



Rethink
Mental
Illness.

Working together to build Communities that Care

Corporate strategy 2023-2028



Joint statement

from Chief Executive and Chair of Trustees

As we look ahead to the next five years, rarely can the fortunes of our nation have felt as uncertain. Perhaps that is only to be expected when one considers the level of turmoil of the previous five years. Brexit, four different Governments, a global pandemic and now a cost-of-living crisis that seems to reach into every corner of the country, have left virtually no-one unscathed and many deeply anxious. It can be very easy to look up and see only darkness.

If there is one thing to hold on to it is that throughout, or perhaps because of these seismic upheavals, the prominence of mental health has shifted dramatically. As has the growing recognition that the causes of mental illness are far more complex than simply biochemical or neurophysiological factors and are influenced by a complex arrangement of social, environmental and biological factors, all of which mediate the extent and experience of severity for an individual. Having a place to call home, living free of money worries, being connected to friends and family, holding on to your job and enjoying good physical health are as important as being able to access good quality care and support close to home at the point of need. The last five years have made us all aware of that reality, even if it is still denied for too many of our citizens.

It is also a reality that marks the cornerstone of our strategy. Our Communities that Care model has at its core those key outcomes. Its breadth means we cannot deliver it on our own. Underpinning everything within this strategy is a mindset of working in open and transparent partnership with a range of organisations and people. We believe that is the approach that will help us secure our mission of ensuring that everyone severely affected by mental illness has a good quality of life.



Kathryn Tyson

Chair, Board of Trustees



Mark Winstanley

Chief Executive



Who we are

Rethink Mental Illness is the charity for people severely affected by mental illness. Our mission is to lead the way to a better quality of life for people with lived experience, their carers, families and friends.

Our remit is not limited by diagnoses but rather the impact of symptoms, it is likely to include people living with schizophrenia, bipolar disorder and borderline personality disorder.

We have a dual role, first, as a campaigning organisation, bringing to bear our experience of working directly with carers and people severely affected by mental illness to shape the health system, public attitudes and the wider social and economic environment. Secondly, as a provider of services and information directly to people who are severely affected by mental illness, both those with lived experience and carers.

The combination of our campaigning and the provision of services and information is the “One Rethink” principle and we put it into action to ensure everyone who is severely affected by mental illness can benefit from our approach. This work is guided, shaped and co-produced with people with lived experience of mental illness, who are at the heart of everything we do.

Our ambition

Everyone, regardless of where they live in England, will feel part of a community that cares.

Rethink Mental Illness will influence the quality of care that people receive at a national and local level and work in partnership with others to deliver the support and services needed. This would mean that the right social and clinical support is available for everyone severely affected by mental illness.

Our place-based approach means we will make sure that regardless of an individual's situation, they are always treated as a whole person and their rights are respected, wherever they are.

We will seek to ensure that services are co-produced so they are designed, delivered and provide effective support based on the experiences of people living with mental illness and their carers. All disadvantaged and underserved groups across society will have equal and equitable access to these services.

Put simply:

We all want to live in a place we call home, with the people and things we care about, doing the things we like to do, in communities that care. And when we are unwell, we want to have access to the care, support, and professional help we need.

Regardless of our situation, we are always treated as a whole person with our rights respected.



Our five principles

Our principles underpin everything we seek to achieve.

1

Co-production and involvement

People with experiences of severe mental illness are at the heart of everything we do. They actively shape the design and delivery of our services, ensuring that people with severe mental illness receive the right support at the right time. The knowledge and expertise of people with lived experience underpins our campaigning work and guides our strategic decision making. The contributions and involvement of experts by experience are respected and valued by everyone at Rethink Mental Illness. We will work to ensure the wider health and social care system actively places the views and experiences of people living with mental illness at the heart of its transformation plans.

2

Equity and inclusion

We are committed to equity, diversity and inclusion and becoming a truly anti-racist organisation, ensuring justice and fairness for all people severely affected by mental illness. Our services will continually work to understand their users and their specific needs, including its service users from racialised or minoritised communities, so we can provide them with the support they need when they need it. As a campaigning organisation, we will use our platform to speak out on the inequalities in mental health suffered by racialised and other diverse communities and will amplify the voices and experiences of people from these communities who are severely affected by mental illness. We are committed to creating a welcoming and inclusive workplace environment that appreciates and celebrates difference where everyone is treated with respect and dignity. As an employer, our leadership and governance structures will be accountable for embedding equitable, diverse and inclusive workplace practices which enable and empower all colleagues to thrive and progress as valued employees.



