incidents.

Recommendation 10

Labour party to sign up to Disabled People Against Cuts Mental Health manifesto (see Appendix B).

Treatment of people with learning difficulties and autism

A long standing issue of concern is the inappropriate and over prescription of antipsychotic drugs for people with learning difficulties. Research commissioned by the health body and delivered in three reports[39] has found that:

- There is a much higher rate of prescribing of medicines associated with mental illness amongst people with learning disabilities than the general population, often more than one medicine in the same class, and in the majority of cases with no clear justification… Medicines are often used for long periods without adequate review, and;
- There is poor communication with parents and carers, and between different healthcare providers.[40]

An article in the British medical journal highlighted that:
'Anti-psychotics are most commonly prescribed for challenging behaviours rather than schizophrenia, despite no evidence for their effectiveness in treating challenging behaviours and considerable evidence of harmful side-effects.[41] Anti-psychotic drugs are probably used because they are, *'…..very*

[39] The reports are available at: http://www.nhsiq.nhs.uk/improvement-programmes/patient-safety/winterbourne-medicines-programme.aspx

[40] https://www.england.nhs.uk/2015/07/urgent-pledge/

[41] ../IHaL2011-09HealthInequality2011%5b2%5d.pdf Health Inequalities & People with Learning Disabilities in the UK: 2010

http://www.bmj.com/content/351/bmj.h4326

easy to use, provide a rapid calming and sedative effect,….' [42] There are irreversible side effects to these drugs:

'The most common long term side effect is development of involuntary muscle movements,' which occur in '30-45% of individuals taking antipsychotic drugs on a long term basis'. ….in 50% of cases it is irreversible even when the offending antipsychotic drug is discontinued.'[43]

We are pleased that NHS England has promised to tackle over prescribing of antipsychotic/psychotropic drugs.[44] However, we are also concerned that people with learning difficulties, including those on the autistic spectrum continued to be sent away from home to hospital units for assessments and remain there for months if not years. The stress of being sent away to an unfamiliar environment can result in behaviour that can be experienced as 'challenging' by the professionals and which is then responded to by the use of anti-psychotic drugs. Assessing people with learning difficulties away from their home and community is not appropriate and should stop.

Recommendation 11

Labour party to consult with the Justice for LB campaign and their legislative proposals to aimed at protecting people with autism and learning difficulties from mistreatment within the mental health system[45].

BAME community

We are also concerned that people from the BAME community with mental health support needs are not being treated in an equitable way, as a report published by Race on the Agenda (ROTA) highlighted:

[42] http://jme.bmj.com/content/27/5/338.full

[43] http://jme.bmj.com/content/27/5/338.full

[44] https://www.england.nhs.uk/2015/07/urgent-pledge/

[45] http://justiceforlb.org/

- *'People from certain BAME communities are much more likely to be assessed as being dangerous to the public and, as a result, detained'.*[46]
- Inpatient admission rates under the Mental Health Act are 9 times higher for the 'other black' group and over 3 times higher than average among mixed white/black and black groups[47]
- *'Even within hospitals the risk that BAME patients present is often over-estimated, the result being that coercive forms of treatment including restraint, seclusion and medication are overused'.*[48]
- *'Black patients are also less likely to receive non-coercive treatments such as psychotherapy and counselling than other groups, and more likely to receive higher doses of medication'.*[49]

The charity Mind, says:
'There is a long-standing and serious failure by mental health services and other statutory agencies to appropriately deal with 'racial inequalities'[50]

Recommendation 12
Labour party to commit to tackling racial inequalities in the mental health system.

Question: What measures can we take to promote awareness of mental health in our society and ensure it works alongside policies in other areas?

It is important to start with raising awareness in schools and from an early age:

[46] http://www.rota.org.uk/webfm_send/4

[47] http://www.rota.org.uk/webfm_send/4

[48] http://www.rota.org.uk/webfm_send/4

[49] http://www.rota.org.uk/webfm_send/4

[50] http://www.mind.org.uk/media/273467/the-end-of-delivering-race-equality.pdf

- Awareness raising starting in schools regarding the symptoms of mental health support needs e.g. the symptoms of anxiety or depression
- If emotional/therapeutic support is provided in schools, including play or art therapy, they need to be positively promoted by the school in order to avoid any stigma in accepting support.
- Any stigmatisation of mental health support needs should be immediately addressed by schools as a form of bullying.

