

Rethink
Mental
Illness.



Strategy refresh 2021-23

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 everyone severely affected by mental illness. This includes people with lived experience, their carers, families and friends.

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 directly to people who are severely affected by mental illness, both those with lived experience and carers. People, for example, but not exclusively, living with diagnoses of schizophrenia, bipolar disorder and borderline personality disorder.

The combination of the provision of services and our campaigning is the One Rethink principle and we put it into action to ensure everyone who is 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 vision is equality, rights, fair treatment, and the maximum quality of life for all those severely affected by mental illness.



Our values

It is important to us that we not only have a mission but that we pursue that mission in a way that all those who support us can relate to.

Our values of hope, understanding, expertise, equity, commitment, passion and openness underpin everything we seek to achieve.

We have added 'equity' to our values in 2021 in recognition that some groups, in particular people from black, Asian and minority ethnic backgrounds, are disproportionately likely to experience severe mental illness due to social and economic factors including discrimination. In addition, older people are living with consequences, both mental and physical, of many years with a severe mental illness and there is growing evidence that younger people are struggling with their mental health. A further value of equity will guide our external work campaigning for change, underpinning the way we deliver our mission of reaching underserved groups of the population, and helping us to become a truly anti-racist and inclusive organisation in the coming years.

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 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

1 in 50

About one in every 50 adults will experience bipolar disorder at some point in their life.²

1 in 100

Around one in 100 people live with a diagnosis of schizophrenia.³

1 in 100

Around one in 100 people live with a diagnosis of borderline personality disorder.⁴

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.

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-of-mental-health-and-wellbeing-england-2014>

² Institute for Health and Care Excellence (NICE). Bipolar disorder: assessment and management. NICE Clinical Guideline (CG185). 2020

³ National Institute of Health and Care Excellence. Psychosis and schizophrenia in adults: prevention and management. Clinical Guidance 178. London: National Institute for Health and Clinical Excellence; 2014

⁴ National Institute for Health and Clinical Excellence. Borderline Personality Disorder: Recognition and Management. The National Clinical Guideline Number 78. London: Royal College of Psychiatrists; 2009, para 4: introduction.



Based on HM Inspectorate of Prisons surveys, 37% of the average monthly prison population live with mental health or wellbeing issues at any one time.⁵ In addition, the self-harm rate has doubled in five years, from 377 incidents per 1,000 prisoners in 2015 to 764 in 2019.⁶

In 2018, the National Clinical Audit of Psychosis found that of patients surveyed who experienced psychosis:

- Only 36% had been offered some form of CBT.
- Only one in ten patients in the audit were involved in work or education and less than half of those seeking work had been offered appropriate support to help them find a job.

Most long-term mental health problems begin in adolescence with 75% of mental illnesses starting before a person's 18th birthday.⁷

Of huge concern is that people living with severe mental illness are more likely to experience poor physical health and are 4.5 times more likely to die before the age of 75 than the general population.⁸

We are fighting hard to change this.

Rethink Mental Illness was founded as a movement in 1972, by people living with a diagnosis of schizophrenia and their carers. In the intervening 50 years we are proud of what we have done to tackle stigma, increase public awareness and political support for all people severely affected by mental illness. We are proud also of the range of person-centred services we have delivered for thousands of people every year. Our award-winning information services and advice lines, for example, have been a lifeline for millions of people.

In 2019/20 over three million people visited our website, viewing more than 5.5 million pages. In the same time period, our contracted advice and helplines responded to 20,272 enquiries. Our Advice and Information Service, free and available to all, directly supported 4,559 people on 7,668 issues. Our services, ranging from advocacy, CQC registered services and housing directly supported 15,895 people.⁹

5 <https://www.nao.org.uk/wp-content/uploads/2017/06/Mental-health-in-prisons-Summary.pdf>

6 Ministry of Justice (2019) Safety in Custody Statistics: 2004 - 2019; England and Wales

7 Dunedin Multidisciplinary Health & Development Research Unit, <http://dunedinstudy.otago.ac.nz/>

8 <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness>

9 <https://www.rethink.org/media/4112/rethink-mental-illness-accounts-2019-2020.pdf>

As our services have grown, we have developed a broader understanding of the mental health services which people may access. Although not all people who access some elements of our services may consider themselves to be severely affected by mental illness, their experience of the system helps us to reach those most severely affected.