3

Collaboration and partnership

We achieve more for people severely affected by mental illness when we work together with our service users, carers, supporters, and partners. We are committed to working openly, transparently, and equitably with all our partners to deliver for people severely affected by mental illness. We will share our resources and expertise with partners representing diverse communities, so that they can expand their outreach and deepen their impact. We will build and support effective coalitions with partners to campaign for and achieve changes in the health and social care system. All our partners will share our values and commitment to improving the lives of people living with severe mental illness.



4

Generous leadership

We are committed to being “generous leaders” in the mental health care sector. We offer our knowledge and experience to partner organisations so they can develop and expand their skills to improve the quality and reach of support they can provide to people severely affected by mental illness. In turn, we centre the expertise of our partners on specific issues or in local areas where they lead. This approach allows us to expand and deepen the network of organisations working together and thereby reach more people severely affected by mental illness.



5

Impact

Our approach is impact-led. We measure our success by what we achieve for people severely affected by mental illness, through the quality of care and individual outcomes we achieve through our local services, through our work to transform community mental health across the healthcare system and through our policy and campaigning work to drive national change for people severely affected by mental illness. We will demonstrate the local impact our services have and share best practice and innovative solutions nationally to drive positive change for all people severely affected by mental illness. With our commitment to co-production, we will work continually to understand what works (and what doesn't) and adapt to ensure both the Charity and the wider system are delivering the support people severely affected by mental illness need, when they need it.

External environment: the story so far

The most authoritative and up to date study of the prevalence of mental illness, NHS Digital's Adult Psychiatric Morbidity Survey, found that in England in 2014 one in six adults met the criteria for a common mental disorder, with 10 per cent of women and six per cent of men reporting severe symptoms.

1 in 50

About one in every 50 adults will experience bipolar disorder at some point in their life.

1 in 100

Around one in 100 people live with a diagnosis of schizophrenia.

1 in 100

Around one in 100 people live with a diagnosis of borderline personality disorder.



1 million

Population projections from the Office for National Statistics and polling by Carers UK indicate that there are over 1,000,000 people caring for someone living with a mental health problem. In circumstances that are extremely challenging, too many people struggle to get the right care and support at the right time.

More recently, in February 2023 the National Audit Office, the UK's independent public spending watchdog, published a new report: "Progress in improving mental health services in England". Some of the findings of this report include:



4.5m

Between 2016-17 and 2021-22, the number of people in touch with NHS mental health services increased from 3.6 million to 4.5 million.

4.9 times

People living with severe mental illness were 4.9 times more likely to die prematurely compared with the general population during 2018 – 2020.

£12.0bn

NHS spend on mental health services in 2012-22, equivalent to around 9% of the NHS budget.



1.2m

An estimated 1.2 million people were on the waiting list for community-based NHS mental health services at the end of June 2022.

Rethink Mental Illness has a long and rich history. Over the last 50 years, since our creation in 1972 as the National Schizophrenia Fellowship, we have with the determination of our supporters and members, developed a model of campaigning and service delivery that places lived experience front and centre of everything we do. Having been established when a group of carers came together to seek support from one another and to share experiences of the very poor level of provision and understanding that was then being provided for their loved ones living with a diagnosis of schizophrenia, the values of hope and passion have endured throughout.

Of course, over those five decades the level of public stigma and discrimination has profoundly changed. Through our work on the Time to Change campaign, in partnership with our friends at the charity Mind, we helped to shift public attitudes towards both common mental health conditions such as anxiety and depression and, albeit to a lesser extent, to severe and enduring illnesses such as bipolar disorder and schizophrenia.

There is little doubt, however, that the momentum began to develop when in 2012 Norman Lamb became the Minister of State for Care and Support with responsibility for Mental Health and called for parity of esteem between mental and physical health. Other advocates have followed and, in the ensuing years, all the main political parties have reflected the importance of mental health in their manifestos, and the Royal Foundation have also brought the issue into the nation's living rooms. The prominence of and interest in mental health has never been higher.

The health and social care system had been undergoing radical change over the previous decade, following the creation of the Health and Social Care Act. Centralised commissioning was initially devolved

down to GPs in Clinical Commissioning Groups. This was accompanied by long-term austerity as the Government sought to reduce the deficit, and the result was deep and profound cuts to local authority budgets. This created enormous pressures for providers of mental health social care, such as Rethink Mental Illness, and our portfolio of services has expanded and then shrunk as we have struggled to run high-quality and safe provision in such an environment.