Question: What action should be taken to ensure that those groups which are at greater risk from suffering from mental health problems (e.g. LGBT, BAME) in our society are given the help they need? How can we share best practice across local/ devolved authorities in policy development?

Government funding should be made available for peer led community groups such as Deaf and Disabled peer led organisations as well as BAME or LGBT+ community groups. DDPOs and community groups are a safe place, in which emotional and therapeutic support could be provided without the stigma of going via a GP or hospital.

Question: Given that half of all mental health problems begin by the age of 14, what steps should be taken to improve early intervention in mental health? What other measures can be taken to transform our current mental health system from one driven by crisis to one focussed on prevention?

Looked after children

All looked after children in care are very likely to have experienced some level of emotional trauma so it is vital that emotional and therapeutic support is available, yet many children do not receive support because they do not have

stable placements. As the select committee report published in April 2016 found,
'Almost half of children in care have a diagnosable mental health disorder, with looked-after children four times more likely than their non-looked after peers to have a mental health condition'.[51]

We agree with the Committee's following recommendations made by the select committee:
"….We recommend children in care be given priority access to mental health assessments and never refused care based on their placement or severity of their condition".[52]

"It's crucial that the voice of young people is at the heart of the care planning and services looked-after children receive." [53](This includes care leavers and children in care).

Excluded children

Children that are frequently excluded or are not attending school regularly do not always receive the emotional support they need, which could be provided in places where young people congregate, not just in CAMHS[54] premises, which some young people avoid due to the stigma attached to attending or they do not manage to maintain attendance due to family circumstances.

All children in need of support

Emotional and therapeutic support should also be easily available for all children and provided in junior and secondary schools, universities and colleges. Play therapy and art therapy can be effective tools, especially for younger children.

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[51] http://www.parliament.uk/business/committees/committees-a-z/commons-select/education-committee/news-parliament-2015/mental-health-children-report-published-15-16/

[52] Ibid

[53] Ibid

[54] CAMHS – Children and Adolescent Mental Health Service

Crisis support

Emotional and therapeutic support for both children and adults those experiencing a breakdown in relationships or other crises.
Support for families in financial crisis or with housing problems needs to be easily available.

Long term in depth support

Long-term, in depth psychological therapy should be available for those that need and want it. Currently 5-20 sessions Cognitive Behavioural Therapy (CBT) is usually what the NHS provides[55], which may not be in depth or long enough to be effective in the longer term for some children and adults.

However, it is important that both children and adults are given the choice of whether to accept emotional and therapeutic support and that there is no coercion involved.

Early intervention part of DoH policy

In the past, the Department of Health's (DoH) has been quite open that intervention was largely focused on when a person reached crisis point i.e. when a person attempted suicide or was detained under the mental health act. It appeared that this was beginning to change with more use psychological therapies such as CBT and information about other emotional support being made available.[56] But findings from a review[57] by the Children's commissioner for England, Anne Longfield who obtained data from 48 of England's 60 child and adolescent mental health service trusts reveals a lack of support or long waiting times and over stretched services:

- 28% of child referrals were denied specialist treatment - mostly on the grounds that their illness was not serious enough. This group included children

[55] http://www.nhs.uk/Conditions/Cognitive-behavioural-therapy/Pages/Introduction.aspx

[56] http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/mental-health-helplines.aspx#bereavement

[57] http://www.bbc.co.uk/news/education-36398247

who had attempted serious self-harm and those with psychosis and anorexia nervosa.

- 13% with life-threatening conditions were not allowed specialist support.

- It also found that those who secured treatment faced lengthy delays, with an average waiting time of more than 100 days.[58]

Early intervention support must become Department of Health policy and that funding made available to make this a reality.

Question: How can we ensure that parity of esteem between mental and physical health is achieved? How do we guarantee that mental health receives its fair share of funding?