Over the last decade, despite a political environment dominated by austerity following the global financial crisis and latterly by Brexit, we have seen a sea-change in funding, policy, and political and public support for mental health. This has led to a reduction in levels of stigma and new standards of care for people who live with mental illness. There is now a commitment to increased investment through the NHS Long Term Plan and the imminent reform of the Mental Health Act.

In early 2020, countries across the world began to be affected by the global Covid-19 pandemic. Our own research¹⁰ tells us that 79% of those already unwell have seen their mental health worsen, as the routines and contact that underpin recovery and wellbeing have been torn away. The pandemic is likely to continue to exacerbate existing mental health and wellbeing problems among young people where one in six young people now have a probable mental illness.¹¹ The experience of past recessions also warns us that unemployment and debt drive up mental illness. Furthermore, whilst media activity before the pandemic and the pandemic itself have brought mental health to the fore, there has been less emphasis in the media on those people severely affected by mental illness.

Despite unprecedented commitment at the top of the NHS towards improving treatment for mental illness, people are still waiting up to an average of 14 weeks even for an assessment.¹²

Though the effects have been devastating the pandemic has played a part in changing public discourse around the importance of mental health. There is evidence that the government understands the importance of ensuring people living with mental illness receive the support and care they need. Whilst the ambition shown so far is welcome, it is still insufficient to put mental health on an equal footing with physical health. Mental and physical health are not just of equal value but are intertwined and are often interdependent.

The government response to date also contains a serious flaw. Funding has been made available to deliver the NHS Long Term Plan, and additional funding has been provided considering the increased demand on services created by the pandemic. However, the support for people severely affected by mental illness goes beyond the NHS; adult social care is equally as important as is the impact of the welfare system. Without investment and reform many people severely affected by mental illness will continue to not receive the care and support they need. This puts at risk the commitments made in the NHS Long Term Plan. As a campaigning organisation we will continue to work constructively with organisations and individuals who are leading change that supports people severely affected by mental illness.

10 <https://www.rethink.org/news-and-stories/news/2020/06/people-living-with-severe-mental-illness-at-heightened-risk-of-relapse-or-crisis-during-pandemic/>

11 NHS Digital, <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

12 <https://www.rethink.org/media/2498/right-treatment-right-place-report.pdf?aspxerrorpath=/media/3604410/right-treatment-right-place-report.pdf>



Unjustly, people from black, Asian and minority ethnic backgrounds are four times more likely to be detained under the Mental Health Act¹³

Furthermore, the pandemic has deepened existing inequalities in areas such as race, economic status and health. The government has decided not to continue funding for the anti-stigma campaign Time to Change. Led by Rethink Mental Illness and Mind, Time to Change consisted of local organisations, employers, schools, and thousands of people who want to change the way that we all think and act about mental health. There remains a critical role for Rethink Mental Illness to make sure that those who are severely affected by mental illness do not suffer the most as a result of stigma and discrimination in society.

