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Report

'Closing the Gap' TUC conference, Salford, 29 April 2016: Mental health beyond austerity: a 'mental wealth' approach to post-austerity policy-making

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Introduction

The proposals in this document arose out of preparatory work by the four authors for the TUC 'Closing the Gap' conference in Salford as well as contributions by participants at the event. The manifesto in Appendix I represents some very preliminary ideas and suggestions towards a mental w/health manifesto, but does not claim to be a comprehensive statement or represent the position of any particular organization or campaign. However, if there is a wish among wider mental w/health campaigns to do so, the authors are open to further discussions to develop this in democratic, collaborative and inclusive ways into a Post-Austerity Mental Health/Wealth Manifesto to inform ongoing activism.

Brief conference report

We spoke at this conference in three broad parts, followed by a whole-group discussion on participants' varied responses to the issues raised.

Richard House spoke first, with a brief background presentation on the theme of 'mental health and austerity'. A detailed handout was circulated, being the first draft of Debbie's, Rich and Richard's 'Post-Austerity Health/Wealth Manifesto'. Richard began with a powerful quotation from ReVision's mental health manifesto, thus:

> Mental distress is an inevitable consequence of the current alienating economic and social system we live in, and will not be significantly improved until this changes … . The vast majority of current law and social policy in mental health is based on the false premise that mental distress is an illness.

Richard said that *the quality of human life* was the overarching theme and context for all that would follow. He spoke of the importance of the language we choose to use around 'mental health', with practitioners and professionals preferring more positive, non-stigmatizing terms like 'emotional well-being' and 'mental *w*ealth'.

The argument that 'mental health problems' need to be located within a social, political and cultural context was emphasized, heralding a crucial move away from

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the ideological 'medical-model' view that these problems are somehow exclusively located *within* the individual person.

Richard then went on to speak briefly about the evidence base for a link between austerity and mental health problems. He mentioned the research evidence on suicide rates, burgeoning stress and anxiety (and their related 'disorders'), anti-depressant prescription rates, and admittance to psychiatric hospitals/units. He then reeled off a list of disquieting statistics that makes the case very well – for example, the shocking statistic that by 2011, as a result of the 2008 crisis, the Western world had 10,000 more suicides than would otherwise have occurred; and that crucially, those countries which had proactively protected the social budget and thus the less well-off (like Finland, Sweden and Iceland) had experienced no spike in suicide rates. In terms of the austerity cuts, other shocking statistics are that according to a MIND survey of 2015, the government's back-to-work scheme worsened claimants' mental health in 83% of cases; the 21% of the population in poverty bore around 40% of the austerity cuts ('All in this together'?); and even more shockingly, the 8% of the population who are disabled bore around some 29% of the austerity cuts.

Some damning quotations were also shared – for example:

> [from Samuel Miller, Canadian disability researcher] – Mark Wood (44) found fit for work by Atos, against his doctor's advice and assertions that he has complex mental health problems. Starved to death after benefits stopped, weighing only 5 st 8 lbs when he died.
>
> [There are large numbers of similar shameful experiences listed on a number of websites – RH.]
>
> [Interviewing hundreds of people in deprived areas during the first wave of austerity, journalist Mary O'Hara found in Birmingham] … people living in daily dread of losing their benefits, homes, livelihoods and in some cases their ability to cope as the mental strain overwhelmed them … . I am stunned at the levels of desperation that are going on within the communities … . The most vulnerable people seem to have no voice … .
>
> These cuts target disabled people unfairly, and their reality has been covered up with falsehoods, distortions and ugly rhetoric. (Simon Duffy, Centre for Welfare Reform)
>
> The Department of Work and Pensions (DWP) misleading and ideological use of statistics to promote negative views about claimant benefits … is a deliberate strategy to undermine popular support for the principle of social security … (the public overestimate the incidence of benefit fraud by a factor of 34).
>
> For some benefit claimants, coping can literally be about staying alive. (Denise McKenna, MHRN [Mental Health Resistance Network])

Richard then spoke approvingly of the excellent Psychologists Against Austerity (PAA) briefing paper, 'The Psychological Impact of Austerity' (available free online, goo.gl/UxjrjQ), which he urged everyone to read. In that report, PAA identify five key sources of suffering in austerity:

(1) humiliation and shame;
(2) fear and distrust;
(3) instability and insecurity;
(4) isolation and loneliness;
(5) being trapped and powerless.

