This is Rethink's Impact Framework.
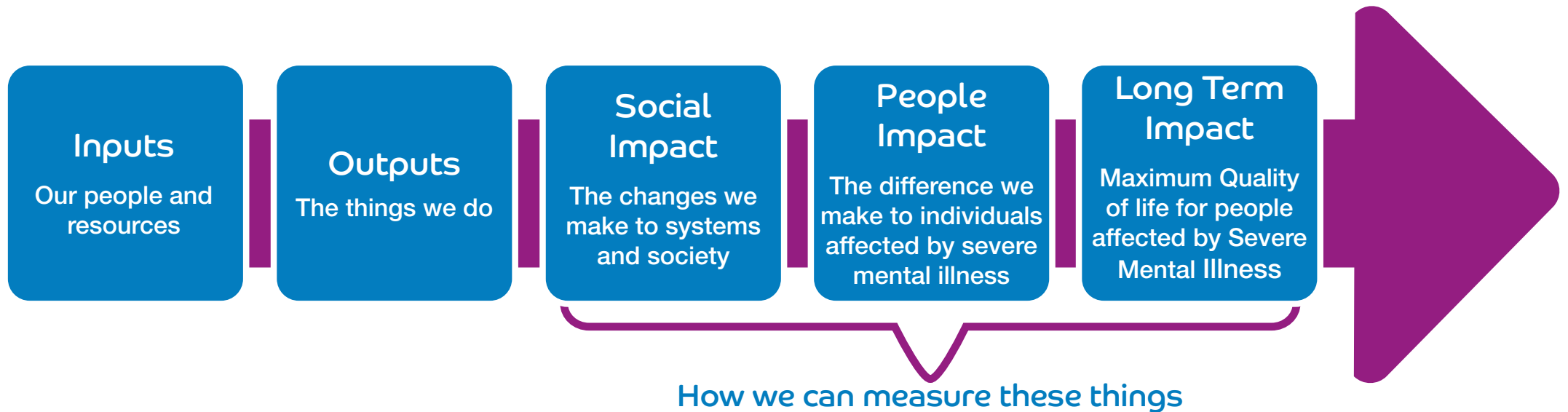
Its purpose is to:

1. Outline what we believe needs to happen in order to fulfil our mission;

2. Make clear what our role will be in making this happen;

3. Identify a range of indicators and measurement tools that will tell us whether or not we're achieving our mission.

The Impact Framework is owned by everyone within the organisation. Each one of us plays our part in achieving our mission, whether that be through direct service delivery, influencing and campaigning, shaping local provision or ensuring we remain a strong and sustainable organisation.

We will use the Impact Framework to hold ourselves to account, ensuring that we continually reflect and improve in order to achieve the greatest possible long term impact for the people we support.

Our Mission: Everyone severely affected by mental illness has maximum quality of life

A Summary

Our Impact Framework outlines how we apply our Communities that Care strategy to achieve our mission as an organisation. The visual below summarises how this works at a high level. This gives us a structure for measuring the difference we make and how we can use this information to learn and improve.

Inputs	**Outputs**	**Social Impact**	**People Impact**	**Long Term Impact**
Our people and resources	The things we do	The changes we make to systems and society	The difference we make to individuals affected by severe mental illness	Maximum Quality of life for people affected by Severe Mental Illness

How we can measure these things

Our vision is for equality, rights, the fair treatment and maximum quality of life for all those affected by mental illness, their carers, family and friends. In order to achieve this, we believe people need access to person-centered support, which respects people's independence and individual needs. This includes supporting people to develop the knowledge, skills and confidence they need to effectively manage and make informed decisions about their own health and health care. It is coordinated and tailored to the needs of the individual. And, crucially, it ensures that people are always treated with dignity, compassion and respect. For this to happen, people need to have their holistic needs taken into account at all times, and they need to have their rights protected. People severely affected by mental illness also need to be free from stigma and discrimination, and they need to be supported in the least restrictive way possible.

This will require: investment; ambition; appropriate policy, legislation and regulation; coordination and collaboration; a strong evidence base along with appropriate metrics and standards; as well as empathy, kindness and human decency. Systems will need to actively listen to the authentic voices, do everything they can to challenge stigma and discrimination, and ensure that systems are accessible, inclusive and fair.

Access to health and social care

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

More info

We believe that it is vital that people living with severe mental illness are able to get the right treatment at the right time so that their needs are supported and they are able to live long and fulfilling lives. In order to do this, people living with severe mental illness need to be aware of the range of support available and be able to access appropriate support when they need it and where they need it.