¹³ <https://www.bbc.co.uk/news/health-40495539>

Looking to the future

The NHS Long Term Plan has found new funds for people severely affected by mental illness and provides the prospect of seamless care and support in the community. It is a national change and a local change which will look very different in Grimsby, to South London, to Somerset. For it to happen well, there needs to be a greater prioritisation of adult social care and a funding settlement that reflects the needs of people severely affected by mental illness. We must also ensure that any public spending cuts arising from the cost of the pandemic do not target or impact on mental health. If demand for services does rise, the public purse will need to meet this. Research in 2020 predicts a 33% increase in demand for mental health services over the next three years as a result of the pandemic.¹⁴

¹⁴ http://www.strategyunitwm.nhs.uk/sites/default/files/2020-11/Modelling%20covid%2019%20%20MH%20services%20in%20England_20201109_v2.pdf

It is the background of volatility that has prompted the decision to refocus our strategy. Following the progress and development of Rethink Mental Illness in recent years and through successful planning and the dedication of our staff, Trustees, volunteers and supporters, we have weathered the storm of the pandemic sufficiently to be in a position to refresh our strategy for the next two years.

Of course, in thinking shorter-term than we would otherwise do, we are not losing sight of the need to think about how we sustain our long-term future. In a health and care system which is itself about to embark on significant change in relation to the way mental illness is treated in the community, we need to make sure that our “offer” is relevant and impactful. We will do all this from a perspective of “generous leadership.” This means we support other organisations to develop their skills in areas where we have expertise.

Generous leadership means that we are not starting from a position of thinking of how we seek advantage, but how we get the best support for beneficiaries wherever they live and whatever is happening in their lives. Over the last two years we have developed a new narrative around user-led holistic (whole person) care through our *Communities that Care* approach¹⁵ which outlines what good community support looks like. It builds on our existing strategic goals and sets a long-term vision for a gold standard in mental health care, recognising that tackling mental illness goes beyond the NHS and necessitates good housing,

employment and financial support, physical health, good support networks and social care. It means treating the person as a person – not a condition. This narrative has gained traction, particularly within the health system.

At its core we recognise that if we use our collective expertise across the organisation then we will be best placed to reach more people and create change in the system. Through the breadth of our activity we provide a unique offer to the sector - service delivery with the value of our groups, advice and information and fundraising expertise to enhance our offer. The ability to mobilise campaigns and influence policy helps us to generate a positive cycle - where the data and insight from our services informs our campaigns and policy work, which then helps to inform and improve our services. We need every community to plan how it is going to better meet the needs of local people severely affected by mental illness, and we need clinicians to take the physical health of people living with mental illness seriously. It will take the whole community to take away the barriers and replace them with bridges. We, and indeed the sector, will then reach more people and influence change more widely, leading to a better life.

¹⁵ Building Communities that Care, 2019: <https://www.rethink.org/media/2249/building-communities-that-care-report.pdf>



The combination of the provision of services and our campaigning is the One Rethink principle and we put it into action to ensure everyone who is affected by mental illness can benefit from our approach.

We won't stop until...

Our longer-term ambitions remain unchanged. We won't stop until everyone severely affected by mental illness:



Has a voice in how their care, support and treatment is delivered.



Has their rights respected and enhanced.



Can receive recommended care and treatment, close to home, when they need it.



Has a safe, secure and affordable place to call home, with the support they need to live there if required.



Has access to networks, online and off, to develop friendships, new interests and receive peer support.



Has their physical health taken seriously, so that their mental illness doesn't "overshadow" or cause avoidable physical ill health, leading to decreased life expectancy.



Can work or volunteer in roles they love, with any support they may need, free from stigma and discrimination.



Has enough money to pay their bills and live a satisfying life, able to rely on and navigate a welfare system designed to support, not penalise.



Working in
partnership

There is a limit to what we can achieve alone as one charity.

We know that for many people living with a severe mental illness, an unstable housing situation, financial insecurity, poor physical health, social isolation and lack of employment prospects make life difficult and a meaningful recovery almost impossible. Involvement, co-production and working in partnership is, therefore, critical to our approach.

Involvement is defined as any activity where the knowledge and experience of those affected by mental health issues is respected, valued and drawn upon to influence the work of an organisation. It refers to the active participation in decision making which influences and changes outcomes. With involvement, people with lived experience are encouraged to share power, control and influence and therefore also share accountability and responsibility.