These five vectors of suffering together create a lethal cocktail of mental suffering and ill-health. The PAA report very helpfully goes into considerable detail about the nature of these five factors, including copious empirical research evidence.

So what are 'psy' professionals and practitioners doing in the face of these realities? Richard mentioned several ways they are taking action. First, the aforementioned Psychologists Against Austerity are doing sterling work, with some excellent publications (goo.gl/6t29S4). There is a strong research foundation to their work, which is very important in this age of 'evidence-based practice' and policy-making. The Alliance for Counselling and Psychotherapy (of which Debbie and Richard are members) is an activist group of therapists who are also doing very fine activist and campaigning work (goo.gl/P6lMKw). Last April (2015), the Alliance published an open letter in the *Guardian* newspaper under the title 'Austerity and a Malignant Benefits Regime Are Profoundly Damaging Mental Health' (http://goo.gl/UYH3x4), and signed by 442 counsellors, psychotherapists and academics. In the letter, the Alliance argued that:

> The past five years have seen a radical shift in the kinds of issues generating distress in our clients: increasing inequality and outright poverty, families forced to move against their wishes, and, perhaps most important, benefits claimants (including disabled and ill people) and those seeking work being subjected to a quite new, intimidatory kind of disciplinary regime … . This letter sounds the starting-bell for a broadly based campaign of organisations and professionals against the damage that neoliberalism is doing to the nation's mental health.

In March, the Alliance joined with the Mental Health Resistance Network (MHRN; goo.gl/zuw1VP) and Disabled People Against Cuts (DPAC; http://dpac.uk.net/) to host a truly path-breaking conference in Bermondsey, London (titled 'Welfare Reforms and Mental Health – Resisting Sanctions, Assessments and Psychological Coercion') that uniquely brought together psy professionals, academics and users/clients, dissolving conventional professional/user-client hierarchies, and the main common factor being the activism around mental health that all participants are involved in, in their diverse ways. (Full reports are available on the Alliance website.)

Richard drew particular attention to the brilliant work of campaigning organizations like Disabled People Against Cuts and the Mental Health Resistance Network, and we were especially appreciative of shadow chancellor John McDonnell's generous praise in his keynote address for DPAC's recently bringing the House of Commons to a standstill. Certainly, activist psy professionals are learning a huge amount from these intrepid, fearless campaigners.

Richard then returned to his earlier theme of language, and argued for using the gloves-off term 'policy-sadism' to denote policy-making that its originators know will cause mental suffering and, at worst, premature death by suicide. Another appropriate term that is used by PAA is 'poisonous public policy'. Richard argued forcefully that we all need to start using language like this, rather than pussy-footing around the noxious reality of what's happening on the ground. Under the category of such poisonous policy-sadism would come the government's punitive back-to-work regime; cuts to disability benefits and services; the bedroom tax; and the Department of Work and Pensions and former minister Iain Duncan Smith refusing to carry out Cumulative Impact Assessment of the cuts.

Richard also briefly introduced the draft/working manifesto that Debbie Porteous, Rich Moth and he brought to the workshop (see Appendix I, below), with his own

particular highlights being: the policy aspiration to have a General Practice counsellor (and not merely Cognitive Behavioural Therapy [CBT]) in every GP's surgery in the land, as was starting to happen before the dreaded dawn of Improving Access to Psychological Therapies (IAPT) in the mid-2000s; the proposal to have a fully trained community psychologist-cum-advocate in every community in the country; all Sure Start centres that have closed to be reopened; all government policy to be audited for quality of life and mental well-being impacts; and the Minister of Mental Health to have a critical psychologist as a close policy adviser.

Richard ended with a list of issues he would have liked to cover but didn't have the time, namely:

- the neoliberal colonization of the modern psyche and subjectivity;
- profound limitations and shortcomings of IAPT and CBT as a form of therapy;
- critiques of the medical-model approach to mental ill-health;
- challenging the power hierarchies within the mainstream professional psy organizations;
- challenging the manic audit and accountability culture, and what Marilyn Strathern calls 'the tyranny of transparency';
- the intolerable pressures that psy professionals and workers are under (with their burgeoning caseloads);
- children suffering from 'toxic childhood' syndrome (Sue Palmer), particularly in relation to the testing-obsessed schooling system;
- Ben Barr's excellent research on mental health and disability assessments.

