

A MENTAL HEALTH SPECIAL

# Lighting the way

How we can tackle the biggest health challenge of our age?

*Lucy Powell MP on maternal mental health*  
*Sarah Hutchinson interviews Luciana Berger MP*  
*Sarah Brennan on children's mental health services*  
*@MentalHealthCop on mental health & policing*  
*Diane Abbott MP on BME communities & mental health*  
*And: Liane Cresswell on parity of esteem; Susie Gilbert*  
*talks about barriers; Kate Green MP on welfare support*  
*and many others*



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# EDITORIAL

*By Sofie Jenkinson & Ellie Cumbo*

**M**ental health is one of the biggest unaddressed challenges of our lifetime. In fact, the World Health Organisation predict that by 2020, depression alone will be the biggest cause of death worldwide, with it being twice as common in women. Meanwhile in the UK mental health accounts for a higher percentage of the burden of disease (23 per cent) than cancer (16 per cent) and cardiovascular disease (16 per cent).

These figures are staggering, and only serve to remind us how far we have to go. The cost to society can be calculated, to some extent, but there is so much that can't be quantified.

For some, it's personal, but for us all, it should be about our fellow humans. Mental health costs us, as a society, a hell of a lot, but even putting that aside this is a challenge we must face up to. As people are left to suffer and without support, we must ask ourselves: is this the kind of society we want?

In this special Conference 2014 edition of *Fabiana*, we take a look across some of the biggest issues concerning mental health today: Sarah Brennan from Young Minds talks us through recent cuts to children and adolescent mental health services; Diane Abbott MP talks about the difficulties BME communities face in terms of mental health problems themselves but also access to appropriate treatment; Michael Brown talks about the challenges for the police when it comes to mental health; Lucy Powell MP talks about the importance of maternal mental health and early years support; and Sarah Hutchinson talks to Shadow Public Health Minister Luciana Berger MP about strong opposition and Labour's plans for mental health policy. And as well as all of that there are plenty of other great articles besides - by FWN members, mentees, MPs and more!

We hope that you are as moved by this issue as us, and will work with us now and in the future to look for solutions, debate the options and fight for better mental health, for everyone.

# FABIANA // AUTUMN 2014

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### FABIAN WOMEN

#### FABIANA

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## *A note from the Chair*

# The measure of our society



*by Ivana Bartoletti*

W elcome to this new issue of Fabiana magazine, and my heartfelt thanks go to Sofie, Ellie and their team for such a wonderful edition.

These have been very busy months for the Fabian Women's Network, and committee members have been working really hard since they got elected last Autumn. Our mentoring programme, thanks to Christine Megson and Caroline Adams, has helped women from every background to step up their careers, whether in politics or on public boards. We are delighted that 19 of our mentees were elected as councillors last May and we look forward to campaigning for those who have been selected as Parliamentary candidates. We will soon be partnering with the Local Government Association and other organisations to support and encourage mentoring and share best practice.

We are looking forward to Labour party conference in Manchester. These are very troubling and complex times for our country, with many questions hanging over us. As I write, the referendum in Scotland looms, with all the consequences that a potential yes vote might bring. Relationships between Britain and the European Union have been somewhat

eclipsed over the last few weeks, but will be back on the radar in the months to come. Crises such as in Ukraine, Iraq and the Middle-East are showing us how fragile security and prosperity are.

I am delighted that Federica Mogherini, with whom I have shared a long journey in Italian and EU politics, has been appointed the High Representative of the European Union for Foreign Affairs and Security Policy and I am confident that she will build on the work of her predecessor, Baroness Ashton.

FWN has put together a very important programme of events in Manchester and we are really looking forward to you joining us. We will be tackling the cost of living crisis, childcare, and mental health and early intervention. We will also kick off our new programme of work on a gendered approach to industrial policy, showing how a strategy for growth can be rooted in a plan to get more women into work. At conference, we will be working with Angela Eagle MP, Lord Adonis, Seema Malhotra MP, Rachel Maskell of Unite and Karin Christensen from the Cooperative party. With them, we will to start a discussion around the impact of globalisation, the rise of technology based jobs and the dominance of financial corporations on women's jobs.



Unfortunately, this is an issue which has been often overlooked.

How we encourage more women to take up science, innovation and technology in education is key not only in terms of equality but driving economic growth too. The role of the state in creating innovation is a crucial issue for Labour, as Mariana Mazzucato argues in her book, *The Entrepreneurial State*. The state can enable growth by investing throughout the innovation chain, from early research to seed financing and beyond.

We will also be addressing inequality in the business start up eco-system, supporting social entrepreneurship and pushing for legislation on corporate governance including quota in company boards.

There is so much work to do at every level to invigorate the feminist movement, which will help secure a Labour victory next May.

Finally, I am sure you will all join me in congratulating Seema Malhotra MP on her new role as shadow minister for preventing violence against women and girls. Seema is the founder and President

of our network and we owe a lot to all her work and dedication. We are confident she will do a fantastic job and look forward to working with Seema on her new portfolio.

In this issue of *Fabiana*, we talk extensively about mental health, and we will continue to do so in the months ahead. While many taboos have been broken over the last few years, with public and influential figures talking about their own experiences of mental health, much more still needs to be done. The goal is the complete parity in healthcare between physical and mental health that many campaigners and charities are advocating. Fighting stigma and challenging attitudes is vital if we want to change the lives of those suffering from mental health conditions, and their families and friends too. Ultimately, the way we deal with mental health is the measure of how far we have progressed as a society, and how far we are held together by the values of respect, dignity and solidarity. **f**

*Ivana Bartoletti is Chair of FWN*

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# Making parity of esteem a reality



*Despite all the good intentions behind 'parity of esteem', evidence suggests that mental health is continuing to lag behind physical health, says Liane Cresswell*

In 2011 the government published the *No Health Without Mental Health* strategy, which set out a commitment to put mental health on a par with physical health. This pledge was later enshrined into law in the Health and Social Care Act. However, three years on and with the full effects of public spending cuts being felt across the country, questions are being raised as to whether the government has really delivered on its promise to ensure parity of esteem for mental health.

Often described as the 'Cinderella sector' of health care, mental health has previously been overlooked by policymakers in favour of more tangible, physical health issues. However, with one in four people in the UK experiencing a mental health problem, there has been a gradual realisation that mental health can no longer be ignored.

Following the publication of the government's mental health strategy, the NHS Mandate (2012) went on to state that mental health should be treated as much as a priority as physical health. More recently, the Department of Health's *Closing the Gap* report, known as the mental health 'action plan', challenged the health and social care

community to go further and faster to improve mental health care, while the Mental Health Crisis Care Concordat set out a commitment to ensure that no one in a mental health crisis would be turned away from health services.

Yet despite all these good intentions, evidence suggests that mental health is continuing to lag behind physical health. It is still significantly underfunded – while mental health accounts for 28 per cent of morbidity in the UK, it makes up only 13 per cent of total NHS expenditure. Latest figures also show that mental health trust budgets for 2013-14 have been cut by 2.3 per cent. In reality, this means mental health trusts are being asked to save almost 20 per cent more from their budgets than acute hospital trusts.

At the end of 2013, a joint BBC and Community Care investigation revealed that 1500 mental health beds had been cut between 2011-13. The situation is even worse for children and young people – the charity Young Minds found that more than half of local councils have cut or frozen budgets for child and adolescent mental health. A recent CQC report also highlighted there was only one bed in the entire country that was purpose built for a young person detained under section 136

of the Mental Health Act in a specialist adolescent mental health unit. Minister for Care and Support Norman Lamb himself was forced to admit at the end of last year that “there is an institutional bias in the NHS against mental health”.

However, while the minister may have acknowledged the crisis, little action has been taken – and it is unlikely that the situation will improve while Clinical Commissioning Groups (CCGs) are under ever-greater pressures to achieve efficiency savings.

There is actually strong evidence to demonstrate the link between mental and physical health, and that cuts to mental health services actually cost the NHS overall.

“...there is a clear economic as well as moral case to ensure access to adequate mental health services”

The Royal College of Psychiatrists claim that nearly a third of people with long-term physical conditions also have mental health problems, which, as the Centre for Mental Health found, can increase the cost of treatment by between 45 per cent and 75 per cent costs the NHS an estimated £10billion per year. A recent report from Rethink Mental Illness and the LSE also suggested that cuts to mental health budgets are resulting in more psychosis and schizophrenia cases now ending up in hospital rather than being treated in the community,

which could be costing the NHS over £50million. More broadly, mental health issues are estimated to cost UK employers approximately £26bn each year through absence from work.

In other words, there is a clear economic as well as moral case to ensure access to adequate mental health services.

So, what can be done to tackle this issue? The Labour party has already pledged to enshrine parity of esteem for mental health in the NHS constitution but it also needs to ensure a “clear mandate to the NHS to bridge the resource gap between mental and physical health care”, as has been called for by the Royal College of Psychiatrists.

In addition, one of the reasons that mental health is largely overlooked is that local CCGs and Health and Wellbeing Boards often have little understanding of mental health issues. More needs to be done to ensure adequate training is in place so commissioners understand the importance of access to mental health services, and that these groups can draw on mental health expertise when required.

While the government may be talking the talk on parity of esteem for mental health, it is failing to walk the walk. The Labour party needs to do more to challenge the government on this unfulfilled promise and address the chronic underfunding of mental health. Finally, the shadow health team needs to ensure that achieving parity of esteem for receives the attention it deserves in the party’s 2015 general election manifesto. **f**

*Liane Cresswell is a political consultant and on the Fabian Women’s Network Mentoring programme 2014.*

# THE FWN NOTEPAD

## Let's talk about the barriers



*The time has come to talk boldly about the cost in human and moral terms of the barriers facing the disabled and ill. We must change the narrative in order to change the reality says Susie Gilbert*

For disabled people “participation not impairment is key.” These are the words of Dr Tom Shakespeare, writer, medical sociologist and disability studies researcher, on BBC Radio 4’s Point of View. He talked about structures that enable disabled and sick people to participate in society: in work, getting around and recreation. He asked: “Does society meet the extra cost of having an impairment through a welfare system which is fair and non-stigmatising?” and he came to the conclusion that over the recent past things have gone backwards.