When people living with SMI are unable to access the right treatment at the right time, their mental health can be significantly affected. Long waits can lead to avoidable mental health crises, where they are more at risk of becoming a risk to themselves or others and less likely to be treated by appropriate staff. Friends and family members are often left to support their loved ones while they wait to receive the treatment they need.

All too often we hear that people are unable to access the treatment they need when they need it. As the Right Treatment, Right Time report showed, people with severe mental illnesses are not able to access support within adequate time. For some the services they needed were unavailable, while others were waiting too long to receive treatment - respondents waited an average of 14 weeks to receive an assessment and an average of 19 weeks to receive therapy. 1 The Care Quality Commission's annual survey has similarly found a decline in people's ability to access community mental health services since 2014. This was seen in terms of people who felt that they were 'definitely' given enough time to discuss their needs and treatment and people who said that they had 'definitely' seen Community Mental Health services enough for their needs (declined by 8%). It also found poor awareness of services - 28% of respondents did not know who to contact out of office hours in case of crisis.2

We are concerned that additional demand on NHS mental health services can mean that even more people will not receive the right treatment at the right time. Access to care and support has become a more pressing issue in recent years as research demonstrates that demand for mental health services has risen. The National Audit Office's 2023 on the NHS's progress in improving mental health services has report shows that referrals to NHS mental health services increased by 44% between 2016-17 and 2021-22. While the number of people treated for mental health conditions by the NHS increased during the pandemic, this did not rise enough to meet the demand. Estimates indicate that the majority of people with mental health needs (about 8 million) were unable to access NHS mental health services in 2021.3

Under the Care Act and Mental Health Act, many people living with a mental illness are entitled to an assessment of their social care needs, and potentially also to social care support. However, our experience tells us that many are not aware of this entitlement, and the kinds of mental health social care support they could benefit from. Those that seek support tell us that the process of navigating assessments and the services available. The lower profile of mental health social care, and misconception of social care as primarily personal care for older adults, can mean a shortage of commissioned local services that would meet their needs. Unlike the NHS, social care is not always free at the point of use – too often we hear of individuals forced to choose between meeting their living costs and receiving the support they need. Research shows too that local authorities are struggling to deliver these rights, lacking long-term and sustainable funding needed to address years of underinvestment and rising demand both from those with a mental health need and others.

1 right-treatment-right-place-report.pdf (rethink.org)
2 Community mental health survey 2022 - Care Quality Commission (cqc.org.uk)
3 Progress in improving mental health services in England (nao.org.uk)

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

Without safe, stable and appropriate housing, it can be difficult, if not impossible to secure employment, manage finances, maintain social connection and access health care. This is true for everyone, not just those living with mental illness. For those living with a mental illness, housing plays an important role in recovery and preventing relapse and reescalation of health, care and wider support needs.

Evidence shows that those living with a mental illness are less likely to have a place that they are happy to call home. Mental Health Foundation research has shown that those with mental health conditions are more likely to be unhappy with their housing, and to say that their housing impacts negatively on their health. Significant numbers do not have stable and appropriate accommodation – nationally this applies to 42% of people in contact with secondary mental health services.

This is due to the significant challenges that those living with a mental illness experience around housing.

Supported housing plays a hugely important role in allowing individuals to leave hospital - offering a safe environment to recover and build their confidence whilst working towards independent living within the community. However, multiple factors have resulted in an inadequate supply of quality supported housing for all who need it. The supported housing sector has struggled to keep up with unprecedented levels of demand for their services amid a lack of long-term and sustainable funding for social care services. It is particularly difficult for those living with complexity to have their housing needs met – battling against a lack of accessible properties, or simplistic eligibility criteria that leads to those with co-existing needs such as those relating to drug and alcohol abuse being locked out of support altogether.

Our experience tells us that those living with mental illness also struggle to access longer-term housing options. Supported housing services are generally commissioned to support individuals for a maximum of two years, despite the fluctuating nature of mental illnesses. In a tough housing market, people living with a mental illness can face barriers moving on from supported housing into independent living. They are more likely to lack a stable tenancy history or lack the money for a deposit. Those with lived experience of mental illness also say that they can come up against stigma from housing professionals when applying for housing, or from neighbours and flatmates after moving in.

People severely affected by mental illness need safe, stable, affordable high quality homes within their community where they have choice and control over their space and any support they need.