Over last five years:

- 15,000 beds lost[59]
- Real terms cut of almost £600m from mental health budget[60]
- 75% patients not getting treatment they need[61]
- only 14% of those in a crisis receiving appropriate support[62]

Under the current government there have been significant cuts to mental health services. This leads not only to avoidable suffering and distress but is

[58] http://www.bbc.co.uk/news/education-36398247

[59] http://www.encompassdorset.co.uk/Problems_Arise_for_Mental_Health_as_thousands_of_Beds_are_lost_from_Budget_Cuts.html

[60] http://www.communitycare.co.uk/2015/03/20/mental-health-trust-funding-8-since-2010-despite-coalitions-drive-parity-esteem/

[61] http://www.rcpsych.ac.uk/usefulresources/cmomentalhealthreport.aspx

[62] http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/mental-health-under-pressure-nov15_0.pdf

also a false economy. Research suggests that for every £1 spent on services, £15 is saved in heading off greater social and health needs.[63]

A severe beds shortage has meant people being sent many, many miles away to access treatment. In one example a man who was acutely suicidal was taken by paramedics to a mental health 'drop in cafe' as there was nothing else available.

The closure of the LifeWorks mental health service in Cambridge, which provided a daily crisis clinic for people with personality disorders, who statistically have a high suicide rate was set to close until service users occupied the clinic for nearly four months and the closure was reversed but in many other cases vital services have simply shut.

The aspiration of parity of esteem between mental health and physical health needs to be driven from the top with increased, ring-fenced funding for adults and children/adolescent's mental health.

In order to effectively plan and budget for mental health services data on access to mental health services should be reviewed annually and people with mental health support needs and services users consulted on how to improve access and the quality of services.

That concludes Inclusion London's response.

[63] https://www.rethink.org/media/1069950/Investing%20in%20Recovery%20-%20May%202014.pdf

4. Appendices

Appendix A – Welfare reform priorities

Commit to:

- abolish the Work Capability Assessment (WCA)
- abolish the sanctions regime
- bring benefit assessments back in house

Also reverse the following cuts and changes:

➢ Tighter eligibility criteria for Personal Independence Payment (PIP) compared to Disability Living Allowance (DLA).

➢ The change in the eligibility criteria for higher rate mobility component for PIP from 50 metres to 20 metre, which has resulted in many people are losing their Motability vehicle - 3,000 out of 8,000 of their customers who have so far been reassessed (for PIP) have lost their eligibility for the scheme. A Motability spokeswoman said: "We are currently seeing over 100 customers losing eligibility each week".[64]

➢ Changes to Housing Benefit, including the Spare Room Subsidy removal/social housing size criteria, (commonly known as 'the bedroom tax').

➢ Reduction of ESA for those that are in the Work Related Activity Group, brought in by the Welfare Reform and Work Act 2016.

➢ Review Universal Credit plans so no Disabled person will be worse off.

[64] http://www.disabilitynewsservice.com/more-than-100-a-week-losing-their-motability-vehicles-thanks-to-pip/

http://www.itv.com/news/2015-03-13/disability-cuts-start-to-bite-those-who-need-it-most/

Appendix B – Disabled People Against Cuts Mental Health Manifesto demands

1. We demand the abolition of forced treatment and Compulsory Treatment Orders (CTOs).
2. All treatment should be with the full agreement of the person being treated and with their full understanding of the side effects of treatment, both pharmaceutical and psychological.
3. We demand the right to refuse treatment as it is ratified under the United Nations Convention Rights People with Disabilities (UNCRPD)
4. We want recognition of the link between abuse and trauma, and mental distress. The British Psychological Society has already made this link.
5. We demand the recognition that child abuse prevention is also mental distress prevention.
6. We want the abolition of the medical model of mental distress to be replaced with an acceptance that mental distress is part of the human condition and is a normal response to adverse events and circumstances. Appropriate care and support should be the right for all people suffering from mental distress.
7. Long term psychological treatments should be provided freely to all who need them and talking therapies should not be restricted to short term interventions. We recognise that not everyone wants talking treatments and this should be respected.
8. We demand a full investigation into the effects of long term use of psychiatric medications and demand that mental health professionals treat reports of side effects of medication seriously.
9. Mental health training should be compulsory for all health care professionals, including doctors and nurses, and suicide awareness training should be given to all health care professionals. Such training should be kept up to date.