Richard then handed over to **Debbie Porteous**, who began by recalling Margaret Thatcher's chilling statement in 1981 regarding her dislike of the collectivist society, and her intention to use economics as a means of *changing the approach*, stating her object as being to change the *heart and soul* of the nation.[1]

Debbie described how we are all disempowered by imposed systems and structures. It is not only when we are patients, clients or claimants, but also when we are service providers that we are disempowered, by the New Managerialism that rewards meaningless measurable government goals which bear no resemblance to the kind of services we would like to provide, or receive.

Debbie shared some person-centred theory which seemed very relevant to the conference, fitting so closely with empowerment politics. Contactful, respectful, power-sharing relationships which facilitate movement in a positive direction. And the place to start is with the concerns of the person/client/patient, *not* externally decided goals, imposed targets or aspirations of others. She described how the reversal of an individualistic and top-down approach can only be achieved by a whole-person approach which includes the social, political, material contexts, together with a change in the locus of control away from a top-down approach in services and therapeutic practice, through a process of internalization of locus of control in the individual, the provider and in service development. A whole-person model includes all aspects of being – policies on housing, welfare, education and work are as important to mental health, if not more so, than mental health services. In terms of mental health services themselves, we need a model that includes not just individual/biological/medical perspectives, but also an appreciation of social/political/material needs and influences.

Drawing on her own research study of health promotion, the health divide and the Inverse Care Law, Debbie proposed that a fundamental aspect of how to *close the gap* lies within mental health strategy. By listening to and valuing voices outside of the current paradigm, responding to concerns as they arise rather than externally decided goals, we can turn things upside down, or rather the right way up. In this way we *change the approach back*, reconnect with heart and soul and close the widening gap.

Rather than a top-down, politically driven grand mental health plan, Debbie proposed the evolving organic development of local services according to local need, supported by forms of infrastructure that can facilitate and fund this kind of development.

Debbie proposed the old model of primary care counselling from the 1990s, when having counsellors as part of the primary care team was beginning to flourish as a way of meeting the complex mix of psychological and social needs that have always found their way into primary care. This ended abruptly with a top-down introduction of state therapies, pursuing state goals, with a favoured state method, and constant measurement, through IAPT.

She talked about the need for provision of longer-term counselling for survivors of sexual abuse and rape, and an end to harassment through welfare reforms. Survivors are being criminally let down, unable to get justice through the criminal justice system, unable to access suitable therapeutic services in humane timescales, with already-insufficient therapy services being cut further, and the final blow – they are further victimized and re-traumatized by their treatment in the welfare system, the final kicking of someone when they are down, bullied and intimidated by inappropriate work capability assessments, and ill-advised job advisors and back-to-work therapies.

Debbie told of how this injustice drew her into a partnership of organizations who are in dispute with the psychological professional bodies who are colluding with the government's programme of welfare reform, specifically around the use of coercive state-sponsored therapy to get people back to work. The professional bodies need to acknowledge the impact of new welfare policy on people at risk within the welfare system. A diverse mix of survivors, service users, groups of professionals, trade unions and campaigners are working together under the umbrella Mental Wealth Foundation, conceived by Roy Bard of the Mental Health Resistance Network,[2] to voice shared experience and understandings against the government-led plans.[3]

Debbie then shared what she learnt during her study 'Does Counselling Affect Health Promotion?',[4] in which she found a co-incidence of themes across health promotion and counselling. Top-down models of health promotion weren't working, health goals were identified and promoted, but there was a non-compliance, people were unwilling or unable to make the changes decided for them, despite huge resources being pumped into the programmes. There were frustrations with the phenomenon known as the Inverse Care Law where individuals with the highest need fail to access services. At the same time, outcomes from a client-led, bottom-up counselling process are in line with more general health promotion goals. Providing unconditional services to people on issues that are important to them allows engagement with people who don't engage with services created for externally identified ends, such as employment or health-promotion goals. This tackles the phenomenon known as the Inverse Care Law. It may be possible to bridge the gap through services or counselling meeting clients' identified needs, in the existing primary care network or wherever else services meet the need.