Co-production occurs when people with lived experience of mental health issues and carers work together with staff as equal partners in a way that is meaningful and effective from the outset. It follows a process of co-creation and shared decision making that is reciprocal and jointly owned by all involved. Co-production achieves a shared vision that transforms the balance of power and resources to a position of equal ownership. Involvement and co-production will underpin our guiding mission and we will actively look to strengthen our internal capacity and shape the health system through this means of approach.

We will continue to harness the energy and expertise of our volunteers, ensuring that volunteering both enhances the wellbeing of volunteers and supports the recovery, wellbeing and empowerment of others.

We have exceptionally close relationships with a range of charities, most notably through the Mental Health Policy Group, the Association of Mental Health Providers and Mental Health UK. As a member of the Richmond Group of health and social care charities we collaborate with a range of organisations who deal with long term, chronic physical conditions and our increasingly broad range of corporate partners helps us develop and implement new concepts.

We will continue to invest in fundraising to generate voluntary income from a range of donors including individuals, corporate partners and charitable trusts and foundations. Our supporters are hugely valuable to us and we will continue to develop our relationships and take care in ensuring that they are treated with respect and their feedback listened to.

At a local level our ambitious investment in “place-based” activity will be amplified and we will continue to build alliances with other service providers, commissioners, local authorities, social care agencies, funding bodies, mental health trusts, government agencies and other parties to deliver our ambitious vision for the future. As part of our overall approach to addressing inequalities, there will be a heavy focus on race and other protected characteristics such as age.

Our approach to collaboration and partnership is built on the recognition that the scale of the challenge in achieving parity between physical and mental health requires transparency, flexibility and a constant focus on improvement.



Our objectives

Our objectives for 2021-2023 are as follows:

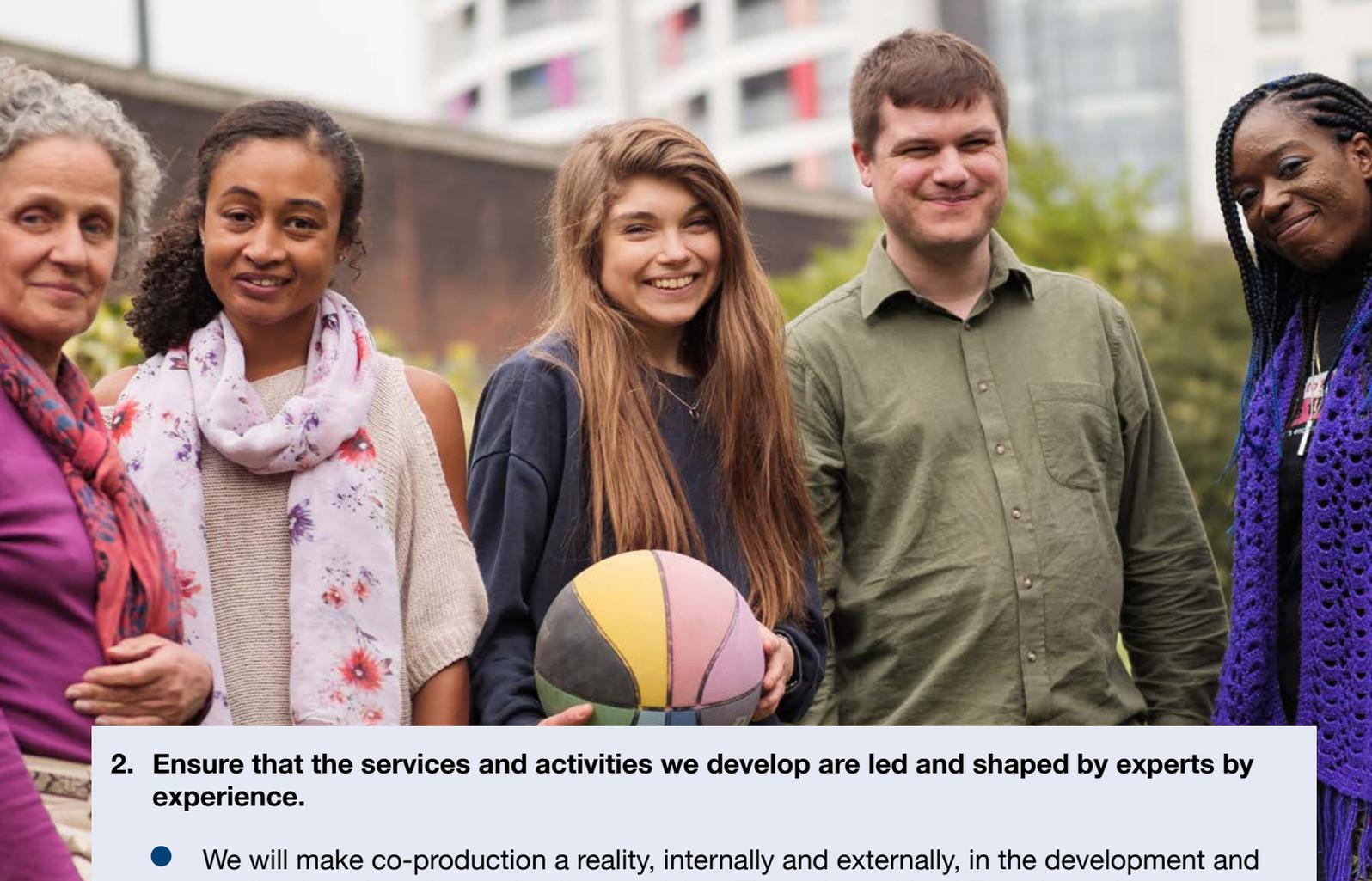
- 1.** We will drive the transformation of care and support for all people severely affected by mental illness, particularly aiding the successful roll-out of the community mental health framework over the period.
- 2.** We will ensure that the services and activities we develop are led and shaped by experts by experience.
- 3.** We will develop new and innovative partnerships to create wider social change especially with community organisations that enable us to reach underserved groups of the population.
- 4.** We will transform our internal ways of working to underpin our delivery.