This regression has come despite the Paralympics inspiring and moving millions of people, and after a period of progress in disability rights.

In 2013 Simon Duffy analysed how disproportionately the government’s cuts have hit the most vulnerable. More and more barriers have been added to the daily struggle for those with illness and/or impairment including: access to suitable work; housing; education; transport; heating and laundry costs; and above all care costs rising to unaffordable levels. (A Fair Society? How the cuts

target disabled people. Simon Duffy, Campaign for a Fair Society 2013)

The Fabian Women’s Network is taking about the barriers that exist for ill and disabled people. In July (2014) we held a discussion at Portcullis House involving campaigners, disabled people, their carers, advisers, politicians, advocates and a number of disability rights organisations and campaigners. The event provided an accessible environment in which we could debate the urgent questions being posed by the political, social and economic climate of the day.

We are trying to contribute to changing the narrative that has become hijacked by a nasty, misleading and increasingly damaging language and dogma. George Osborne has famously talked about the “lifestyle choices” of benefit claimants and Iain Duncan Smith of disabled people “allowed to fester” on benefits.

It is this kind of language and a failure of those with a public voice to take a lead in countering it, that is creating conditions that make it politically easy for barriers to be increased rather than reduced. This is

an assault is on many fronts: central and local government cuts, changes to welfare law and regulations and a breakdown in the actual administration.

The introduction of the bedroom tax and the removal of the independent living fund (ILF) - which has given some of the most severely disabled people dignity and some quality of life - are perhaps the most glaring examples of the cruel assault on inclusion.

The issues are complex, wilfully misrepresented by large sections of the media and little understood by the general public.

Lyam Byrne and Anne McGuire, in their discussion paper *Making Rights a Reality for Disabled People* (2013), wrote of their anger at the cumulative impact of benefit changes on disabled people. They stressed that if the rights of disabled people to work, live independently, have a secure home and family life, to be part of the community, and to live free from fear were central to policy making alongside service users being involved in developing policy and regulation, there would be positive outcomes.

Byrne and McGuire pointed the finger at the failings of personal independence payment (PIP, which

has replaced disability living allowance (DLA) and is taking at up to a year even to be processed), the work capability assessment (WCA) descriptors and an assessment system creaking under the weight of appeals.

Those with mental health conditions are particularly poorly served by the current employment support available – in fact the employment rate of people with severe and enduring mental health problems is the lowest of all disability groups at just 7.3 per cent. The worlds of physical and mental health rarely stand alone, and so it is that those with physical conditions often find the very process of assessment causes inestimable stress and anxiety. There is a gulf between those found fit to work and finding the work they are fit for. The Work Programme (and Work Choice, the voluntary DWP employment programme for disabled people with more complex issues finding work) is failing those it is supposed to be supporting, especially those with mental health conditions.

To the poor decisions and the appeal system have now been added the ‘decision limbo’ of the mandatory review when claimants have (with dubious legality) to claim job seekers allowance (JSA) in order



PHOTO: MatteoParrini

to subsist. There is also a breakdown in the actual administration. Decisions are taking five months or more – appeals far longer. In the Beyond the Barriers report, written by the Spartacus Network, there are many stories of those facing these damaging challenges. (Beyond the Barriers, A Spartacus Network report into Employment and Support Allowance, the Work Programme and recommendations for a new system of Support 9 April 2014: <http://www.spartacusnetwork.org.uk>)

**“The time has come to talk boldly about the cost in human and moral terms of the barriers and to change the narrative in order to change the reality”**

The ‘lose/lose’ policies of the government gain momentum. In June (2014) Kate Green MP, Labour’s Shadow Disability Minister, commenting on PIP statistics, said: “With less than a quarter of people applying for PIP getting a decision, at this rate it will take a staggering 42 years to assess everybody the government claimed would be processed by 2018. Thanks to delays and incompetence under David Cameron, millions of disabled people are experiencing anxiety and hardship, while taxpayers are forced to foot the ever-rising bill’.

In my work at the Citizen’s Advice Bureau – I have encountered all these

issues. I have had clients who have had favourable decisions from tribunals and simply not received their ESA payments for weeks. I have discovered Department of Work and Pensions offices dealing with different stages of the processes whose titles seem to be made up by someone writing a television satire and have spent many hours faxing and phoning until the log-jam is breached. I have clients who are taking so many painkillers that it is hard for them to concentrate and I am in awe of their ability to get to the end of the myriad forms we help them complete. Clients come in so overwhelmed and confused that it takes hours in secure and safe surroundings to coax out the iceberg of issues and sort out the paperwork. Perhaps the worst thing we encounter is the need to provide food vouchers for those who have no income at all for weeks at a time because of bureaucratic delays in dealing with their case.

There are also barriers to tackling the question head on: political will, media hostility, ignorance and a lack of imagination – perhaps even a loss of collective humanity and commitment to a social security system that protects the vulnerable.

There is a growing sense of punishment and culpability in the social security system and a drift towards an American-style system of survival of the fit and well-off and the writing off of those who are not able to participate in society without state support and who are dependent on random acts of charity. The time has come to talk boldly about the cost in human and moral terms of the barriers and to change the narrative in order to change the reality. **f**

*Susie Gilbert is a volunteer generalist adviser at Citizen’s Advice and a member of the FWN Executive Committee.*

# Equal before the law?

by *Sophie Keenleyside*



**L**egal aid: the provision of advice and representation in court to those who cannot afford a lawyer, is being dismantled by the coalition government. A pillar of the post-war welfare state, brought in by Clement Attlee's government in 1949, it is an embodiment of our rights prescribed by the Magna Carta, ensuring that we are all equal before the law.

However, since the introduction of the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act in April 2013, the legal aid bill has been slashed by £350million in a year, making legal aid much harder to obtain for welfare benefit cases, employment and family law in particular. The gap between pro-bono services – which is more of an adjunct to the legal system, not a substitute for legal aid – and what legal aid will now cover, means that many ordinary people, unable to pay for a lawyer themselves, are now priced out of justice.

Imagine one of the most stressful periods in your life – being wrongly convicted of a crime you did not commit, facing eviction or going through a divorce and child custody battle – and, on top of one of these unfortunate events, you cannot find a lawyer to offer you advice or represent you. Then, imagine what this must be like if experience some kind of mental health problem, as one in four people do in the course of a year.

The decimation of legal aid for social welfare cases is said to be creating a legal advice 'desert' as firms can no longer afford to offer advice. People in need of help are then left to interpret the law themselves – and, in the case of welfare, this is law which has gone under recent sizeable change. Imagine what it must be like if you're left to represent yourself against a qualified lawyer.

In addition, LASPO has cut fixed fees

for expert witnesses, which in practice means a privately-funded client could pay for any expert they want, but a client on legal aid will struggle to find anyone at all. It is now said that if a case requires a psychiatrist to give evidence, it is almost impossible to instruct one for the fixed fee.

Unfair decisions in court or legitimate cases that never make it to trial, can then not only exacerbate any mental health problems, but have expensive ramifications on public services later. Unfavourable welfare benefit decisions which are not appealed against could lead to increased child poverty and social exclusion. More are likely to become bankrupt and risk their mental health as debt spins out of control without sound legal advice. People with mental health problems are four times more likely to be in debt, which may have further ramifications on things such as relationships, housing and physical health.

One of the first things that a Labour government in 2015 must do is amend LASPO, invest in Citizens Advice Bureaux (CAB) and mental health services too. Such investment can prevent some cases, such as debt, eviction and divorce, ever becoming a legal issue. Advice can be hugely efficient; nef estimates that CABs save society £1billion, giving a return on investment in the region of 1:6. Furthermore, costs apparently 'saved' by cutting legal aid may eventually be pushed on to the NHS, local government and prisons. Citizens left to defend themselves can lead to much time and money wasted in the court system too. The cost of providing legal aid when it is needed is far less than the cost of picking up the pieces of failure later. **f**

*Sophie Keenleyside is a member of FWN*

# Lost children, lost childhoods



*Getting the right help at the right time to women who are homeless or at risk of homelessness is key. And getting it right for women across the board requires a significant shift in approach says Anna Page*

**Y**ou lose something, it makes you sad, you seek to replace it. That seems logical enough. However, it is perhaps less easy to understand when you are talking about children.

Recent research by the Universities of Brunel and Manchester highlighted how thousands of women passing through family courts have multiple children removed from them. Records from family courts showed that in the past seven years 7,143 women and 22,790 children were involved in repeat care cases.

The research reflects a pattern which many courts and others such as prisons, homelessness agencies and drug treatment services know all too well, destructive cycles of women who repeatedly have children taken into care as issues such as domestic violence, drug and alcohol problems and mental health issues go insufficiently addressed. The cost of this is immense; to the women and children involved but also to the services that pick up the pieces, many of which are funded by the taxpayer.

Separation from children and the resulting trauma was a key theme in St Mungo's 2014 report *Rebuilding Shattered Lives*, which explored how to get the right

help at the right time to women who are homeless or at risk of homelessness.

Drawing on over 220 submissions from a range of organisations and individuals including women with personal experience of homelessness, the report describes how women's homelessness often occurs after repeated experiences of violence and abuse, including physical, sexual and emotional abuse, frequently within the home and often starting in childhood.

The resulting trauma often erodes resilience to cope with later challenges. 70 per cent of the women St Mungo's Broadway worked with in 2013 had a mental health problem (57 per cent of men). Women may turn to drugs or alcohol in order to self medicate. Involvement in prostitution and offending may follow to fund substance use or indeed survival, resulting in criminalisation and imprisonment.

Each of these complex problems brings its own risk of homelessness: homelessness may also be a factor in the decision to remove a child from its mother's care. Almost half of St Mungo's female clients are mothers. 79% of these women have had their children taken into care or adopted. The submissions to

Rebuilding Shattered Lives reflected again and again how devastating this separation is for women, yet they are often expected to cope with this loss with little or no emotional support, often having trouble accessing mental health services.

Women may experience multiple stigmas, which experienced concurrently can have a reinforcing, demoralising and debilitating impact. Women feel that society expects them to be feminine, to be good mothers and to maintain a home. Much of what they experience while homeless conflicts with these expectations, and they feel judged as women because they do not meet these ideals. A perceived failure to live up to these expectations can be a significant barrier to recovery.