However, with huge effort from staff across the organisation and the establishment more recently of our innovative Community Mental Health Unit and its focus on a local "place", we are now beginning to see steady and consistent growth in both the number and quality of our services.

In addition, we have seen a huge expansion of our influence in the public domain and have become, arguably, the most influential voluntary sector voice around severe mental illness. Campaign wins around housing support, the Mental Health Act and our central role in helping the establishment of the Long-Term Plan on Mental Health means that despite unprecedented pressure, not least arising from the effects of the Covid-19 pandemic, the mental health "hard-wiring" is better than ever before. Put simply, we can measure where the money and resource go and make a noise if it is not reaching our beneficiaries. This is something that would have been nigh on impossible in the past.

So there has been a huge amount of progress since our last strategy was published, somewhat in extremis, at the start of the pandemic. Although deep and occasionally existential challenges remain, we are perhaps better placed than ever to make good on our mission.



External environment: looking to the future and change we want to see

The NHS may be one of the country's most cherished institutions but there has rarely been a time when it has not been a political football kicked about by ambitious politicians. Change can, to those on the inside and outside, feel bewildering.

So, it might have been easy to preach scepticism when the latest phase of restructuring was ushered in in 2021 with the creation of the Health and Social Care Act. However, the changes were in truth largely a codification of what had been going on beneath the surface for a number of years. At the same time, there was an attempt to create a tripartite arrangement between health, social care and the voluntary sector, as evidenced through the newly created Community Mental Health Framework. The changes are, with appropriate caution around money and relative power, heralding a new way of working that will hopefully see a completely different standard of care emerging.

Take our work in Somerset where, as the lead accountable body, we are building a network of voluntary sector organisations, working in tandem to give people access to the care they need wherever they are in the county. The approach, appropriately called Open Mental Health, is resulting in

more people being given support more quickly and a greater number of positive outcomes. Spearheaded by our Community Mental Health Unit and supported by our policy, communications, co-production and operations teams, it provides a template for the future. This work, delivered through the principle of generous leadership, will form the backbone of much of our place-based approach in the future. We will seek to grow and deepen these local partnerships across England in the coming years, leading to a new boldness in the range of service provision we run.

This will include a radical improvement in the quality of accommodation. Huge numbers of people in contact with mental health services do not have an appropriate place to call home and too many people are stuck in hospitals or other settings because of a lack of suitable accommodation options. Ensuring people living with mental illness have a place to call home is crucial to delivering Communities that Care.

Of course, it is important that the support provided by Communities that Care is for all. Our commitment, made in the aftermath of the murder of George Floyd, to become a genuinely anti-racist organisation means we need to ensure that we reach out to diverse

groups, and our own organisation truly reflects the diversity of the communities we support. Our team working around Equity, Inclusion and Diversity now has the resource and the connections inside and outside the organisation to effect measurable change in the way we deliver support and will help us work authentically and openly with race-led organisations who often have the trusted relationships on the ground.

As an organisation, our primary aim must be that people receive good quality treatment and therapeutic support to manage the symptoms of mental illness as quickly as possible. However, to believe that medication alone, for example, will “solve” someone’s mental illness is folly. All the other important factors in a person’s life can have as much a bearing on the course of their illness as the underlying disease or condition itself. Our campaigning work is directly aligned to this and over the coming years we will focus on the broader range of issues that matter most to people with lived experience as carers and those who experience mental illness. This includes, for example, stigma and discrimination, and financial security, as well as access to care and support.

It is not just about responding to people experiencing a mental health crisis, as important as this care and support is. If done right, building Communities that Care will help prevent the poor outcomes often experienced by people living with mental illness.

This principle reflects the priority and shape of our external campaigning work as faithfully as it does our service provision. We want to be there for all a person’s needs and more importantly we want to be there for everyone. As an organisation founded by carers, it seems fitting that our strategy’s central aim is to ensure that whoever you are and wherever you live you feel you are part of a Community that Cares.



Communities that Care: Outcomes



Access to health and social care:

people living with mental illness and their carers get the right treatment, care and support at the right time, in the right place.



Housing:

people living with mental illness have a safe and secure place to call home.



Employment, education, training and volunteering:

people living with mental illness have the opportunity to take on meaningful employment, education, training and volunteering which enhances self-worth.