Our objectives are underpinned by our commitment to advancing equality of opportunity for people affected by severe mental illness. This is the responsibility of every one of us. For the life of this strategy, we will focus predominately on race; improving the quality of our data, the knowledge and skills of our staff, and the frameworks to ensure responsibility and accountability. We will seize the opportunity to embed the Equality Act in our journey to eliminate discrimination, advance equality of opportunity and truly make a difference to people's lives.

1. Drive the transformation of care and support for all people severely affected by mental illness.

- We will campaign and influence government to follow up the NHS Long Term Plans investment in mental health and to provide the social care system with the financial support it needs to deliver its part of the effort. We will also campaign to meet increased needs as a result of the pandemic. Our national campaign focus will align directly to the Communities that Care model, focussing on securing improvements in the welfare system, supporting people with their financial problems, developing more appropriate housing policy and a better social care settlement for people who are severely affected by mental illness.
- We will deliver at least four new pilots based on the Communities that Care model, targeting areas with diverse populations. We will use evidence and outcomes to influence government and the local system to spread delivery and develop our organisation to align to the model.
- We will support the government to ensure smooth passage of the Mental Health Act on to the statute book and seek to build the case for reform in the housing and welfare sector, so it more effectively supports people living with severe mental illness. We will be a leading voice in addressing inequalities and injustice in the health and social care system, particularly around race.