Large numbers of people in prison are survivors of sexual abuse as well as other forms of traumatic experience. Our schools are full of troubled children. People are living on the pavements of our streets. As the Swan Mental Health Charter Group have put as their number one priority, Debbie agreed that *we need to meet each and every campaign and issue as it arises.*[5] This amounts to turning the top-down model upside down, resourcing an infrastructure that is flexible and individual and can reach into the heart of every different community.

Much as Labour's economic policy needs to improve the transport and communication infrastructures like the railways and internet, Debbie called for a publicly funded *human development infrastructure* that will allow communities to support these grounded initiatives as and where they arise.

There are countless examples of projects that have already arisen in response to local need. In Bristol, successful drug, alcohol and sexual abuse counselling services have come from communities recognizing need and acting to meet it by setting up those services tailored to the need and the context. Ready-made, publicly funded infrastructures exist such as the *primary care network* and the *school system*. The *prison network* has inadequate provision of helpful mental health interventions, even though the prison population has great need.

Changing values

By valuing, respecting and listening to people in counselling and in the myriad grassroots services, a different set of values emerges.

It's a great place to start to reconnect with heart and soul that has been pushed outside by the neoliberal machine. Where people are met on the issues that matter to them, in this kind of grounded process, important values and activities often become visible, e.g. caring roles, art, creative endeavours, ideas and innovations. We need to change the whole idea of work as being activities that are part of the labour market – to extend the term to mean, as Marx calls it, 'a life affirming activity that unleashes our creativity', including care, art, community activism etc., rather than simply providing labour to the market.

Debbie found it striking when working in mental health or sexual abuse that the people who are most at the margins of the mainstream are often hugely talented and creative; as if their brilliance has been distilled and intensified during their exclusion. There is a vast wasted human resource. People with creative and innovative skills, intelligence and heart are excluded by a society that cannot see beyond people as potential recruits to the labour market. She gave examples, like the survivor of childhood abuse and exploitation, recovering from post-traumatic stress, struggling under the damning label 'benefit scrounger' who lost her benefits and ate from food banks, while providing essential support and care for children and elderly people in her wider family and community.

Debbie finished her talk with a short piece from a speech from a conference on welfare reforms and mental health in March, given by Denise McKenna of the Mental Health Resistance Network,[6] the perfect antidote to the chilling Thatcher speech she opened with:

> I am fighting for my life and for the lives of my friends. But I hope it doesn't sound too dramatic if I say that I am also fighting for *what it means to be human and to be civilized, for how we value ourselves and each other*. I am fighting against the lie that the only value

to be found in our lives is as workers making the rich even richer. We have a higher purpose than that.

'Mental wealth' organizations

We set out here a list of 'psy' organizations which are involved in struggles against, and challenges to, neoliberal austerity policies and their noxious impact on psychological/mental/emotional well-being.

Mental Health Resistance Network; Disabled People Against Cuts; Recovery in the Bin; Boycott Workfare; The Survivors Trust; Alliance for Counselling and Psychotherapy; College of Psychoanalysts; Psychotherapists and Counsellors for Social Responsibility; Psychologists Against Austerity; Free Psychotherapy Network; Psychotherapists and Counsellors Union; Critical Mental Health Nurses' Network; Social Work Action Network (Mental Health Charter); National Unemployed Workers Combine; Merseyside County Association of Trades Union Councils; Scottish Unemployed Workers' Network; National Health Action Party.

In his presentation, **Guy Jamieson** spoke about the SOS campaign against the proposed closure/outsourcing of the last two council-run mental health resource centres in Liverpool during 2014. Guy and other service users from the centres played a leading role in this struggle, with the campaign's democratic approach being important in bringing users' voices to the foreground. Guy explained that being involved in SOS helped many service users become more aware of the strengths they brought to campaigning.

He added that one of the things that service users valued most about the service and an important reason for campaigning to keep the services open were the relationships and trust built up with staff. He noted the importance of staff support for users to express themselves, and the combination of centre workers' specialist skills in mental health support with practical skills like bee-keeping, music, etc.