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

More info

Research shows that those living with severe mental illness are more likely to experience issues with their physical health. This includes greater likelihood of experiencing physical health conditions such as obesity, asthma, diabetes, COPD, coronary heart disease, stroke and heart failure.

This contributes to higher rates of premature mortality among those living with a mental illness. Evidence shows that people with severe mental illness, on average, die 15-20 years earlier than the general population. Adults with severe mental illness under 75 have death rates that are 5.5 times higher for liver disease, 5.6 for respiratory disease, 3 times higher for cardiovascular disease, and 1.25 times higher for cancer.

These conditions are known to be affected by health behaviours, such as smoking, diet, and drugs and alcohol misuse, and the risk of cardiometabolic disorders and mortality is further increased through the association with antipsychotic medications and increased risk of type 2 diabetes and weight gain.

People with SMI are significantly more likely to be overweight or obese than the general population. People with SMI experience barriers to taking full responsibility for eating a healthy diet. Mental illnesses can leave people unable to shop or cook or too manic to remember to eat, while food can also be used to manage feelings and deal with boredom or isolation. Twice as many people with SMI smoke than the general population, which may be because of higher rates of nicotine dependency, or boredom from lack of employment and social activity. 44% of community mental health patients have reported problem drug use or harmful alcohol use in the previous year, which can increase likelihood

of experiencing liver disease and cancer Other factors may include the impact of SMI on the ability of individuals to self-manage physical health conditions and the greater likelihood of those living with a severe mental illness to experience socio-economic determinants of poor physical health, including poverty, poor housing, reduced social networks and lack of employment.

Looking after our physical health has benefits for our mental health. For example, being physically active, having a balanced diet and spending time outside can boost wellbeing, self-esteem, improve sleep and improve concentration.

People with lived experience tell us that they want professionals to understand the challenges of maintaining good physical health when you have SMI, for example, to be given accurate and honest information about medication side effects and ongoing support to access services designed to support individuals to quit smoking, manage weight or engage in physical activity. These services also need to be mental health-aware, with staff who understand SMI and fluctuating symptoms. People with lived experience also expressed a desire to have access to a variety of engaging and fun activities and to have a voice in deciding on suitable treatment and service options.[1]. Health services can also help improve the physical health of people with SMI by bringing together mental and physical healthcare. Mental and physical health conditions are often connected. Delivering holistic and integrated services for patients requires changes in how all healthcare services are delivered.[2]

---

1 Rethink Public Health Briefing

2 Severe mental illness (SMI) and physical health inequalities: briefing - GOV.UK (www.gov.uk)

Social Connectedness

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

More info

We often hear that a lack of social connectedness can negatively impact of the quality of life of people with a severe mental illness. People who leave inpatient or secure care are discharged into unfamiliar environments or to communities that have changed beyond recognition. Some people find that their social networks are impacted or lost following a mental health crisis or after a long spell of mental ill-health. Not knowing people in the local area or where community assets such as supermarkets or GP surgeries are can lead to feelings of alienation and contribute to a sense of social isolation. Research carried out in 2017/18 showed that less than half of adult social care users had as much social contact as they would like; systems therefore need to ensure that people who access services are able to do so without detrimental impact to their social connections. [1]

People with lived experience of severe mental illness have told us that receiving help from a secure support network helps them to be resilient in the face of future challenges. They have said that the knowledge that support is available when they need it helps to manage anxieties around life events and prevents their mental health from deteriorating and potentially going into crisis. This helps people with severe mental illness to stay in the community and continue receiving support from their networks.

In our experience we know that a range of people who live with severe mental illness benefit from the provision of peer support. Peer support groups provide safe, non-judgmental spaces where people with similar lived experiences can come together to socialise and support each other. As well as providing friendship, these groups can help people to become reacquainted with their local area. Our research demonstrates that receiving support from peers with experience of mental illness can help to reduce feeling of isolation and loneliness and help to improve or maintain their mental health and wellbeing.[2]

However, our research has shown that people are not always aware of the range of activities and opportunities available to them in their local community. Our 2019 online survey showed that half of respondents were not involved in community wellbeing projects, mostly due to a lack of knowledge of projects in their local area.[3] People with severe mental illness therefore may not always be able to access and navigate existing opportunities to build their social networks and connect to their wider community. Systems therefore need to remove the barriers that prevent people with severe mental illness from being able to access the support they need and make use of existing community assets.