2. Ensure that the services and activities we develop are led and shaped by experts by experience.

- We will make co-production a reality, internally and externally, in the development and application of service and policy provision. Through our Lived Experience Network and our Communications and Marketing Advisory Panel we will work to ensure that our campaigns and communications reflect the needs and views of people with lived experience of mental illness and their carers. We will create a Carers Advisory Board to help co-produce a new model and partnerships to address the decline in specialist services for mental health carers. We will invest further in our volunteers to provide a high-quality volunteer experience and support the delivery of our mission. We will ensure that our activity goes much further in seeking out the experience and views of underserved communities and take action.
- We will engage in areas of innovation, for example New Models of Care/Provider Collaborative, to develop our policy and service solutions for people severely affected by mental illness. We will leverage funding to innovate and demonstrate proof of concept models, for example Mental Health and Money Advice Service and Mental Health Navigators, to the system so that we gradually meet more of the unmet need.
- We will develop our existing offer around the Communities that Care model. As a campaigning organisation, which also provides information and support to the general public, we will make sure we reflect the pillars of Communities that Care in all our work.¹⁶ In our increasingly influential place-based activity we will support the local health and social care system and its partners with their transformation plans, so that regardless of where people live they will get the support they need across the different areas of their lives. Where we deliver services, we will play our part in ensuring people receive the appropriate care they require for their own needs and are supported to have the best quality of life they can.

¹⁶ Building Communities that Care, 2019: <https://www.rethink.org/media/2249/building-communities-that-care-report.pdf>

3. Develop new and innovative partnerships to create wider social change

- We will build partnerships with like-minded organisations, in particular those representing the voices of people from black, Asian and minority ethnic communities, to spread innovation and transform the way we deliver care and support for people severely affected by mental illness.
- We will seek to grow our profile in order to build a larger movement to achieve more social good, including a strong focus around stigma and discrimination in the context of mental illness in areas such as homelessness, LGBT+ and disabilities. We will challenge stigma vocally when we see it and will stand up for the rights of people severely affected by mental illness whenever unfair systems and practices or policy failures let them down.
- We will seek to improve attitudes and practice to mental illness in the workplace by educating employers and supporting them to change their culture and practice by providing innovative training and consultancy services.

“It means treating the person as a person – not a condition.”

4. Transform our internal ways of working to underpin our delivery.

- We will review how we measure our outcomes, success, and the impact that we are having in improving outcomes for people severely affected by mental illness. We will consolidate our focus on quality, continuing to improve outcomes in our commissioned services and ensuring that the campaigns we run on issues such as welfare, money and rights are well-evidenced and led through lived experience.
- We will continue to develop our culture and staff to support our changing environment, including embedding our commitment to becoming an anti-racist organisation. We will improve our systems, information sharing, and data gathering to underpin both our day to day work and the measurement of our impact. We will continue the journey of workplace transformation, reviewing our models of working, the size of our estate, our digital capability and our ways of connecting and strengthening our brand with colleagues.
- We will develop our financial sustainability to invest in service provision, external relations and internal infrastructure, and set ambitious and realistic fundraising targets. We will develop the financial approach to our Communities that Care model.



How we will measure success

Rethink Mental Illness aims to be an impact-led organisation. Measuring our effectiveness and the impact we have on improving the quality of life for our beneficiaries is central to our goal. During the previous strategy period, we have developed and embedded several tools to enable us to measure our impact and use this knowledge to improve our offer. We will be reviewing our approach to support the delivery of our current and future strategies. This will include the ability to ensure that we are both on track but also ready to change direction, should new opportunities arise that will help us to succeed in making our vision a reality.

While we cannot expect, either through our own efforts or those of others, that everyone across the country receives the same quality of care that addresses all of the complexities in their lives within the two years of this strategy, we will work in collaboration to make measurable improvements in defined areas. These include fewer people being detained for lengthy periods under the Mental Health Act, more people receiving care that meets their particular needs in our 'place-based' areas; NHS investment in community mental health meeting agreed targets; and people using our services continuing to report positive outcomes. Finally, we will have invested in innovative examples of care and support to encourage take up across the broader health and social care system. This will create the platform through which we can continue to grow our service delivery - in an environment where the needs of people severely affected are starting to be better met - and enable us to continue to target campaigns on sustained change and improvement.



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

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INVESTORS
IN PEOPLE

Silver
Until 2020



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