He concluded by describing key concerns moving forward, including the impact on service users of a short-term contract culture for centre staff and poorer working conditions for them in general. He expressed concern that with a move towards the service buying in short-term staff support, workers will not be able to establish the long-term engagement with service users that enable trusting relationships to be built and knowledge of particular service users' mental health needs to develop. Guy argued that better paid and skilled staff leads to better services for users.

In his presentation, **Rich Moth** from the Social Work Action Network (SWAN) also spoke about his experience of being involved in the SOS campaign. He discussed some of the approaches and strategies utilized by activists and lessons learnt through the process.

The backdrop to the initial proposals to close/outsource the centres was the imposition of swinging government austerity measures on Liverpool. This led, in 2014, to the city council announcing a £1m planned reduction in mental health/social care spending as part of overall budget cuts of £156m. The mental health cuts plan was leaked to campaigners by a council whistleblower. The SOS campaign was launched following a meeting between service users and staff of the two centres with activists from Social Work Action Network (SWAN), Liverpool Against the Cuts, the ReVision mental health campaign and trade unionists from the local Unite Community branch.

Rich described the leading role played by resource centre service users in the newly formed campaign. This mirrored a pattern in the wider anti-austerity movement where self-organized grassroots campaigns like Disabled People Against Cuts (DPAC), Black Triangle and Mental Health Resistance Network have been in the vanguard. However, the importance of building campaigning alliances was recognized from the outset. The links forged between service users and mental health workers, trade unionists, local anti-austerity campaigners and other supporters enabled the campaign to extend networks of support, bring in wider layers of activists and access financial and organizing resources from the trade union movement.

In order to foster an inclusive approach to integrate these different constituencies and facilitate service user participation, campaign organizing meetings were held both at one of the threatened resource centres as well as at the local offices of the Unite trade union. Another important aspect of the campaign was that while building an activist network at the local level, links were developed and solidarity built with other similar campaigns against mental health service cuts and closures nationwide, for instance the United Service User Committee (USUC) in Salford, Save Lifeworks in Cambridge, and the Campaign to Save NHS Mental Health Services in Norfolk and Suffolk. This culminated in a public meeting in Liverpool at which service user campaigners from the USUC and Lifeworks networks were guest speakers alongside SOS members.

Rich noted that the campaign deployed a range of activist tactics such as lobbies of council meetings and committees, demonstrations, public meetings and a petition. Furthermore, the campaign adopted a direct-action orientation, with service users actively supporting and picketing alongside resource centre staff during a one-day strike over pay, and open consideration by service users of the possibility of occupation of the centre (though this tactic was not ultimately required). In its activities and materials, the campaign sought to articulate a clear political analysis by presenting the links between resource centre cuts and wider processes of outsourcing and privatization of mental health and social care provision.

The campaign was ultimately successful, with the council announcing in late 2014 that it would not outsource or close the two resource centres. Rich outlined a number of learning points that began to emerge in discussions as the SOS campaigners celebrated and took stock of this victory. These can be summarized as follows. It was essential that service users were at the centre of the campaign, while coalition-building between users, workers, trade unions and anti-austerity campaigns enabled SOS to strengthen its organization. A focus on direct action (i.e. lobbies, occupations, strikes, etc.) was important; however, limiting demands to the defence of services (important though that is) was necessary but not sufficient – campaigning for 'more and better' services, e.g. for less coercive and medicalized and more user-led services, struck a chord with participants. Finally, while it was acknowledged that campaigning can be hard and emotionally draining work, particularly for activists with lived experience of mental distress, for some participants being involved in collective action had a positive impact on their mental health.

Rich concluded his talk by suggesting that tools such as the SWAN Mental Health Charter proved useful within the SOS campaign as a means to aid activism by crystallizing and promoting strategic learning from previous struggles to provide a basis for unity and thereby strengthen future campaigning (Moth & McKeown, 2016). The Charter did so in three particular ways. First, it offered both a means to build and strengthen alliances of resistance in campaigning work by presenting an argument

that service users and mental health workers have shared interests in the struggle for high-quality and comprehensive welfare services which are better *both* to use *and* to work in – thereby challenging a 'divide and rule' ideology. Secondly, the Charter recognizes the impact of power differences between users and workers in and beyond campaigning, and addresses this through demands such as:

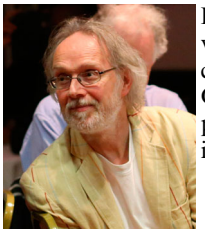
- more user control/user-led support and approaches;
- recognition and meeting of the needs of diverse communities/groups and challenges to discrimination;
- services based on social approaches;
- 'putting people before profit': services driven by values of social justice, not the profit motive.