Physical health:

people living with mental illness enjoy good physical health. Living with mental illness should not affect life expectancy.



Social connectedness:

people living with mental illness, and carers, can sustain and develop the social connections that mean the most to them.



Money:

people do not end up in debt because of their mental illness or become more unwell because of money problems.



Communities that Care: Our role



Access to health and social care:

through our services, influencing and campaigning, people living with mental illness and their carers get access to care and support when they need it, sharing our learning and experiences with others.



Housing:

we provide high quality accommodation, develop new and innovative housing solutions and campaign for change so that people living with mental illness have a safe secure place they can call home.



Employment, education, training and volunteering:

through our services, influencing and campaigning work, we support people to access employment, education, training and volunteering. We help employers to understand how they support their employees who are living with mental illness and, as an employer, we take a best practice approach to recruiting and retaining people living with severe mental illness.



Physical health:

through our influencing and campaigning work we aim to ensure that physical health checks remain a priority for the NHS. On the ground we are supporting innovative approaches to enable people living with mental illness to access the physical health care they deserve.



Social connectedness:

through our services and groups we ensure that people are connected to the communities they live in, and we challenge the stigma that sadly too often prevents this.



Money:

we campaign to create a fairer welfare system that supports rather than penalises people living with mental illness, influence wider financial issues, and we directly help people through both our Mental Health and Money Advice Service and our Breathing Space service.



What this means for someone severely affected by mental illness

Frequently heard experience under current system:

- Person with a history of psychosis. Difficult and traumatic upbringing.
- Difficulties paying bills and with housing.
- Lonely and isolated.
- Periods of inpatient care followed by discharge to Community Mental Health Team and then to nothing.
- When out of hospital offered medication and support to adhere to that medication. Not much else offered.

Experience under Communities that Care model:

- Inpatient care involves a holistic, person-centred plan, covering consideration of finances and housing as soon as admitted, rather than at point of discharge. Linking with money advice services.
- Options of supported accommodation in the person's community explored. Upon leaving hospital there is a continuation of the person-centred plan.
- Support with medication is managed with the individual in the community.
- One-to-one and group peer support is available. Joined up support to address finance and housing. Holistic plan links an individual in with meaningful activity that they enjoy, support in to volunteering, training or employment.
- An individual can easily link back into Community Mental Health Services at any time that they feel they may want more support, with no thresholds for accessing support.



Our three objectives

Objective 1:

sustain and grow our policy influencing and campaigning activity aligned with Communities that Care, creating system-level change for people severely affected by mental illness.

We will:

- Deliver campaigning and policy activities to ensure they address the needs of local and national communities, are aligned with Communities that Care and help keep the issues faced by people living with mental illness on the public and political radar.
- Continue to press for the development of a cross-Government plan as part of the long-term pursuit of achieving parity of funding for mental and physical health including, critically, within mental health social care.
- Launch a coordinated programme of work to tackle the links between racial injustice and severe mental illness, with a focus on addressing disparities particularly around the disproportionate use of the Mental Health Act.
- Establish innovative, new, strategic partnerships with a minimum of six key organisations to drive improved impact on Communities that Care outcomes at scale.
- Deliver a bold new campaign which challenges the stigma and discrimination experienced by people severely affected by mental illness.
- Review the current environment in terms of research, treatments, and diagnosis of severe mental illness and identify partners with whom we can work to drive improvements across these areas.



Objective 2:

sustain and improve our existing services whilst expanding our offer aligned with Communities that Care, so that we meet the needs of more people severely affected by mental illness.

We will:

- Improve the quality of our existing services ensuring that they remain viable, meet the needs of local communities, and deliver outcomes aligned with Communities that Care.
- Identify and develop new models of funding, investment and service delivery to help create new housing, care and support services which are based on what people severely affected by mental illness tell us they need.
- Grow our care navigation service so that more local health and care systems invest in Mental Health Care Navigation to support people living with severe mental illness stay safe and well in their community.
- Develop our model of advocacy, including increasing our programme of self-advocacy, to help people understand their rights and responsibilities and get the support they are entitled to.

Objective 3:

increase the number of areas in which we play a leading role in supporting community mental health transformation which reflects Communities that Care, meaning that more people severely affected by mental illness get the care and support they deserve.

We will:

- Build long-term, sustainable relationships with local health and social care systems ensuring that mental health transformation plans are focussed on the priorities of people with lived experience of mental illness and help to create and sustain Communities that Care.
- Grow our community-based peer support, services and groups offer so that more people severely affected by mental illness can build and maintain social connections and benefit from peer support.
- Further develop our model of supporting, distributing funding and partnering with diverse community organisations, which help share power and resources across local health and social care systems.