Many of the services that women come into contact with are predominately used by men. Women make up around a quarter of people who accessed homelessness services last year and they represent just 4.8 per cent of the prison population. It is therefore perhaps unsurprising that services are often ill equipped to understand and respond to the trauma that arises from separation from children and the internalised shame and guilt of 'failing' as a mother. For many women a failure to address this can be a significant blocking factor in recovery from homelessness, offending, drug or alcohol use and other issues. The submissions to Rebuilding Shattered Lives reflected our experience in working with women on a day to day basis that women tend to enter homelessness and other support services at a later stage than men, when their problems have escalated significantly and they are less ready to begin their recovery journey.

It is clear that if we are to effectively support women to recovery from

homelessness, offending, drug and alcohol use and prostitution and if we are to prevent the repeat cycles of children being taken into care, we must recognise and respond to the complex interrelation of needs outlined above.

Crucially, this includes incorporating responses to trauma such as past abuse or loss of children, for example through access to counselling, supportive key working and peer support groups. Being gender sensitive also means ensuring women have access to women only support, offering opportunities for peer support, and building links with a range of agencies such as mental health, criminal justice and social services in order to support women to address the wide range of issues they may face.

There is also a role for both national and local government in ensuring we get it right for women with complex needs. The Rebuilding Shattered Lives report called for the Minister for Women to be made a permanent member of the Ministerial Working Group on Homelessness and to hold departments to account for preventing and responding specifically to women's homelessness. It also called for a lead on women's homelessness to be established in each local authority to provide strategic direction and drive in ensuring that appropriate support is available to the women with the most complex needs.

Getting it right for women across the board requires a significant shift in approach and being radical isn't easy when resources are increasingly tight. However it is vital if we are going prevent another 7,143 women going through the same process in the next seven years at immense cost to all. **f**

*Anna Page is Policy, Public Affairs and Research Manager at St Mungo's Broadway*

# Walking the line



*Michael Brown, (aka @MentalHealthCop), on why the line between policing and mental health issues remains so difficult to draw*

**M**ental health issues have always been at the heart of some of the country's most controversial policing incidents. The Independent Police Complaints Commission (IPCC) report that almost a half of deaths in custody, and two thirds of deaths following police contact, involve those of us with mental health problems and in 2013 the Independent Commission on Mental Health, chaired by Lord Adebawale, found that around 20 per cent of all demand in policing, is connected to vulnerable people in distress.

Within all of this, one issue stands out as vitally important: section 136 (s136) of the Mental Health Act (MHA) 1983 and police responses to mental health crises. This states that "if a police constable finds, in a place to which the public have access, a person who appears to him to be suffering from a mental disorder and to be in immediate need of care or control, the constable may, if he thinks it necessary to do so in the interests of that person or for the protection of other persons, remove that person to a place of safety."

Used well over 20,000 times a year in England and Wales, this provision means that once the police have removed someone to a 'place of safety', they can be seen and assessed by an approved mental health professional (AMHP; usually a mental health social worker with

particular legal authority to make Mental Health Act decisions) and a doctor, who should be specifically qualified in mental health, if at all possible. Together they must jointly decide what medical or social needs the detained person may have, and ensure these are met. If they cannot be met without a period of time in hospital, and the person is unwilling to be admitted, it remains open to the AMHP (pronounced 'amp') to secure a second doctor, and if both doctors agree, to then 'section' the person. We normally hear of two deaths per year after use of this provision.

**"...almost a half of deaths in custody, and two thirds of deaths following police contact, involve those of us with mental health problems"**

This gives immediate rise to practical questions, the most important of which is: what, exactly, is a 'place of safety'?



PHOTO: ajari

Ultimately, anywhere can be a place of safety, including someone's home. Nothing prevents police officers and health professionals improvising a suitable solution, where appropriate and I have known a GPs' surgery be used as well as the head teacher's office in a school.

However, the expectation is that in each local authority area, a protocol will be agreed between the police, health and social services about which locations will fulfil this function and it normally centres upon three place types of place: accident and emergency departments, police stations and mental health units. The code of practice to the Mental Health Act stipulates that police stations should only be used "on an exceptional basis" and hence any adverse incident that occurs after the use of police cells as a place of safety is always going to be heavily scrutinised.

In 2008, the IPCC published a report

Police Custody as a Place of Safety and it found that two-thirds of all people detained under section 136 were removed to a police cell. In some police force areas at that time, almost 100 per cent of those detained were taken to custody. It actually took until February 2014 for every county in England to have access to a NHS place of safety service and even now, one-third of those who are detained are still removed to custody, according to recent figures from the NHS.

You might wonder why it is so hard to resolve this issue and what the blockages are. In my experience, it usually arises from the lack of agreement about how certain patients should be managed when they present to services in challenging ways. On this point I have criticism to offer of both police and NHS practices, so as a serving police officer, I hope to be fair.

Some police forces massively overuse

section 136 of the MHA. Mental health services in some areas of the country report that the police often use s136 on people who are simply drunk and without there being any particular reason to suspect a mental disorder.

“... becoming legally responsible for wellbeing of a vulnerable person in circumstances where they are acutely psychotic and finding it difficult to access timely support from colleagues in the NHS is genuinely terrifying”

In order to avoid overloading the NHS with inappropriate s136 referrals, forces need to ensure that their officers are properly trained in how to make assessment/detention decisions. Nationally, 17 per cent of those detained by the police under s136 are subsequently admitted to hospital as inpatients. When broken down to local areas, we know this rises to around 45 per cent in some parts of England, but that it also drops into single figures elsewhere. Such variation can't be explained without reference to how police officers are approaching the use of this power and forces need to recognise the impact this has on our NHS.

That having been said, we know

that NHS areas cause some problems that prevent it being claimed that police stations are only used exceptionally. Among the population of those who have been detained by the police, we know that some have been exceptionally challenging individuals with complex needs. Some people are under the influence of drugs or alcohol; some are resistant to detention and become aggressive – as much in fear of what is happening to them, than anything else. Where NHS services are not specifically set up for the task, the idea of becoming legally responsible for the detention of an intoxicated and resistant vulnerable person is seen as a step too far. But, ironically, these are the vulnerable people most at risk in police custody because drugs, alcohol and aggression can mask other medically significant symptoms.

Finally, there can be difficulty accessing NHS services when the person who is detained is a child, even if the area has an NHS place of safety. In Birmingham there is a separate place of safety in a children's mental health unit for those under 18 years old, but not everywhere can afford to do this currently. Rather than accept that a child may, from time to time, be detained in the location which is usually run by adult mental health services, some areas prefer to decline access to all children, and so they end up removed to the cells for a want of other options.

Having spent most of my 16 years as an operational, frontline police officer at three different ranks I can assure you that becoming legally responsible for wellbeing of a vulnerable person in circumstances where they are acutely psychotic and finding it difficult to access timely support from colleagues in the NHS is genuinely terrifying. I've seen people at the brink of self-destruction and wondered how it was a few police officers

with first-aid certificates who ended up being the ones to try and keep them safe, or alive, when no junior doctor would do likewise without bleeping the consultant on-call. Junior police officers don't have consultants on-call, they just have yet more senior police officers who are often no better placed than they are to help. I'm not ashamed to admit I've gone home from work on many an occasion feeling angry, feeling guilty or just simply feeling that I could cry about the futility of it.

Fortunately, these are problems that have risen up the agenda in recent years. The IPCC has called for a total ban on the use of police cells as a place of safety, pointing out that many other countries manage to avoid doing this and highlighting how unsafe a practice it actually is. We now know that the Home Office and Department of Health are working together at the direction of the Home Secretary to deliver improvements in this, and the Home Affairs Select Committee will be inquiring into the progress that is being made during mid-2014.

“... I've gone home from work on many an occasion feeling angry, feeling guilty or just simply feeling that I could cry about the futility of it.”

We have also seen new initiatives emerging to help with all of this: 'street triage' is the name given to a fairly disparate set of local pilots to improve police responses to mental health

emergencies. In Leicester, a programme involving a mental health nurse working with a police officer and responding and advising jointly to incidents, has improved responses and reduced the use of s136 by over 40 per cent. The scheme has not only impacted upon the kinds of inappropriate use referred to earlier, but has allowed a mental health nurse to provide arrangements and interventions to support vulnerable people without the need to detain people at all - a far less restrictive, more dignified approach to care. And its success has motivated other, similar ones to emerge, all bringing positive impacts to this very sensitive area of police work.

But the test, of course, will be whether the police are detaining fewer people in custody who are mentally unwell. Are we hearing of fewer adverse incidents, including deaths in custody? Are we seeing greater integration between disparate parts of our NHS, to ensure no-one falls between the cracks and into police cells, and greater numbers of people detained by the police are found to have a mental health problem?

When we know that, we'll know whether these ideas will work, or whether we still have a long way to go in making mental health and policing work together. **f**

*Inspector Michael Brown is Mental Health Coordinator at the College of Police and tweets @MentalHealthCop*

# A system in crisis



*Three children in every classroom have a diagnosable mental health problem, and yet only six per cent of the total NHS mental health budget goes on children and young people's mental health, this has to change if we are serious about the wellbeing of young young people and ensuring their healthy futures, says Sarah Brennan*

Child and Adolescent Mental Health Services (CAMHS) have been hitting the headlines in recent months. Ranging from children in crisis as young as 11 being held in police cells due to lack of available age appropriate places of safety, to children being placed on adult mental health wards, in contravention of the Mental Health Act. These shocking occurrences are symptomatic of a system in crisis, where appropriate and specialised provision is not available to some of the most vulnerable in our society when they are in most urgent need. Three children in every classroom have a diagnosable mental health problem meaning thousands of children and young people are suffering every day.

YoungMinds conducts a yearly Freedom of Information (FOI) request to Clinical Commissioning Groups (CCGs) and Local Authorities to gain a greater understanding of the situation regarding the funding of CAMHS across England. Our most recent FOI, conducted earlier this year, found that 77 per cent (74 out of 96) NHS CCGs who responded, have frozen or cut their CAMHS budgets between 2014/2015 and 2013/2014. 60 per cent (59 out of 98) local authorities in England have cut or frozen their CAMHS budgets since 2010/2011. Furthermore 55 per cent (56 out of 101) local authorities

in England that supplied data have cut, frozen or increased below inflation their budgets between 2013/2014 and 2014/2015.