Thirdly, and following from this, the Charter argues for a progressive campaigning stance that moves beyond a defensive posture to protect mental health services as they often are (oppressive/coercive/medicalized) and demands, instead, 'more and better' provision. The USUC and Lifeworks campaigns offer concrete examples of the relevance of this. These direct-action campaigns were not only successful in preventing closure of those services but the campaigns forced concessions that made provision 'better', for example by increasing the levels of service user involvement in shaping the nature of support within these services (Moth, Greener, & Stoll, 2015). Rich finished by suggesting that the strengths and utility of tools such as the Charter might usefully be developed through new resources such as the Mental Wealth Manifesto (included below), but that developing such resources should not become a substitute for building the campaigns and movements themselves.

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes on contributors



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Guy Jamieson is a service user and activist in the SOS campaign against mental health resource centre closures in Liverpool.

Rich Moth is Senior Lecturer in Social Work at Liverpool Hope University and a member of the national steering committee of the Social Work Action Network (SWAN). Before entering academia he worked for over 10 years in mental health services in both statutory and voluntary sector settings.

Debbie Porteous is a counsellor/supervisor in Bristol, and an accredited BACP member. Trained at Strathclyde, she has post-graduate qualifications in Counselling in Primary Care and Counselling Supervision. With voluntary sector, NHS settings and student counselling experience, witnessing the injustice of austerity on welfare and mental health during her work with survivors of sexual abuse inspires her campaigning work.

Notes

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Note: Moth et al. (2015) has more information about the Liverpool SOS, USUC, Lifeworks and other campaigns described above. Moth and McKeown (2016) has more detailed discussion of the SWAN Mental Health Charter and strategy for mental health activists.

Appendix I: Working 'Mental Wealth' Manifesto

Some core informing principles

- Reversing the anti-community, anti-society individualism of neoliberalism; re-founding an ethos of community solidarity
- Reversing burgeoning levels of inequality (Wilkinson and Pickett, Picketty …)
- Putting materialism in its place (Tim Kasser, etc.)
- Re-foundation of a public-service ethos

- Re-foundation of community life as a societal ethos
- 'Quality of life' as a key guiding principle for policy-making and societal well-being
- Bottom-up, user-led service provision, *not* top-down penny-pinching managerialism
- A whole-person approach throughout policy-making, services and individual practice
- Attention to 'locus of control' throughout policy-making, services and individual practice (e.g. promoting autonomy; 'nothing about us without us')
- An empowering accountability ethos, *not* a low-trust managerialist 'tyranny of transparency' (Marilyn Strathern)
- Replacing the three 'M's:
  - Contextually psycho-social, *not* medicalized
  - Non-commodified, *not* marketized
  - Democratically administered, *not* managerialist
- Preventative policy-making to be given greater priority
- Remove all marketization and commodification ideology from all mental h/wealth provision
- Move beyond medicalized and diagnostic approaches to mental ill-health and suffering
- Demystification of mental-health treatments/support
- Privilege hope and love, not fear and coercion
- Beyond the politics of punishment and blame
- Privilege self-help and peer empowerment wherever possible (e.g. co-counselling, self-help support groups etc.)
- Therapy/counselling as a critical transformative practice of personal empowerment and meaning-making, *not* an overt or disguised back-to-work practice
- Develop an ethical framework to inform and make judgements about complex policy and service development, as we have in the psy professions, e.g. autonomy, justice, non-maleficence etc. (this to include consideration of the environment)
- Bring a *critical perspective* to 'evidence-based treatments' in mental health
- Not just 'services' … – human rights!
- A climate that positively *welcomes* constructive critique of the system from users/clients and professionals
- Challenge the ideology and discourse of 'anti-welfare common-sense' (Jensen and Tyler)
- Proactive debunking of welfare myths (Taylor-Gooby, John Hills)

Visions for post-austerity policy-making

I. 'Big-picture' issues

- Re-valuation of *the nature of work* in society – e.g. work as a life-affirming, creative activity; fully valuing 'non-monetized' work (e.g. childcare, care of the elderly and the less able)
- *Critiques of 'modernity' and its impact on subjectivity and the human psyche* (e.g. see the work of Tod Sloan, David Michael Levin, Paul Verhaeghe, and George Monbiot's new book *How Did We Get into This Mess? ...*)
- *Encourage research on the impact of austerity and neoliberal ideology* on human well-being
- Recognition of the *physical and mental health impact of all policy areas*, e.g. in housing, welfare, education, criminal justice, work practices, parents, children, care of elderly, etc.

