



## About Mind

We're Mind, the mental health charity for England and Wales.

We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

Our network of 150 local Minds work with over 300,000 people running services across England and Wales. Services include supported housing, crisis helplines, drop-in centres, employment and training schemes, counselling and befriending.

## MPs and mental health

Supporting constituents with mental health problems is one of the biggest challenges an MP faces today. Every year, mental health problems will affect 1 in 4 people in your constituency – more than heart disease or cancer.

Yet as demand for support is rising, funding is falling and 75% of people with a mental health problem are not any receiving treatment<sup>1</sup>. We are seeing increases in prescriptions for antidepressants, the number of people being sectioned and, tragically, the number of people who take their own lives. MPs tell us they see many people in their surgeries who cannot get support and don't know where to turn.

All parties have committed to valuing mental and physical health equally and we've now reached a critical stage in determining the future of mental health and wellbeing in our country. We can't afford to go backwards. Much of the power to make a difference now sits with local decisions makers. As their prospective MP, you play a vital role in securing good quality support for people in your constituency and promoting their mental health at a national level.

## An overview of mental health problems

When we talk about mental health problems, we are describing a range of conditions that affect the way you think, feel and behave. They can be isolated events through to lifelong conditions that can affect anyone, no matter what their background. Some people find it useful to have a diagnosis as a way of describing and explaining their experiences. Others prefer to describe mental health problems in different ways, and focus more on managing specific symptoms. The diagnoses and symptoms people are most likely to experience are:

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<sup>1</sup> How Mental Illness Loses Out in the NHS: A report by The Centre for Economic Performance's Mental Health Policy Group (2012); London School of Economics

## Anxiety disorders

Anxiety is a normal human feeling we all experience when faced with threatening or difficult situations. But if these feelings become too strong when there is no real threat, they can stop people from doing everyday things. Such disorders affect about 1 in 10 people at some point in their lives. Anxiety disorders include: panic attacks; phobias; Obsessive-Compulsive Disorder (OCD); and Post-Traumatic Stress Disorder (PTSD).

## Mood disorders

Also known as affective disorders or depressive disorders, people experience mood changes or disturbances, generally involving either mania (elation) or depression. Mood disorders include depression and bipolar disorder.

## Psychotic disorders

Psychotic disorders involve distorted awareness and thinking. Symptoms can vary from person to person and may change over time. They can include agitation, over activity, lowering of inhibitions, over familiarity, sleeplessness and irritability. Two of the most common symptoms of psychotic disorders are hallucinations (when you hear, smell, feel or see something that isn't there) and delusions (false beliefs despite evidence to the contrary). Psychotic disorders include schizophrenia and schizoaffective disorder.

## Eating problems

Characterised by unhealthy attitudes to eating, eating problems are more prevalent in women than men, though numbers continue to rise in young males. Eating disorders are usually attributed to a set of different causes, which may be to do with someone's personality, current events or pressures and past experiences. Types of eating problems include Anorexia Nervosa; Bulimia; Compulsive eating; and Binge eating.

## Personality disorders

Personality disorders are the most often misunderstood and stigmatised diagnoses in mental health. It can mean patterns of thinking, feeling and behaving are more difficult to change and people can experience a more limited range of emotions, attitudes and behaviours with which to cope with everyday life. Personality disorders can manifest in different ways but are broadly grouped under three groups by Psychiatrists in the UK: suspicious, emotional and anxious.

## Mental health in your constituency

As a parliamentary candidate it will be important to understand the factors that affect your prospective constituents' mental health.

## Stigma

Mental health problems are still surrounded by ignorance, prejudice and fear. Nearly nine out of ten people with a mental health problem say they have faced stigma or discrimination. It makes them feel isolated and excluded from everyday activities, it makes it harder to get or keep a job, and it can prevent people from seeking help, especially at an early stage.

Time to Change is England's biggest programme to challenge mental health stigma and discrimination, run jointly by Mind and Rethink Mental Illness. It is the first campaign in the world to show that it is possible to change people's behaviour towards people with mental health problems. Tackling stigma locally and nationally is key to making it easier for people to speak out, seek help, and live their lives to the full. As community leaders, MPs have a role to play in championing openness about mental health in their constituency.

## Prevention, resilience and wellbeing

Alongside securing better services for people with existing mental health problems we need a national effort to stem the flow of people becoming unwell. There is clear evidence that fewer people are likely to use mental health services in communities with high levels of resilience and wellbeing.