**“60 per cent of local authorities in England have cut or frozen their CAMHS budgets since 2010/2011”**

These figures are deeply distressing. Children and young people's mental health services have been chronically underfunded for decades. The latest round of cuts will add to the devastation of local services and compound the struggles of children and young people and their families. Every day we hear from parents, through YoungMinds Parents' Helpline, desperate for help for their child. We received over 10,000 calls last year. Many parents tell us they either cannot access services or they are stuck for months on a waiting list. Clinicians tell us that their services are at breaking point. As a result they are forced to increase thresholds, which means only the children with the most severe illness receive care. Our current petition on the Change.org website has almost 16,000

signatures calling on the government to 'Stop the cuts to children and young people's mental health services'.

A recent NHS England report on inpatient CAMHS provision revealed that urgent action has to be taken to ensure that there are enough beds available. The report found that commissioners had said that increasing demand since April 2013 meant there was "a current insufficiency of beds" and a postcode lottery situation regarding local provision has led to 16 per cent of young patients having to travel more than 100 miles to get a hospital bed. This is very worrying, as are the acknowledgments that there are gaps in community support and outreach provision, staffing shortages and issues around discharge planning and joined up provision. The report also highlighted the fact that community CAMHS, which do not fall under this review are in some places suffering from under-resourcing and that commissioning is, as a result, not as joined up as it should be. It is therefore understandable that under resourcing of early intervention services and community CAMHS is having a knock on impact on inpatient services, with increased demand for inpatient treatment as problems are left to escalate and increase in severity.

The Health Select Committee have a current enquiry looking into the state of CAMHS provision. This was prompted, in part, by the recommendations of the Chief Medical Officer's report in 2013. The report called for urgent action on children and young people's mental health, making both the economic and moral case for early intervention. This is a vital component of ensuring mental health problems in children and young people are dealt with as early as possible as more than half of all adults with mental health problems are diagnosed in childhood but fewer than

half of them are treated appropriately at the time. Not treating problems when they first arise leads to entrenched and serious illnesses that go on throughout lifetimes and cost this country billions of pounds every year.

The Chief Medical Officer also called for better data on children and young people's mental health. The last prevalence study was conducted in 2004 which begs the question how can services be planned and delivered efficiently if prevalence data is 10 years out of date? The Health Select Committee has taken evidence from experts across the sector as well as children and young people. It is hoped that the findings, alongside those of the NHS England report into inpatient services, will prompt action and progress in this area to stop the crisis in children and young people's mental health escalating out of control.

If the government wants to see their mental health strategy *No Health Without Mental Health* (2011), and later backed with *Closing the Gap*, the mental health action plan, last year, delivered on the ground they must urgently ensure that appropriate levels of resources are given locally and nationally to children and young people's mental health. NHS England must also instruct CCGs to immediately prioritise the resourcing of children and young people's mental health with particular regard to early intervention and prevention.

Young people's mental health has to stop being the Cinderella service of the NHS, currently only six per cent of the total NHS mental health budget goes on children and young people's mental health, this has to change if we are serious about the wellbeing of young people and ensuring their healthy futures. **f**

*Sarah Brennan is Chief Executive of Young Minds*

# Intervening early, transforming lives



*Ensuring we meet the mental health challenge in pregnancy and around the early years of a child's life is vital and Labour's future plans will have the notion of a preventative state in mind, says Lucy Powell MP*

Pioneered by the last Labour government early intervention has risen up the agenda as we've increased our understanding of the type of policy solutions we need to close the social mobility gap.

Both Graham Allen MP and Frank Field MP have produced important reports on how we can achieve a step change and make early help a reality. Yet they have been largely ignored by the current government, who talk the talk on early intervention but don't always walk the walk.

Labour's time in office saw a revolution in early intervention services yet despite fantastic gains we didn't achieve the cultural change in central or local government vital to focus spending earlier to tackle the root causes of problems and save money down the line.

Sure Start and the expansion of children's centres rooted in local communities gave mums and dads help with bringing up children. Family support work has developed through Family Intervention Projects to support families with more challenging circumstances to turn things around. And we presided over an expansion in childcare support to help parents balance work and family life and give all children the early education

they need to get the best start in life.

To give the coalition credit where it is due, they have pledged to increase the number of health visitors and family nurse partnership places to support families through pregnancy and those early years which I support. Yet a lot of the support system that hangs together with these services have not been prioritised and so they have been lost. The government promised to protect Sure Start but we've seen provision shrink under David Cameron's leadership. You can't build a solid foundation if you allow the support this relies on to wither. Many local services are really struggling to meet local need. The troubled families programme is a crisis intervention, not early intervention and this too is failing to deliver the real and sustained change that some of the most disadvantaged families need.

The Nuffield Foundation has also shown the key role free and affordable childcare can have on maternal mental health problems. They found that from 1998 to 2008 single mothers in work were much less likely to have depression than their unemployed peers. They concluded that the massive childcare expansion and introduction of tax credits played a role in supporting parents into work;

benefiting their mental health as well as their financial situation.

Helping families with maternal mental health problems is a vital task of government if we're true to the principles of early intervention and social justice. Perinatal mental health problems during pregnancy and just after birth can have a huge impact on families and children. If these issues aren't dealt with early and properly, they can impact a child's long term development. In a seminal study, Susan Pawlby, a renowned academic in this field has shown that up to a third of mothers could be depressed during pregnancy; nine out of 10 will go on to experience further mental health issues; 62 per-cent of boys exposed to postnatal depression had special needs by 11. Children exposed to depression in the womb were five times more likely to be depressed at 16 and more than four times more likely to display violent behaviours in adolescence. These findings are stark and underline the critical importance of genuine early intervention work to tackle this cycle of mental health problems in families and communities.

Labour's plans will build on the notion of a preventative state. Devolving power and decisions to local areas whilst guaranteeing access to treatment and early help for all is at the heart of Ed Miliband's One Nation vision. Expanding free high quality early education and childcare will boost maternal employment and narrow the social mobility gap.

We are working on how we can reinvigorate Sure Start's core principles. Labour is the Party of Sure Start and early intervention. We remain committed to Sure Start and I will continue to work

with colleagues, the wider Labour movement and other organisations to prioritise and develop our approach.

**“ Helping families with maternal mental health problems is a vital task of government if we're true to the principles of early intervention and social justice”**

There are good examples of Sure Start services working in partnership with health services to develop universal principles and practices whilst targeting early help at those who need specialist support from mental health support, help with training or work search, parenting advice or speech and language therapy.

Ensuring we meet the mental health challenge in pregnancy and around the early years of a child's life is vital to our mission to ensure we can transform the life chances of the most vulnerable children and parents. As we develop our manifesto and plans for government the perinatal period will be a key focus of action to achieve the early intervention preventative state we aspire to. **f**

*Lucy Powell is Labour and Cooperative Member of Parliament for Manchester Central and Shadow Childcare and Children's Minister*

# Parity of care, across communities



*The manner in which the existing mental health system continues to fail members of the BME community is a tragedy that for too long has been consigned to obscurity, says Diane Abbott*

I have always been passionate about the issue of Black Minority and Ethnic (BME) communities and mental health. This is partly because my mother was a mental health nurse and devoted to her job. But I also know that this is an issue of great concern in the BME community itself.

There has been considerable debate in recent years within political and healthcare circles about the importance of establishing parity in esteem between physical and mental health services. These are no doubt to be applauded, but efforts have long been neglected to establish a parity of care between all sections of the community. The manner in which the existing mental health system continues to fail members of the BME community is a tragedy that for too long has been consigned to obscurity. The lack of mainstream interest or awareness in the issue within policy circles throughout recent decades has created a situation in which very little material progress has been made since I first started to assess mental health in the BME community in the 1980s.

Finding sound statistical data has been a perennial struggle. When I first attempted to ascertain figures, I discovered that there was no data for the

system as a whole, and without data, it is all too easy to sweep the issue under the carpet. Accordingly, one of the victories of the last decade was that under the Labour government we began to record proper figures, and with these figures the overall picture becomes a little clearer, yet far from being fully understood.

We find today that there is a categorically disproportionate amount of black people in the mental health system. In the London borough of Lambeth, more than half the people admitted to acute psychiatric wards, and more than sixty five per cent of the people in secure wards, are from the Caribbean and African communities. It is known that within the mental health system black people are more likely to be diagnosed with schizophrenia and more likely to arrive in the system at a later stage.

Furthermore, there is a higher probability that members of the BME community will encounter the mental health services through the criminal justice route rather than arriving through primary care. In terms of recovery outcomes, in comparison to other groups there is a higher incidence in the use of compulsory, coercive, and drug based-treatments that is compounded by the lack of access to talking therapies.

One obstacle to progress is that much of the focus has been narrowly centred on men, and therefore not the BME community as a whole. This is thoroughly misguided when one considers that the 2008 *Count Me In Census*, that assessed inpatients of mental health services in England and Wales, showed that rates of admission for women were three to six times higher than average amongst minority ethnic groups.

A 2011 project developed by Survivor Research, in conjunction with the Mental Health Foundation, aimed to redress the gap in knowledge and highlight the mental health issues facing women from minority ethnic communities. Their research illustrated that women from these communities are equally disadvantaged as men when it comes to over-representation in the system, quality of care, and access to therapies. Many of the women surveyed revealed that key causes of their distress resulted from the detrimental effects of their socio-cultural experiences including forms of racism and gender-based discrimination in their day-to-day lives. A key failure in the current mental health system is therefore a lack of recovery frameworks that account for these, despite an increased focus on personalised services.

The recent reorganisation of the NHS that places the responsibility for public health into the hands of local authorities, is a double-edged sword. At a fundamental level the responsibility for mental health services at a local level augments the possibility of early intervention in schools, and the opportunity to assess local social determinants in mental health such as housing and welfare. On the other hand, local authorities have received these powers during a time of unprecedented financial pressures. The result is that all

too often politically 'unpopular' issues are not addressed, as the time needed to improve outcomes in mental health far exceeds the political timetable of four-years. This exposes those in society with the least social capital to long-term detriment and neglect.