10. A person suffering from mental distress should be treated with respect, courtesy, dignity, and consideration at all times as should and their families and friends.
11. We demand guaranteed financial security and appropriate housing for everyone experiencing mental distress.
12. We demand a full public inquiry into the impact on people in mental distress of being detained in Prison Environments.
13. The person experiencing mental distress should decide their care and always have their wishes respected.
14. No aspect of the social security system should cause distress or deterioration in a claimant's mental health condition.
15. We demand recognition that the WCA process is detrimental to people's mental health and should be scrapped.
16. All Police Forces should have full mental health awareness training, stop using section 136, and acknowledge that custody suites and lock-ups in police cells are not safe places.
17. Funding should be provided for Crisis Care to be made available for help and support 24 hours a day, 365 days of the year.
18. Funding should be made available for the setting up of Crisis Houses as safe spaces. Access to these should be every person's right and should include 'sitters' who will be there to support people throughout these times.
19. We want hospital beds to be replaced with beds in settings similar to domestic environments.
20. Mental health awareness training and crisis awareness training should be available for all teaching staff in primary and secondary schools, and further education institutions.
21. Recognition that the use of alcohol and drugs are a form of self medication for many in mental distress. Drugs should therefore be decriminalised.
22. Access to detox and drug rehab programmes should be available to everyone.
23. Mental health awareness training should be an accepted part of training provided to human resource workers in every place of employment.

24. We want a full investigation into the appropriateness of the continuous use of medication as the main form of treatment for people in mental distress.
25. We demand recognition that many social values that are common place, such as competition being intrinsic to human relationships, are erroneous and cause harm to people's mental health.
26. We want special support centres for young men who are suicidal and a paradigm shift away from the "norms" which are set as ideals of masculinity and may contribute to the high rate of suicide in young men.
27. Bereavement counselling should be made available for all children who lose a parent or supporting person.
28. We want a full investigation into why so many people from BME communities are being diagnosed with a mental health condition.
29. Funding should be made available for research into mental health care that is based on a Social Model of mental distress; such funding should at least equal the current amount of money available for pharmaceutical research.
30. We want an investigation into the harmful effects of E.C.T.
31. We demand a return to day care provision in the form of day centre and education facilities that are particular to people living with mental distress together with full access to mainstream education and training and support if needed to access.
32. We demand an inquiry into the success or otherwise of the use of personal budgets for day care provision for people living with mental health problems.
33. Concessionary travel passes should be made available to all people living with mental distress to enable independence in the community and to attend appointments with health care professionals, thus aiding mental wellbeing.

34. We want a proactive approach to raising awareness of the harm caused by discriminatory attitudes towards people in mental distress or with a history of mental distress.
35. Any crime against someone with a mental health condition should be treated as a hate crime.
36. We demand a full public inquiry into the significantly shortened life expectancy of people with mental health conditions and a full report produced with recommendations which should be implemented.
37. We demand the provision of special support for people with mental distress to ensure their children remain with them as a family.
38. We demand a holistic approach to care – where a person has both a physical and a mental health problem, such impairments should be treated equally with respect and with dignity and with full understanding that a physical impairment can impact on a mental health impairment and vice versa.
39. We want an ongoing campaign to end all bullying in schools and work places and within families and general society where such bullying is linked to mental distress.
40. Action should be taken to end the ongoing discrimination against LGBT people as such discrimination can lead to mental distress.
41. We want specialist support to be made available for ALL armed forces veterans who experience mental distress and for housing to be made available to them.
42. No one in mental distress should be made homeless; housing should be available to all.
43. We deplore the underfunding of mental health services in the NHS and the current practice of discharging people with mental health problems from secondary care into primary care where their needs cannot be met.

44. We deplore the appropriation of the Recovery Model by statutory services and government departments in order to justify the withdrawal of services and benefits from people who need them.

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