---
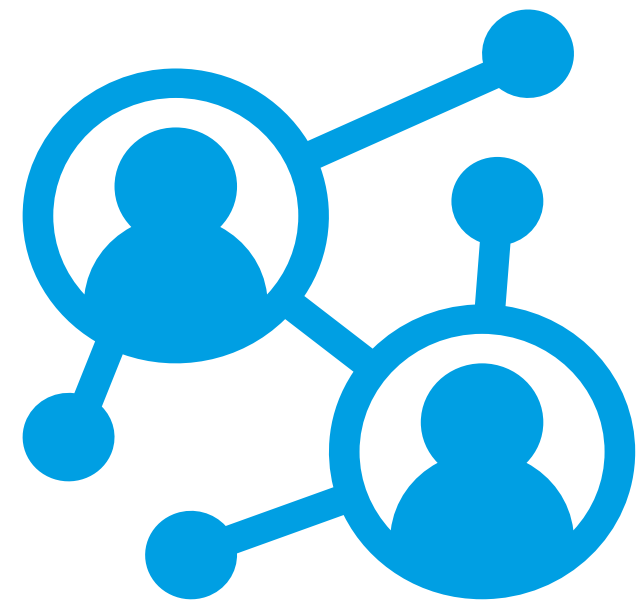
1   Public Health England (2018) Fingertips profiles: Social Isolation
2   About Services and Groups (rethink.org)
3   Online Survey by Rethink Mental Illness of 440 people in April 2019.

Money

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

Research shows that there is a close relationship between money and mental illness. For example, financial worries have been found to impact negatively on mental health and recovery rates, whilst mental health problems themselves can lead to financial difficulties as a result of things such as: reduced employment rates or low-paid employment; mental health symptoms negatively affecting spending habits and decision-making; or periods of time in acute care leading to disrupted income. It has also been noted that the stigma of reaching out for support as a result of mental illness can prevent people from getting the right information and advice.

Other evidence shows that social and economic deprivation impacts on the prevalence of mental illness. For example, in 2015 it was found that "children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest households" and in 2018 "men living in the most deprived areas are 51% more likely to have depression than those living in areas that are not deprived." A median gross income gap of £8400 has also been identified for people with anxiety and depression compared to those without those conditions.

Almost half of adults receiving an out of work benefit have a common mental health disorder and many live with severe mental illness, including 7.3% identified as having psychosis, compared with 0.2% of people not on benefits. People on Employment and Support Allowance (ESA) are particularly affected, with one in eight screening positive for bipolar disorder and almost half have made a suicide attempt at some point.[1]

Whilst the benefit system can be a lifeline for many, the process itself can be long and complicated, which itself can have a negative impact on mental wellbeing. Many people, particularly those with existing mental health problems, find the experience of navigating the benefits system difficult and distressing.[2]

As a result, the financial needs of people severely affected by mental illness must be addressed to ensure that people do not end up in debt because of their mental illness or become more unwell because of money problems.

1   NHS (2016) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014.
2   Money and Mental Health Policy Institute (2019) The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems

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.

Employment, education, training and volunteering are important for good mental health because they can provide a sense of purpose and achievement, social connectedness, and structured routines. These effects can support people severely affected by mental illness to live well in the community.

Despite the benefits of working, people severely affected by mental illness who would like to work are more likely to be excluded from the labour market and face more barriers when trying to get a job than those without a severe mental illness. There are several programmes that attempt to bridge that gap, however there is ample evidence-based research arguing that Individual Placement Support (IPS) is the most effective way to get people severely affected by mental illness into quality work.

On the other hand, many people simply cannot or should not work as working may have detrimental effects to their mental health. Risks to mental health at work can include excessive workloads, long hours, lack of control, poor conditions, poor relationships, limited support, violence, stigma and discrimination, ambiguous job roles, job insecurity, and conflicting home/work demands. This calls for improvements to be made in the general workplace, but also an acknowledgement that people should not be pressured or forced into work if their recovery is negatively impacted by work.

Vision and values

Our vision is for equality, rights, the fair treatment and maximum quality of life for all those affected by mental illness, their carers, family and friends. As one of the largest charitable providers of services for people living with mental illness, we are well placed to make a direct impact on the care people receive.

People with experience of mental illness are at the heart of everything we do. They shape our expert advice, information and training, our 300 services and groups, and they drive our campaigning to change the law and tackle discrimination.

We know that people severely affected by mental illness can have a good quality of life. Our work to achieve this is guided by seven core values:

Commitment
We work tirelessly to provide support for everyone severely affected by mental illness.