There are a number of steps that can be taken to promote change and remedy the failings of the current system. Primarily, there is a necessity to push the issue into the mainstream political agenda. Emphasis should be placed on the production of thorough and sound statistics to aid understanding, promote expertise, and raise awareness. This in turn will inform logical evidence-based policy.

Culturally sensitive services are key to address the stigma around mental health issues in the BME community and promote early intervention. In addition to this, whilst avoiding seeing community groups as compensation for failing services, increased engagement with them would assist local authorities in tackling mental health within the community. Efforts should be taken to reduce the focus on coercive and drug-related treatments for sufferers of mental illness, with emphasis placed on offering access to talking therapies instead.

Rectifying the demographic disparity between the senior decision makers in the service providers and those who they represent, especially in London, is a prerequisite to ensure the client group's needs are understood. Finally, there needs to be a concerted effort to focus on the needs of specific groups: we must avoid viewing mental health in the BME community in a policy vacuum, and instead study and understand the issue within its wider context. **f**

*Diane Abbott is MP for Hackney North and Stoke Newington*

# Working together, for better mental health



*It is not enough to simply adopt progressive and innovative policies aimed at increasing mental health wellbeing. Any new approach to mental health must include an understanding of what 'success' in this area looks like, says Simon Sapper*

Mental health has been something of a taboo subject for many years. It has many manifestations – from anxiety and stress through to depression, self harm and long-term and enduring illnesses such as schizophrenia and psychosis. This is just as true in trade unions and in industrial relations as in society as a whole.

However, in recent years there has been, what I think, is a fundamental and irreversible shift towards a higher level of knowledge and a greater level of understanding about mental health issues – and certainly a consensus that this is a key issue of concern in union/ employer relations.

The Communication Workers Union (CWU) prides itself on having a sophisticated and extensive network of health and safety representatives, and also a well-established Disability Advisory Committee. There is the critical mass of knowledgeable and committed representatives to maximise the opportunity for mental health issues to be raised and addressed. The Union has also produced its own bespoke material on mental health issues as it seeks to signpost persons to specialist help when it is required.

Yet inevitably when issues are

particularly complex or difficult or poorly understood, they struggle to gain coverage in a very crowded agenda. So despite our best endeavours, an understanding of and action on mental health issues fall into this category.

A key moment for change, in my personal opinion, came at the union's conference in 2012.

All of us have been involved in democratic, political organisations will know how decisions are made. We know that there will be a standing orders or conference arrangement committee to place the motions in a particular order, that motions that are not heard within a certain time scale fall victim to the guillotine, and that the procedural devices available to change or manipulate the agenda have to be used sparingly and judiciously if they are to be successful.

So when the CWU's policy-making conference in 2012 had timetabled, towards the end of its last section of business, a motion highlighting concerns about work-related suicides and advocating a strategy of engagement with Samaritans and SANE to address this, it would be clear that however worthy the wording of the motion, it was unlikely to be heard.

What happened next is something of a rarity in my 30 years of being a trade

union official. The movers of the motion were so committed to getting it heard that they orchestrated the withdrawal of motions before it in the agenda, and where that wasn't possible, contributions were kept very brief. Suddenly the agenda opened up and literally in the last few minutes of the time available, the chosen motion was reached.

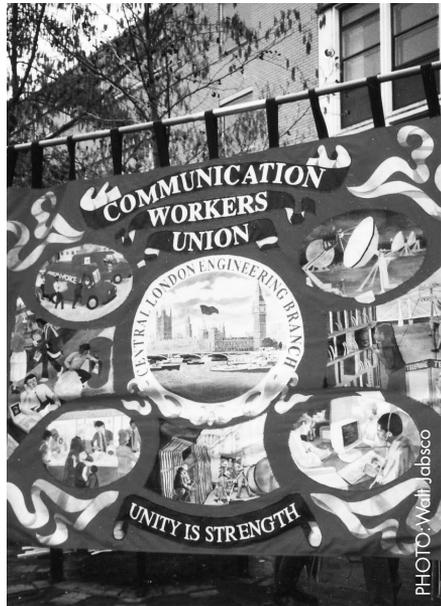
The fact that so many were prepared to give way to allow this debate to happen was an indication of the importance with which the subject was viewed. And when the motion was heard it became clearer still.

Stories of the pressures that had led our members to take their own lives. Stories of the helplessness that they felt and those who didn't understand this was a possibility felt. Guilt of those who saw themselves as having let down their fellow colleagues, members and, in some cases, friends.

As a result of the debate it was not only clear that this was an issue that people felt important – it was also one that was very widespread and that everybody had a connection with in some way.

Following the motion the union was able to rejuvenate a long-established, but dormant relationship with Samaritans. Their experience of partnership working was a vital catalyst in ensuring that the ambitions we had for improved literacy about mental health issues could be delivered. Jointly with Samaritans we approached first BT and then Royal Mail as the two largest employers of CWU members. In both companies we found a readiness to listen and engage and discuss how collectively we could work together in support of better mental health at work.

This included, but was not limited to, jointly branded publicity material (which readers may have seen a variation



of whenever travelling on national rail following a similar approach the rail unions and the employers), more effective sign posting for both members, managers and support services, and more specific information either generally or as part of a specific week of action on health related issues.

The approach of the CWU to this has been to give our representatives the necessary tools to more effectively signpost both members and managers to sources of expert assistance, whether they lie within or outside of the employer's own occupational health provision.

But it has also been about improving the level of literacy about mental health issues. The problem that we encountered in the very specific area of suicide prevention is that literally people do not have the words to use to start a discussion with someone about whom there is a concern or their wellbeing.

As a result of our conference debate and policy we believe we have been able to raise the level of awareness, the provision of support and the ability of being able to link the two together in support of individuals who need help.

In doing so we are by no means alone, the excellent Labour Research Department publication <http://www.lrdpublications.org.uk/publications.php?pub=BK&iss=1716>)

on mental health details the initiatives of many trade unions including the UCU, NUJ, PCS, UNISON, CSP, RCN, and the TUC themselves.

Mental health charity Mind has also launched a whole project on mental health at work that includes webinars and resources as well as a section on 'taking care of yourself'. This can be found at [www.mind.org.uk/4-business](http://www.mind.org.uk/4-business)

However, in my view, it is not simply enough to adopt progressive and innovative policies that are aimed at increasing mental health wellbeing by improving the level of literacy and engagement on the issue. Any new approach to mental health must include an understanding of what 'success' in this area looks like and how we can know that what we are doing is having an impact.

And here a major issue for us is the absence of a reliable point from which to commence any form of measurement. The tools and techniques necessary to measure the level of mental health in any particular arena are subject to much debate. This has led to some justifiably pessimistic (or some would say realistic) comments; and a piece that particularly caught my eye was by Elizabeth Cotton of the Surviving Work Library who recently wrote: "For those of us working in mental health, measuring the impact of our work involves opening

a can of worms both from the scientific perspective and mental health and that of employment relations". (<http://blogs.lse.ac.uk/impactofsocialsciences/2013/10/01/mental-health-workplace-wellbeing-cotton/>)

This presents a real challenge for trade unions who want to realise the potential of the policies and the provision that they have worked so hard to put in place.

The next stage, therefore, I believe is to start bringing together a range of initiatives which have either as their primary or the partial purpose of improvement of mental health wellbeing work. This is not just confined to the members of unions, but also union reps themselves. Three motions on the agenda for the 2014 CWU policy conference dealt explicitly with the way in which stress was affecting frontline representatives.

We need to look beyond the inevitable mistaken or disingenuous association by some with specific mental health issues. I am sure we have all heard the allegation that someone is "playing the stress card". A degree of error and fraud does not mean that the fundamental tenet of our argument that mental health is an important, yet overlooked, workplace issue.

Ultimately, however, the challenge for trade unions in approaching mental health is that there is a fundamental contradiction between the way in which many employers will manage performance measurement schemes and their commitment to good stress management or stress reduction.

Thus in the end, the trade union approach to mental health can be said to be the same as for virtually all workplace issues: it is all about control of the working environment. **f**

*Simon Sapper work at CWU. He writes here in a personal capacity.*

# LEADING LADY



*Sarah Hutchinson  
chats about  
women's mental  
health, early  
intervention and  
access to treatment with  
Liverpool Wavertree MP  
and Shadow Public Health  
Minister, Luciana Berger*



**I**n his speech as leader to the Labour Party Conference last year, Ed Miliband pushed mental health up the political agenda "Mental health is a truly one nation problem. It covers rich and poor, North and South, young and old alike...we've swept it under the carpet for too long...If you've got a bad back or if you're suffering from cancer you can talk about it but if you've got depression or anxiety you don't...we've

got to change that [mental health is] an afterthought in our NHS." A few days later he appointed Luciana Berger, MP for Wavertree, as Shadow Minister for Public Health, with responsibility for mental health.

**"It's integral to whole person care....I think Andy Burnham has been very clear that mental health should be at the front and centre"**

I met her to find out how she sees mental health fitting into whole person care, and what her priorities will be if Labour gains power next May. Luciana was clear that support for mental health is fundamental to Labour's vision for health. "It's integral to whole person care....I think Andy Burnham has been very clear that mental health should be at the front and centre," she explained. "It's about bringing together mental health with physical health and social care, so we're not dealing with patients one symptom at a time but we're dealing with the whole person."

Explaining why it was important that mental health is given a greater share of health resources than is currently the case, Luciana highlighted how better mental health treatment can bring wider benefits, "it makes sense for the patient, in terms of if you deal with someone's mental health then that's also going to have a positive impact on their physical conditions. So there's every reason to do

it but currently that's not happening. So that's what we need to focus on."

Labour peers succeeded in inserting a commitment to 'parity of esteem' between mental and physical health into the Health and Social Care Act. Luciana was proud of this success, but aware that significant challenges remained in achieving this, particularly given the financial pressures faced by the NHS "I think they have to do a lot more to ensure that mental health is given the attention and resource - and a proportionate resource." In July, she highlighted just how far the NHS is currently from achieving parity. Using Freedom of Information requests she found that almost seven in 10 of the clinical commissioning groups (CCGs) - GP led groups which commission local health services - spent less than 10 per cent of their budget on mental health services, which she described at the time as an "alarming postcode lottery".

