

## **A Charter for Mental Health**

Mental health services have reached a crisis point. The problems are so acute that even the government itself has been forced to acknowledge them. In response the Social Work Action Network (SWAN) has developed *A Charter for Mental Health*.

The idea for the Charter emerged from debates at recent SWAN conferences. However it has been developed in discussion with a range of individuals and groups both within and beyond SWAN including service users and practitioners in mental health services.

The Charter describes reasons for the current crisis and suggests what needs to be done to resist and build alternatives. It seeks to be a starting point for discussion and action rather than a definitive statement. SWAN invites those who support the broad perspective described here whether as an individual or on behalf of service user and community groups, campaigns, trade unions and services to endorse the Charter but also to develop further resources from it. More importantly we hope the Charter will be a useful campaigning tool for activists to help build alliances of resistance and to contribute to the development of more and better support for those with mental health needs.

### **1. The problems**

#### ***The crisis facing service users***

The support on which many service users rely is being brutally cut as a result of the government's austerity policies. This includes closure or reductions in the availability of community services alongside increased charges, time limited support and reduced funding for user-led organisations. Meanwhile the government's welfare 'reform' programme is creating poverty through draconian measures such as the Work Capability Assessment, implemented by private healthcare firm ATOS, and the Bedroom Tax. These policies are having catastrophic effects. Service users' networks of support are being damaged, and levels of stress are escalating. The result is increased anxiety and fear and a rising incidence of suicide and self-harm.

#### ***The onslaught faced by mental health workers***

Practitioners are facing ever-increasing caseloads and enormous demands to meet targets, with little organizational support to prevent isolation and burnout. These workload pressures limit the space to listen and work in person-centred ways with individuals, families and communities. Swingeing cuts to community services and in-patient facilities mean that workers are reduced to crisis intervention. This results in delays for those in need of support often with tragic consequences. It also marginalises preventative work and reduces the support available to little more than medication.

#### ***The role of the market***

The introduction of payment by results is creating a 'throughput' approach that means short-term therapy and medical model drug interventions are prioritized over longer-term talking treatments and other forms of family and social support valued by users and carers. The growing presence of private sector providers such as Virgin Care also diverts scarce NHS resources away from frontline support and into corporate profits.

#### ***The pre-occupation with negative risk***

Services are increasingly focused on risk management, monitoring of medication 'compliance' and controlling forms of intervention. This is particularly acute for service users from black and minority ethnic communities who have inferior access to support

services and are more likely to be subject to community treatment orders or forensic interventions.

### ***Austerity, welfare reform and inequality***

While the government says mental health and wellbeing should be given the same priority as physical health care their programme is creating unprecedented levels of mental distress. Austerity and welfare reform are contributing to the rising tide of inequality, itself a cause of increasing mental health need in society. As a consequence Coalition policy is both increasing levels of mental distress and simultaneously, through cuts and the market, restricting the support available to those most in need.

## **2. What is to be done?**

### ***More user-led support and social approaches***

Recent years have seen growing demands by service users for greater choice and control through person-centred and user-led forms of support. This is a result of campaigning and activism. Progress on this will require a greater shift towards social approaches and the creation of enabling environments. These recognize and challenge the barriers faced by those experiencing mental distress in a number of areas such as employment, housing and education. Social approaches mean the removal of obstacles to the inclusion of family, friends and community in responses to mental distress. It means support for social participation and contributing lived experience to practitioner education programmes, along with full commitment to user-led organisations, services and forms of mutual support.

### ***Challenging discrimination***

Challenging all forms of discrimination including sexism, racism, homophobia and ageism as well as the demonization of welfare claimants is also crucial. This includes the stigma faced by mental health service users in society. However, while work continues to make anti-oppressive approaches, social perspectives and user and carer involvement a reality, cuts to collective services and individual support jeopardise this positive change.

### ***Overcoming conflict and obstacles to participation***

Mental health workers would like to work in more relationship-based and person-centred ways. Meanwhile service users and carers are demanding more social and community-oriented support. Herein lies the potential for shared interests. But in the mental health field these may seem difficult to achieve. Historically the medical profession wielded the power to define and treat 'mental illness' in biomedical ways. This led to the growth of service user movements who challenged this focus and to conflict between psychiatrists and other mental health workers who rejected medical dominance.

### ***Resources of hope: joint campaigns and struggles***

Yet realization that cuts, privatisation and a target-driven culture in mental health services are negatively impacting on service users, carers and different groups of workers in similar ways is breaking down older divisions. This opens up the possibility of joint struggles. Recent campaigns against cuts have increasingly been built on alliances between service users, practitioners and their trade unions. Whilst such campaigns may start with a focus on opposing cuts, the struggle frequently raises questions about how services should be organised and run. The recent victory of a user-led campaign against mental health cuts in Salford that was supported by trade unionists ensured not only that

the service was saved with decent staffing levels but also that it was more democratically and collaboratively run in partnership with service users.

### ***More and better support***

We need more alliances such as this to stop cuts and privatization and ensure people are not denied access to properly resourced community and inpatient services. However it is not enough to save services as they are, we want them to be *better*. This means services shaped by users with democracy and participation at the centre. Interventions based on social approaches and that challenge discrimination. Support driven by social justice rather than the profit motive. Joint campaigns by service users, carers, practitioners, trade unionists and activists have the potential not only to defend but also to transform services. SWAN invites you to join us in this struggle. The following demands are a starting point for realising these goals.

### **3. What we demand**

- Stop the closures or reductions in community-based support and day services
- For relationship-based mental health support: achieved through increased staffing ratios, limits on the size of caseloads, less form-filling, bureaucracy and targets and more administrative support
- Increase the availability to service users of individual and group therapies, community and user-led support and reduce the emphasis on medication
- No to early withdrawal of support services from users due to 'throughput' care pathway models linked to payment by results
- Ensure services are staffed with properly trained practitioners and peer-support workers employed on permanent not temporary contracts
- Guarantee service user involvement in the training and continuing professional development of all mental health workers
- Develop services in line with the principles of social approaches – remove obstacles to family and community involvement; facilitate safe spaces for service users to regain confidence and skills as a basis for moving into the mainstream; support users' social participation through volunteering and civic involvement
- Extend the availability of person-centred support to service users, no cuts to individual budgets and no increased charges for community services
- Repeal the bedroom tax and stop the evictions
- An end to welfare cuts and 'reform'; withdraw the Work Capability Assessment
- Remove multinational corporations such as ATOS from the welfare sector
- No to privatization and outsourcing of NHS, community and welfare services – for public services not private profit
- Stop the cuts of inpatient services; improve inpatient provision through a better environment, improve staff ratios; guarantee of a local placement for anyone admitted to hospital
- More funding for the development of alternatives to inpatient services such as user-led crisis houses
- An end to the use of community treatment orders (CTOs)
- An end to institutionalized discrimination in mental health services: reducing disproportionate rates of admission and compulsory detention of people from black and minority ethnic (BME) communities; increase access to culturally appropriate services; improve gender sensitivity of services and safety of women on acute inpatient wards