II. The national picture (see also [I] above)

Centre-piece

A focus on 'public mental health' that would include the following (see also elsewhere in this document):

(1) The right to work in places that do not undermine mental health (less intensification/precarity/zero hours culture, shorter hours, decent pay, measures against bullying, proper support for trade unions/rights at work)
(2) The right not to work – (a) for those who need space to recover from mental distress or other issues (i.e. decent rights to paid sick leave/welfare benefits); and (b) not bullying people into stressful low-paid work via welfare reforms/workfare
(3) Tackling economic inequality via increasing pay for workers and welfare benefits, and redistribution through progressive taxation
(4) Challenging oppression and stigmatizing public discourses that impact on levels of mental distress – e.g. sexism and misogyny; racism and the demonization of refugees/migrants; exclusion and discrimination against LGBT people; disablism; demonization of psychological difference, welfare claimants, etc.

- A new national debate on mental w/health
- Every new government policy to be subjected to a 'Mental W/Health audit', to ascertain well-being impacts and avoid negative unintended policy consequences wherever possible
- A full cabinet post for a Minister for Mental Health and Well-being
- Minister for Mental Health and Well-being to have at least one *critical psychologist* as a key policy advisor
- New Minister for Children's Mental Health (with a broad remit – including the mental health impact of the schooling system; *see also* school testing, below)
- A new Minister for Quality of Life – with all government policies audited by this new ministry, where practicable, for their QoL impacts
- Re-open all Sure Start centres closed since 2010; embracing a policy aspiration for a centre in every community
- Tackle the stress-generating over-testing of children in the schooling system
- A tax system that favours one parent to stay at home for at least children's first three years (for those who wish to choose this)
- A 5- or 10-year national aspirational strategy for the nation's mental wealth and well-being
- Repeal the bedroom tax immediately
- Financial compensation for all 35,000+ families forced to move due to the bedroom tax
- Legislate immediately for secure social housing tenancy
- Legislate immediately for private rental controls – 'Fair rents for all!'
- Adequate resourcing of all mental w/health services as a conscious political choice, nationally budgeted for
- National funding of voluntary sector counselling agencies to offer long-term talking-therapy support where needed
- A political welcoming of grassroots activism and campaigning – a listening, dialogical approach to activism and community organizing
- Putting the 'audit (targeting) culture' and low-trust regimes of accountability and managerialist control in their proper place – moving towards *care-appropriate* accountability systems
- Fundamental reform, if not outright abolition, of Work Capability Assessment, with full user-group involvement in any such process
- Remove all multinational corporations from mental health and related public provision
- Abolish Community Treatment Orders
- More explicit support for informal and family carers in their vital roles
- Involve the trade unions and employers in policy-making about quality of life in the workplace
- A complete review and re-foundation of training for psy workers (post-IAPT)
- The 'Open Dialogue' model adopted in all social work practice
- Encourage employers to develop strategies to combat job stress, etc.
- Recognition of prevalence of trauma and abuse survivors in prison to be addressed through proper therapeutic counselling

III. The micro picture of therapeutics and local services

- An explicitly holistic model for all mental h/wealth services
- Community psychology: building a newly reinvigorated profession of community (critical) psychology, with the long-term aim (by 2030?) of having a community psychologist/advocate embedded in every local community (e.g. in funded community centres, Sure Start Centres etc.)
- Egalitarian, inclusive client/user-led services, with non-hierarchical working relationships between users/clients and psy professionals
- Resourced counselling services according to demand – General Practice counselling re-founded in all general practice (GP) surgeries (and not just CBT!)
- Evaluation of services to be user-informed to measure user impact, not just government aggregate statistical targets
- Reflective practice groups in the helping/development services, not just professionals, to support, sustain and enable integration of a whole-person approach