Luciana argues that the Coalition has demonstrated a lack of political will on parity of esteem: "one of the issues we face at the moment is that under the Health and Social Care Act, while I'm grateful [parity of esteem is] in there, there's an issue where the government can just pick and choose when they're responsible for the decisions being made. So I've had many an exchange with the Care Minister Norman Lamb, where I think that he, as the Minister who's responsible for mental health, should be doing a lot more to ensure that we are seeing parity of esteem. He's very, very good at saying how terrible things are and ordering reviews, but...he's the Minister - and there's lots of examples of where Jeremy Hunt has intervened, has made personal phone calls to individual trusts - why then are they not doing the same when it comes to ensuing adequate resources are allocated. Because when

you look at figures across the country, it's really alarming, in terms of bed reductions."

While many of us can criticise the Coalition's record on mental health, Luciana faces the task of having to clear up their mess. She set out her priorities for office

"Access to Psychological Therapies, because we know that at the moment about a third of people who are referred to psychological therapies don't actually embark on them. And there are a number of different reasons, but more often than not...it's because of waiting times and delays. If you broke your leg and turned up in A&E, you'd expect to be fixed. Why is it any different if you've got a mental health condition? So we've got to get a lot better at making sure people have timely access to psychological therapies."

She highlighted how the government's health reforms have led to a postcode lottery for treatment "In some parts of the country they do offer a whole variety of talking therapies but it's not consistent across the country. I think we need a race to the top rather than a race to the bottom, that's the challenge. CBT can be really effective for some people, it's not going to be the solution for every patient. It's about ensuring that people get the support that's going to help them. We do need to look at things differently, there are lots of long term conditions people have that are not going to be fixed - diabetes for example - and therefore we shouldn't treat the mind any differently and think a course of 8 to 12 sessions of CBT and that means they're going to be fixed and you can discharge them, because that's not going to be the case for every patient.

"As I said, there are some really good examples across the country, I've had the opportunity of meeting people from

some really great Mental Health Trusts, and listening to people locally who have a great services, and it's about making sure that people right across the country have a great service."

A key priority for Luciana is improving support for children and young people with mental health problems - "I'm particularly interested in CAMHS which is Children's and Adolescent Mental Health Services, because we know that the vast majority who have sustained mental illness over their lifetime will develop it as a child or adolescent. So really, it makes every sense to invest in what really is the Cinderella of Cinderella services."

**"It's about ensuring that people get the support that's going to help them. We do need to look at things differently..."**

Part of this will be thinking differently about the transition from child to adult mental health services "There's an interesting concept and lots of conversations going on about transition, and at what point mental health services should go on for young people. And in Liverpool, they're having conversations about whether they should move to a model where they offer support up to 24, so should that apply to mental health? [There's] a growing body of professionals in the field who feel that's a better model. Because an adult setting is not necessarily

appropriate even for an 18 year old. I'm very interested in the proposals being put forward both in my area and across the country and I think it's something we should be looking very carefully at."

I asked her about whether she feels that mental health is something schools should be addressing: "[T]here's some great practice. A primary school in my constituency in one of the most deprived wards in the country, has a full time educational psychologist at the school. To help not only those students, not only the parents, but also the teachers. Really interesting. And again offering parenting courses and nurturing courses to parents. She is part of the fabric of the school, it's clear she makes a massive contribution to the school, a massive difference. I know that the Shadow Secretary of State for Education, Tristram Hunt, has recently done a visit looking at this.

She added "We have a review coming out - there's an independent taskforce appointed by Ed Miliband, chaired by Stephen O'Brien, which is looking specifically at mental health in schools and in the workplace. So it is something that Ed himself is interested and concerned about. So I look forward to the outcomes of that."

Luciana also expressed concern about the lack of mental health support available for women during pregnancy and after birth, "Again an area where there isn't enough attention at the moment. I mean, we know that 2 per cent of mothers or expectant mothers will experience psychosis. There are too many places across the country when that mother will be referred back to the GP because there aren't services available within the maternity unit. It's one thing we have to address and I think that will be well addressed under whole person care."

This isn't just about addressing women's mental health, it has implications for the next generation: "We also know the cortisol levels within a mother's brain can affect the baby, so it's doubly important to help the mother and the baby's formation. It's really, really important. And post birth, properly dealing with postnatal depression - something we need to get better at. We know that lots of mothers go through it. And even Post Traumatic Stress Disorder, we know that everyone looks at beautiful pictures on TV etc about how great birth is, but that's not the case for everyone.

Drawing together the importance of improving support for both mothers and children, Luciana underlined the importance of early intervention programmes.

**"This isn't just about addressing women's mental health, it has implications for the next generation..."**

"Yes, if you invest early in a young person's life it can have long reaching positive consequences so of course it's something we should look at. There's been a lot of work done around Parliament about how we should focus and invest in the first 1001 days of an infant's life, and how that can have a massive effect on their health and social outcomes. And that essential is what drove the creation of Children's Centres, something that was one of Labour's proudest achievements, that makes such

a difference to so many families in my constituency... So the prospect of seeing any more children's centres close is very very difficult...I think they're a really important resource in our communities and we should keep doing everything we can to support them but it's really, really difficult under the current regime that has disproportionately hit the areas with the highest level of need, including in my constituency in Liverpool."

While Luciana is clearly enthused by examples of innovative practice she's found while visiting services across the country, and proud of the work being done in Liverpool, she recognises that there's a tough battle ahead to fix mental health services.

"We heard only last week from the outgoing Head of the Royal College of Psychiatry that we're heading towards a 'car crash' in terms of services, of CAMHS, of early intervention teams. In some places we're hearing people have to travel 2 or 300 miles to access a bed. We're hearing you can only access a bed if you've been sectioned. They're only dealing with people when they're at the most critical of states - which is also very expensive - so we have this whole catalogue of mental health that's painting a pretty grim picture. So I would be inclined to really press the Minister responsible to find out what he's going to do to make the problem better. I've told him he's not a bystander or observer, he has to really take responsibility.

Despite the challenges ahead, particularly given the failure of the Coalition to give mental health the priority it needs, Luciana is optimistic, setting out the many reasons she believes Labour has the chance to change how mental health is tackled.

"I think the fact that we've got a leader

of the Party who dedicated time in his conference speech to mental health, the fact he's given what people in the field say is one of the best speeches on mental health from a political leader they've ever heard. The fact that we got parity of esteem into the Health and Social Care Act. The fact that we apportioned the money for IAPT and created it in the first place...

**"I'm so proud to be doing this role, because I care about it so much, the issue is so important. And I'm not alone."**

"I'm so proud to be doing this role, because I care about it so much, the issue is so important. And I'm not alone. We've had colleagues speak out very publicly about their mental health conditions as well. I think all that together really shows that this is something we really care about. And it's not just me saying that. Professionals in the field and constituents notice that and can see that we have that commitment. So I'm pretty positive about what would happen on mental health under a Labour Government. And the fact as well that it's brought into Whole Person Care, that it's not relegated to the sidelines, means it's part and parcel of how we treat and support a patient through whatever illness they may have. I think it's all really positive." **f**

*Sarah Hutchinson is Vice Chair of FWN*

# At what cost?



*There is a economic, social and moral cost in not investing in early intervention and prevention, supporting children and young people with mental health problems, but the real cost is human, says Sofie Jenkinson*

**T**here's a huge, unfair and tragic imbalance in our health system. And it's not the one you think.

While there remains and persists a bias towards physical health over mental health in our health service – something which is beginning to dawn on more and more people – there is also an imbalance within our mental health services themselves.

Children and adolescent mental health services (CAMHS) are in turmoil – as Sarah Brennan from Young Minds talks about in detail on pg 16 of this issue of *Fabiana* – children are being held in police cells due to a lack of available beds and 60 per cent of local authorities in England have frozen or cuts their CAMHS budget since 2010/11. This seems as astonishing as it does counterintuitive, with our next generation of politicians, businesspeople, artists, economists and teachers left to fend for themselves, when we should be supporting and protecting them, as a society, as best we can.

As Community Care and BBC News

found earlier this year, 350 under-18s were admitted to adult wards at NHS trusts in only the first nine months of 2013-14. This points to a lack of appropriate facilities for children and young people with mental health problems, especially those in crisis, but more pointedly indicates a lack of investment and a lack of care overall.

Half of all mental health problems reveal themselves before the age of 14. And while more than half of the adults who have a mental health problem were diagnosed as children, less than half received appropriate treatment at the time. Early intervention and prevention programmes are not only critical for pinpointing these problems, but also give children and young people the access they need to appropriate and timely treatment.

As Centre for Mental Health found earlier this year in their report *Building a Better Future* around five per cent of children aged 5 – 10 have behavioural problems which are so severe, frequent



ABOUT **5%** OF CHILDREN AGED 5-10 HAVE CONDUCT DISORDER

SOURCE: Centre for Mental Health



PHOTO: Peter Miller

and persistent that they justify diagnosis as a mental health condition: namely conduct disorder. A further 10 – 15 per cent of children display behaviour less severe but that can still lead to serious adverse consequences in later life.

Children with severe behavioural problems are growing up with dramatically poorer life chances. And this is happening despite there being a number of relatively low cost interventions that can help, including parenting programmes. Centre for Mental Health found that, in this case, benefits of early intervention reach beyond the children and families affected towards society as a whole – not simply just in monetary terms, but also in terms of human cost, as wider behavioural elements such as bullying can be reduced.

There are major disadvantages associated with experiencing a mental health problem in your early years. For example, children who have experienced severe behavioural problems are

twice as likely to leave school with no qualifications; six times more like to die before age 30; and 20 times more likely to end up in prison.

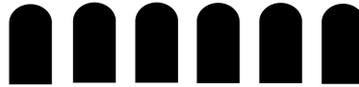
**“Early intervention and prevention programmes are not only critical for pinpointing these problems, but also give children and young people the access they need to appropriate and timely treatment”**

# If a child has conduct disorder they are:

**2** x MORE LIKELY TO LEAVE SCHOOL WITH NO QUALIFICATIONS



**6** x MORE LIKELY TO DIE BEFORE AGE 30



**3** x MORE LIKELY TO BECOME A TEENAGE PARENT



**8** x MORE LIKELY TO BE ON THE CHILD PROTECTION REGISTER



**4** x MORE LIKELY TO BE DEPENDENT ON DRUGS



**20** x MORE LIKELY TO END UP IN PRISON



SOURCE: Centre for Mental Health

Indeed, while the statistics that show a connection between mental health and the criminal justice system are stark for adults, they are even more so for those below the age of 18, with 95 per cent of imprisoned young offenders with a mental health problem.