As a result, at the end of this five-year strategy:

- We will have played our part in making sure that national systems work more effectively together in providing people severely affected by mental illness with the care and support they need.
- More people living with mental illness will have a place to call home because we have increased the number and quality of accommodation units which we provide.
- We will have delivered more care and support services for people living with mental illness, including those from underserved communities, and we will be able to evidence that people using our services have been supported to live better lives.
- We will have played a significant part in supporting local systems to work more effectively together through new partnerships between health, social care and the voluntary sector, providing people severely affected by mental illness with the care and support they need.
- People living in communities we work within and people we support are more empowered to take control over their lives.

Enablers

We will continue to transform our ways of working to support the delivery of our strategy by investing in our people, technology and estate, diversifying our income, and improving how we measure our impact. In the first year, there will be an emphasis on ensuring that our people, skills, technology and finances are aligned to our objectives, partnership working, and plan for delivering the Corporate Strategy.



Our key priorities are to:

- Invest in our people, build on their diverse skills, experiences and capabilities, and improve how we connect and learn from each other.
- Actively pursue opportunities to diversify our income sources and develop a finance and investment model that supports our ambitions and strategy.
- Deliver technology that meets the changing nature of our workforce and those who use our services, and leverage access to true, accurate, and rich data to inform our decision-making and impact.
- Improve the way we demonstrate the impact of our work, which will help us to evidence the case for more funding, understand when we need to do things differently, or change direction to achieve our goals.
- Improve the quality of the sites across our estate and integrate an Environmental, Social and Governance (ESG) programme that measures our impact on social and environmental issues.



Funding our strategy

The delivery of our strategy will depend on us securing income from a number of sources. Traditionally the bulk of our services have been funded through local NHS Mental Health Trusts and local authority funding. Given the enormous pressures on both of these areas over the last decade, due to a variety of factors, we have been consolidating our income streams in areas such as corporate fundraising, with the support of Mental Health UK. We have also seen significant growth in Trust and Foundation funding, including from Charities Aid Foundation and Sport England.

The development of the Community Mental Health Framework and the creation of Integrated Care Systems encompassing the local NHS, social care and voluntary sectors is another important arena in which we will operate – working with people with lived experience to develop a mental health offer that truly meets the needs of everyone within local community.

In the spirit of open and deep collaboration in which we work, we are keen to partner with any organisation that shares the values and ambition outlined in this strategy.

Help us build Communities that Care

We know that we can't deliver our Communities that Care model without the help, support of the public and key stakeholders.

Here is how you can get involved. If you want to find out more, please email us at communitiesthatcare@rethink.org.

Voluntary Sector Community Social Enterprises (VCSEs)

Here at Rethink Mental Illness, we know that building communities that care is not the job of a single organisation. We want to work with as many like-minded organisations as possible to create impactful, long-term change that improves the lives of people severely affected by mental illness. This could mean developing local partnerships to help shape and deliver better connected services, or working together to campaign for change, leading to better outcomes for beneficiaries across our organisations.

Integrated Care Systems (ICSs)




ICSs play a crucial role in driving community mental health transformation in local areas, and we want to support your work. There are lots of ways we can do this, including helping you to understand what is going on in your area to support your plans; ensuring that the voices of people with lived experience are at the heart of the development and commissioning of services; working with VCSE partners to build local networks and alliances to provide a joined up offer; and supporting the delivery of services which meet your locally assessed needs.

Trusts, Foundations and Corporate Partners

We are looking for organisations to work with us to help deliver our Communities that Care model through mutually beneficial partnerships that drive systemic change and support knowledge sharing, offer grant opportunities and/or workplace mental health solutions.

Members of the public

There are several ways you can stay updated on latest developments and support our work and campaigns. Be that by setting up a regular donation, leaving us a gift in your will, joining as a member and/or signing up for campaign updates. Please visit our website for more information rethink.org or follow us on social media:

-  @rethinkmentalillness
-  RethinkCharity
-  @Rethink_



Rethink
Mental
Illness.



 facebook.com/rethinkcharity

 twitter.com/rethink_

 rethink.org

Leading the way to a better quality of life for everyone severely affected by mental illness.

For further information
on Rethink Mental Illness
Phone 0121 522 7007
Email info@rethink.org