With the right mix of support, education and services, we can learn to look after our minds, cope better with life's ups and downs, and have a better chance of staying well. This can be particularly helpful for those in our communities who are more likely to become unwell than others, such as pregnant women, people who are isolated or those living with a long-term physical health problem.

However, in 2014 we found that on average, councils allocated just 1.36 per cent of their public health budget on helping people in their communities avoid developing mental health problems. Some had planned to spend nothing at all. We believe councils need national guidance on how to prioritise prevention of mental health problems in their community.

## Local funding for mental health

Mental health has always been chronically underfunded and an easy target for cuts. Over the past three years we have seen year on year reductions in spending on mental health as demand is rising right across the system. From talking therapies to acute care, services are creaking under the pressure.

Mental health accounts for 28 per cent of the pressure on the NHS, yet on average, Clinical Commissioning Groups spent just 10 per cent of their budget on mental health last year<sup>2</sup>. Underfunded services and cuts are self-evidently a false economy. Every day we hear from people who have lost the community healthcare that was helping them to cope and who now find themselves desperate and in crisis, unable to get the urgent support they need. The knock-on effect for other public services, including the police and accident and emergency services, is all too obvious.

## Early help when you need it

Access to the right type of help can make a huge difference to a person's recovery and prevent a mental health problem getting worse. The Government's Improving Access to Psychological Therapies (IAPT) programme has helped millions of people access therapies on the NHS but demand for psychological therapies is rising and the system is struggling to cope, leaving people waiting too long for treatment. The impact of waiting can be devastating, affecting people's relationships, ability to stay in work and their long-term mental health.

The IAPT programme has a 28 day waiting time target but in the last year, 37 per cent of people waited longer than this to start treatment. 11 per cent waited longer than 90 days<sup>3</sup>. We welcome the Government's recent announcement introducing the first national waiting time standards for talking therapies in March 2015. It outlines targets to have 75% of people starting treatment within 6 weeks of referral to IAPT, and 95% starting treatment within 18 weeks of referral. Our priority will be to ensure that these new waiting targets are achieved and properly implemented. In time we want to see waiting times come down closer to the 28 day target, as evidence shows that early intervention is most effective.

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<sup>2</sup> Freedom on Information request by the Labour Party 2014

<sup>3</sup> Quarterly Improving Access to Psychological Therapies Data Set Reports, England - Final Q4 2013-14 summary statistics and related information, Experimental statistics

## Access to emergency care

When someone's mental health gets worse they may experience a crisis, such as suicidal feelings or a psychotic episode. The range and quality of emergency care someone receives when they are in crisis varies enormously depending on where they live. Too often services are not therapeutic and are hard to access. Many are understaffed and overstretched or only open Monday to Friday, 9am - 5pm. Having access to crisis resolution and home treatment (CRHT) teams, acute wards and crisis houses that provide a safe, calm environment with someone to talk to and something to do can save lives.

All the evidence on the ground points to a crisis care service that is at breaking point. At least 1,700 inpatient mental health beds have closed since 2011. Thousands of people are taken to hospitals nowhere near their homes, families and friends – in some cases 200 miles from home – and thousands more are taken to police cells because no other option exists. Each area in England will have signed up to the national Mental Health Crisis Care Concordat by the end of 2014. This commitment to improve crisis care locally will bring together organisations involved in caring for people in crisis. This must be a priority in the next parliament if we are truly to treat mental and physical health equally.

## Access to benefits and back to work support

Half of people on out of work benefits are being supported because of a mental health problem. The vast majority of them want to work, and employment can play an important role in helping their recovery. But the current back-to-work programmes are causing anxiety and distress to the point that people become even more unwell and further away from employment.

Last year, just 6 per cent of people with a mental health problem found work through a back-to-work scheme<sup>4</sup>. That's just 8,470 from a total of 145,860. Too often it's assumed people lack motivation or willingness to work, when in fact it is the barriers they face getting back to work that are not being recognised or addressed. Back to work support is effective when it is linked into people's health teams and delivered by organisations embedded in local communities. Supporting people to achieve their aspirations, rather than pressuring them to undertake generic 'work related activities' leads to better long term results.

## What can you do next?

- Visit a local mental health service (maybe your local Mind) and speak to your prospective constituents
- Blog about mental health in your constituency
- Ask your prospective constituents about their wellbeing and how local and national decisions affect their mental health
- Read Mind's manifesto for the next government: [Take action for better mental health](#)

For more information on this briefing, please contact:

Mind's Parliamentary Team

t: 0202 8215 2420

e: [election2015@mind.org.uk](mailto:election2015@mind.org.uk)

w: [mind.org.uk/election2015](http://mind.org.uk/election2015)