Equity
We believe that in a world where discrimination and disadvantage exist treating people with equity is critical to ensure justice and fairness for all.

Expertise
We constantly use our expertise to provide practical and personal support for people who are severely affected by mental illness.

Hope
We offer hope of a better quality of life for all those severely affected by mental illness.

Openness
We are open and transparent in all our work with beneficiaries, supporters, partners and the public to achieve change for people severely affected by mental illness.

Passion
We are passionate about leading the way to a better quality of life for everyone severely affected by mental illness.

Understanding
People who are severely affected by mental illness are at the heart of everything we do in our organisation – our membership, our governance and our workforce.

Our commitment to Equity, Diversity and Inclusion

Racial Justice and Equity

We are committed to becoming an anti-racist organisation. We believe that everyone should be treated with respect and dignity. We know that people from minority ethnic communities in the UK are more likely to experience mental illness but are less likely to receive the mental health care support they need. And we know that this is partly due to the stigma around mental health in some minority ethnic communities. But we also know that these racial disparities in mental health service access and treatment stem from historical and societal prejudice, racism and discrimination.

Another way we aim to address this is through our policy and influencing work. In particular, we know that the disparities in mental health support for Black, Asian and minority ethnic people are stark. Many mental health initiatives, reforms, and services have not yet been able to address the needs of Black, Asian, minority ethnic people living with SMI in tangible ways. The mental health systems, regulations and standards have not been designed with Black, Asian minority ethnic people in mind resulting in mistrust and reluctance to engage with services in order to receive the right help and the right time. Part of our work is to influence policy in the direction of creating services that are equitable for racially minoritized people.

Currently, we are focusing on 3 key themes where we know we can make the most impact.
The 3 areas are

1) The Mental Health Act,

2) Early Access and

3) Care & Treatment.

We are also embarking on a project, funded by Lloyds via Mental Health UK, to better understand why Black men are being detained at a disproportionate rate to any other ethnicity. In gaining insight into the lived experience of Black men who have been detained **we are seeking opportunities to influence system change** so that Black people and specifically Black men can access support that is appropriate and timely before reaching crisis.

We are also collaborating with other charities and organisations on a Black Mental Health Manifesto, which will directly address the mental health support needs of Black people. The manifesto is being led by Black Equity Organisation (BEO) and will lay out the issues around Black mental health, how to fix the issues, who is responsible for fixing them, and an accountability plan for acting on these demands. The manifesto will also explore who keeps us all accountable including the quality of current regulators.

The charities we are currently working with are; Ubele, Black Thrive, Race and Health Observatory, MIND, RcPsych, ADIRA, Kings College, Safe Spaces for Black Women, Race Equality Foundation, Royal College of Nursing, Black Health Forum, Race on the Agenda, Black Minds Matter and Sistah Space.

Strong and effective governance

Sustainable funding base

Our new 5-year Fundraising Plan aims to support both organisational strategies and underpin the growth of the organisation, growing total income (restricted and unrestricted) across both Rethink and MHUK from around **£4million** in 22/23 to **£12.5million** (core) in 27/28. (With Rethink total income growing from **£3million** (22/23) to **£7.6million** (27/28) in our core model). We will also focus our restricted fundraising asks on budget relieving activities, releasing more unrestricted income back into the organisations. We are aiming to have a healthy split between restricted and unrestricted income of around 30% / 70% respectively.

In order to grow income we will need investment across a 5-year period. We are aware, with the cost-of-living crisis, the Pay & Reward project alongside other additional costs in the 23/24 organisational budget and adhering to our reserves policy that asking for investment at this time is difficult. However, with the current public interest in mental health and mental illness, limited previous fundraising investment, and a dedicated, ambitious team of Fundraisers ready to go, we believe now is the time to create a sustainable fundraising portfolio that will provide future financial security for Rethink Mental Illness and Mental Health UK.

A skilled and supported workforce

It is a key part of the organisations strategy to continue to invest in our people, build on their diverse skills, experiences, and capabilities and improve how we connect and learn from each other.

Our mission as a People team is to build a culture where employees and volunteers can **thrive.** We do this by ensuring that staff are upskilled, supported, empowered and connected.

Upskilled - We upskill and continuously develop our staff so they can thrive in their roles.

Supported - We help teams create a supportive environment where they feel like they can bring their whole person to work.

Connected - We ensure that people feel connected to the organisation's strategy, culture & encourage collaboration and partnership throughout the charity.

Empowered - We empower individuals continued growth and future career aspirations so they can continue to thrive in the future.