Using 'conduct disorder' as an example, the lifetime costs is estimated at around £260,000 per child. In comparison, parenting programmes cost just £1,300 per child. Programmes and interventions such as this not only

give parents much needed support but also help to connect up different spheres of a child's life, as mental health problems cut across all aspects of a person's life, so they do societally too. Financial benefits therefore can accrue to a number of public sector budgets, including education, health, social care and criminal justice. For example, children with conduct disorder can cost schools up to an extra £3,000 a year.

Calculating the economic cost of a life, of a child's future, can seem, at best,

clinical, and, at worst, cynical – but what it does illustrate is that there should be no barrier at all when it comes to tackling this problem. The lack of adequate services and support across the country through CAMHS is not only a tragedy and a false economy, but it shows a severe lack of thought and care for the next generation.

“The children growing up in our society today deserve better and, if we truly want to build the best society we can - we should do all we can to give our next generation the best start in life and when they fall or get knocked down and need support, to make sure that they can reach it”

There is, as demonstrated by a mere handful of examples here, no reason not to find solutions and invest in early intervention and prevention programmes – the reason is human and the economic impact only serves as a reminder as to why ignoring this is foolish.

A simply policy, such as the parenting programmes policy as costed by Centre for Mental Health, would, for example, pay for itself within a fixed-term parliament. Good quality parenting programmes can make a real difference, helping parents pick up simple techniques to more effectively manage behaviour and support their child’s wellbeing. What is also key, as further outlined by Centre for Mental Health is a widely educated societal network, which helps those that need support to get access more easily. By looking to make individuals such as teachers, GPs, child social workers and criminal justice professionals aware of how to gain support and access to early invention programmes you not only increase the change of take-up, reduce any stigma and spread the word about support but you create a network of people across sphere’s a child may live in that can help to identify problems and offer support.

As great complex challenges go, this is a big one, but with some simple solutions that we are not yet fully throwing our weight behind. The children growing up in our society today deserve better and, if we truly want to build the best society we can - we should do all we can to give our next generation the best start in life and when they fall or get knocked down and need support, to make sure that they can reach it. **f**

*Sofie Jenkinson is editor of Fabiana*

#### JOIN US AT CONFERENCE FOR:

MONDAY 22

**Mental health from day one: can early intervention change lives and society?**

6pm - 7.30 pm

Lord Mayor’s Parlour, Manchester Town Hall

# Support that works



*Labour is looking carefully at how more personalised support, locally commissioned, and aligned with local economic development strategies, could work more effectively to improve employment chances, says Kate Green*

In 2012, in a speech to the Royal College of Psychiatrists, Ed Miliband described mental health as the biggest health challenge of our age. He highlighted the devastating impact of mental ill health on individuals, but also on families, friends, and society more widely. He committed Labour to action, appointing Sir Stephen O'Brien, chair of Barts and the London NHS Trust, to lead a taskforce to draw up a strategic plan for mental health in society.

Ed's commitment to ending mental health's 'Cinderella status' and creating parity of esteem for mental and physical health in the NHS is now a core principle of our plans for NHS reform. But the debate must be about more than healthcare. Poor mental health has far-reaching impacts - leaving people with mental health problems without sufficient support is not cost-neutral.

There is growing evidence of the impact of poor mental healthcare on the criminal justice system. In some areas of the country, police services are reporting a rise in mental health crises impacting directly on officers' time - taking officers off the streets and into 'supervisory' roles, overseeing people in hospitals, police cells and at home. While there have been some good initiatives, such as the Sanctuary run by the Big Life group in Manchester, which provides safety

and support to people at crisis point, too often people are ending up in unsuitable settings without the care they need. And failing to adequately map mental health needs, commission appropriate services and meet needs has contributed to the rise in people presenting at hospital A&E departments with mental health crises.

**"...leaving people with mental health problems without sufficient support is not cost-neutral"**

Poor mental health also impacts on people's ability to work. Good work is good for mental health yet only 27 per cent of adults with mental health problems are in employment. The reasons for this are complex, but include the lack of coherence between healthcare strategies and employment support, lack of support in the workplace, stigma and employer discrimination.

It is not just individuals who lose out. The UK loses as a result of poor support for people with mental health conditions too. In his speech, Ed pointed out that mental ill health costs Britain's businesses almost £8.5bn in sickness absence each

year. It is the single biggest cause of long-term sickness absence, costing business almost £2.5bn in replacing staff who are unable to continue at work, and £15bn in reduced productivity.

We simply cannot tolerate the waste this represents, not to mention the human impact. Everyone wants to see more people with mental health conditions supported to enter, sustain and progress in employment. But if we are to achieve that, we will need to focus on ensuring that we assess such conditions properly, and provide the appropriate support to enable those who can work to do so.

Poor mental health can be associated with a range of other conditions, which mask the mental health problems and serve to push people even further from the workplace. Some people with learning disabilities, for example, experience undiagnosed mental health problems.

So our systems for identifying mental ill health and supporting those who experience it need to be sophisticated and able to cope with complexity. Yet today neither the assessment processes nor the employment support that's available are fit for purpose.

The work capability assessment (WCA) that assesses someone's capacity for work is already widely discredited. But it performs particularly poorly for those with mental health problems. Last year, the High Court found that the WCA puts those with mental health problems at a "substantial disadvantage".

Labour has already committed to reform of the WCA to make it fit for purpose. We are determined to ensure that the test becomes a gateway to defining and assembling the support people need to be able to work, and to getting the benefits to which they're entitled. For claimants with mental health conditions, a proper process for identifying the

impact of their condition and support needs will be crucial if they're to be able to return to employment.

**"...our systems for identifying mental ill health and supporting those who experience it need to be sophisticated and able to cope with complexity."**

So under our plans, every claimant will receive a personal statement of how their impairment may affect ability to work.

A statement they can take to Jobcentre Plus, to an employment programme provider, or to an employer, to help define how the barriers they face to employment can be addressed effectively.

We are also determined to improve people's experience of the WCA. We will improve the process, cracking down on poor quality assessments and penalising providers if decisions are overruled or appealed successfully.

And we'll ensure that claimants themselves have a central role in monitoring how the tests are run.

We believe these are the necessary steps to ensure the WCA works for people with mental health problems.

We also believe that more should be done to reform the support people receive to enable them to enter or re-enter employment. It's clear the Work Programme isn't the answer: getting just seven per cent of those on Employment

and Support Allowance (ESA) into work, just 4 per cent if the recipient had previously been on incapacity benefits (40 per cent of whom had mental health problems). Yet there's plenty of evidence of more effective approaches, including the Individual Placement and Support (IPS) programmes provided by some NHS trusts, and effective work with employers.

The top-down, centrally driven Work Programme simply isn't delivering for those with a history of mental health problems. Labour is looking carefully at how more personalised support, locally commissioned, and aligned with local economic development strategies, could work more effectively to improve the employment chances of ESA claimants.

And finally, we also believe that it's important to prevent people from falling out of the workplace when they become sick. That's why the O'Brien review is looking at the steps needed to ensure that someone who's in work stays in work or returns as quickly as possible after a period of illness.

One in four of us will experience mental ill health at some point in our lives. It needn't prevent our working. But all too often, it leads to job loss, long-term reliance on out of work benefits – and poverty. Labour is determined to reverse that. **f**

*Kate Green MP for Stretford and Urmston and Shadow Minister for Disabilities.*

## WHAT IS INDIVIDUAL PLACEMENT & SUPPORT (IPS)?

IPS is a well-established model of supporting people into the right job for them, using a personalised approach

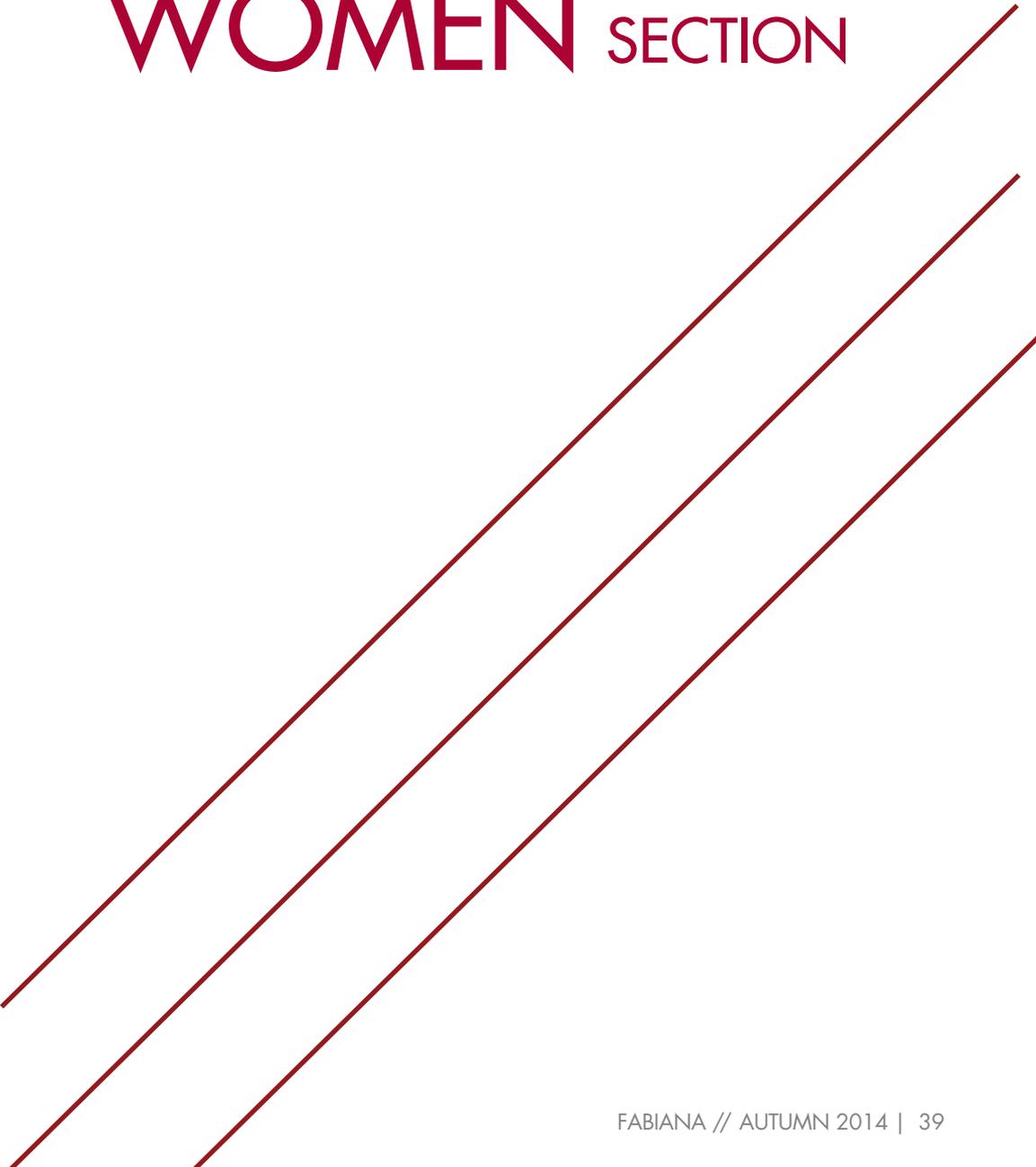
It is based on eight principles. The more closely these principles are followed the more effective it is:

1. It aims to get people into competitive employment
2. It is open to all those who want to work
3. It tries to find jobs consistent with people's preferences
4. It works quickly
5. It brings employment specialists into clinical teams
6. Employment specialists develop relationships with employers based upon a person's work preferences
7. It provides time unlimited, individualised support for the person and their employer
8. Benefits counselling is included

SOURCE: Centre for Mental Health

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# FABIAN WOMEN SECTION



# Global justice, solidarity and equality



by Claire Leigh

**Y**ou can't open the paper or watch the news at the moment without encountering news of the many major crises unfolding in the poorest parts of our planet; radicalisation and ISIL, the Ebola epidemic, kidnapped children, coups and protests. No one is under any illusion that the wider world is a safe and happy place, and trying to make it so looks increasingly likely to be a major preoccupation of a Labour government after May 2015. Such is the burden of being one of the World's richest and most globalised countries.

And yet, despite the ever growing number of items on Douglas Alexander's urgent to-do list, Labour's leaders have yet to come out with a clear foreign and development policy. This needs to happen soon. And a strategic vision for the world must look beyond the domestic and security ramifications of the many crises to their root causes, including poverty, social injustice and chronically weak states. Our aid and development policy must be front and centre of our wider approach to a troubled world.

Happily, this is and can be a real strong point for Labour. Labour's achievements on international development are among the party's proudest. During the last government alone we set up the world's most effective government development department in the form of DFID, dedicated a G8 Presidency to making progress on aid, debt and trade, and set the UK on track to be the first major economy to reach the 0.7% target on aid. The outcome was millions more children in school, massive

advances in public health including child mortality and highly indebted countries relieved of the crippling burden of debt.

As we shape our manifesto for 2015, we must bring the politics back into development, and be bolder about setting clear water between a Labour approach and that of Cameron's 'Compassionate Tories'. Why we give aid and how we give aid should fundamentally shape our vision for the world we are trying to build. It is our distinctively Labour values - of justice, solidarity, equality and co-operation - that must be at the heart of Labour's policy on development. These values do not stop at the garden gate. Extending our domestic vision to the international realm offers the key to a coherent, powerful and innovative narrative on development issues in 2015.

As we head towards 2015, the Labour Party must be confident enough to challenge the popular perception of development as a question of philanthropy, compassion and responding to humanitarian crises. Labour voters know that global poverty is fundamentally a political issue, involving structural injustices embedded in the rules of the game and requiring political solutions. Addressing global injustice requires far more than aid.

By extending our social democratic values to our development approach, an innovative agenda could emerge that is not only more effective at making the world a safer, more just, equal and prosperous place, but that is unmistakably, powerfully Labour. **f**

*Claire Leigh is Chair of the Labour Campaign for International Development (LCID.org.uk) and Treasurer of FWN.*

# Tackling gender inequality



by *Abena Oppong-Asare*

The General Election is fast approaching and I want to see Labour's plans to tackle gender inequality.

TUC figures show that women working full-time still earn almost £5,000 a year less than men, though the pay gap in some jobs is three times bigger. Labour should look into bringing in legislation that requires all businesses to publish the salaries of their entire male and female staff, and creating a Gender Equality Scorecard, which would collect and monitor data on unequal pay.

The Fawcett Society has reported that around three-quarters of the money cut by this government has come from women's pockets. In London, low income households are under particular pressure due to high rents, energy, transport costs and childcare; childcare in London is on average between 25 per cent and 35 per cent more expensive than the UK average. We need better and more affordable childcare options in order to get women into work and children out of poverty.

We also need Labour to effectively tackle violence against women and girls; in London, more than 3,000 rapes, nearly 10,000 sexual assaults and nearly 50,000 domestic incidents were reported to the Metropolitan Police Service in the year to May 2013. Furthermore, the conviction rate for rape dropped in the last 12 months: after hitting a high of 63 per cent in 2011-12, it has since fallen back to 60 per cent.

UK Feminista statistics show that

only 77 per cent of young men agree that having sex with someone who has said no is rape. There is a need for better education in schools to prevent domestic and sexual violence, by teaching about what is acceptable and not acceptable behaviour. Labour needs to consider campaigns to focus on perpetrators, like Lambeth Council's 2012 "Know the Difference", which aimed to educate men about the boundary between harassment and flirtation.

We should also look into the way the justice system views women as participants in gang-related activity and sex work: female involvement in gangs often involves gender inequality, and we must ensure that sex workers are free from violence and abuse.

Finally, services supporting women have experienced substantial cuts in funding. 31 per cent of the funding to VAWG services from local authorities was cut between 2010/11 and 2011/12. Vital VAWG services are taking a disproportionate hit of the 27 per cent overall cut to local authority budgets.

In summary, women in UK today still face entrenched inequality. Labour needs to be the party that brings in robust policies to tackle this. **f**

*Abena Oppong-Asare is Councillor in Bexley, the Deputy Leader of the Labour Group, Shadow Spokesperson for Education Policy & Research Co-ordinator of FWN.*

# WHAT ARE THE BARRIERS FOR DISABLED PEOPLE TO SOCIAL AND ECONOMIC INCLUSION AND HOW CAN THEY BE OVERCOME?

## NOTES FROM THE FWN EVENT 16th JULY

*by Susie Gilbert*

**M**y objective in organising this event was to see the plight of disabled and ill people under the Coalition government highlighted and discussed. Our aim is to contribute to changing the narrative in order to develop a much more humane, holistic and outcomes-based approach – one based on the concept of disability rights as human rights.

Disabled people are fighting hard on their own behalf. One of them, Sue Marsh was one of our main speakers. She has been an extraordinary online campaigner both with her blog, *Diary of a Benefit Scrounger* and in taking a lead in producing major reports into the failures of the current social security system. She is also one of the great tweeters. But Sue's fight and that of other disabled people is on two fronts: one is to campaign for their rights in a hostile climate and the other is to live and work with the pain and exhaustion of sometimes very disabling conditions in a decreasingly supportive system.

That is why we need to support their battle and why, as a Fabian woman, I want to see the Labour Party manifesto taking up policies that respond to the issues raised at our meeting by individuals and organisations who have done much research, written reports and yet are seeing the situation deteriorate.

Disability rights is a human rights issue. Policy makers need to communicate to wider society the value we place on all

citizens but especially on those who are disabled, vulnerable, sick and ill. This should be a debate about human rights and social justice - about the intrinsic value that human beings have regardless of their economic contribution to society.

These were some of the suggestions made at the event:

#### *Increased political power*

- Empowering and enabling more disabled people to vote.
- Engaging them as an 'electoral college', in developing political strategy in partnership with key stakeholders in a way that cannot be ignored.
- A commissioner for disabled people's rights.
- Advisers on disability issues in every central government department

#### *Supporting disabled people in to work*

- Ensuring that the Work Programme provides personalised support to get a particular individual with particular needs back into work.
- Encouraging and educating employers on what they can do to improve the recruitment and retention of disabled employees.
- Developing effective enforcement mechanisms for disability legislation so that discrimination on the grounds of disability in the workplace and beyond are prevented.

#### *A Social Security System that works*

- To overhaul the assessment processes so that they are more coherent, listen to disabled people, and take account of their specific needs in a holistic and comprehensive way.
- Assessments should focus on employability as a wider concept –

beyond specific medical conditions.

- All relevant, high quality medical and psychological evidence must be considered.
- To ensure that, alongside securing for people the income they need to live on - whether they can work or not - that they are empowered to access the workplace through allocated personal budgets and individualised support.

#### *Evidence based policy towards independence, inclusion and dignity for ill and disabled people and their carers*

- The government needs to undertake a cumulative impact assessment on the range of austerity measures and top slicing of benefits that have affected disabled people and their carers.
- We should build the economic case for investing in care, including access to work for carers, drawing upon successful international models.
- Undertaking a consultation with disabled stakeholders and a review on what the physical barriers are in public spaces.
- Engaging with government at a local level to create strategies for influencing key external bodies on disability issues – such as rail and construction companies.

If policy makers look at disability rights as a human rights issue and pursue evidence-based policy concerned with outcomes we will ensure not only a better future for disabled people and those who are mentally and physically ill, but also a more cohesive and inclusive society.

To that end and with that hope, Fabian Women's Network will be publishing a pamphlet, *Let's talk About the Barriers* which draws out the main themes from the 16 July event. **f**

## The value of mothers



by *Paulina Jakubec*

**R**ecently, I entered an argument with a man I'm close to about maternity discrimination. Although he considered it to be wrong, he saw it made business sense. This made me realise just how prevalent this thought process still was in our society.

Under section 18 of the Equalities Act 2010, it is unlawful for an employer to discriminate because of a woman's pregnancy or pregnancy-related illness, or because she takes or tries to take maternity leave. A woman also has the right to return to exactly the same job upon return from Ordinary Maternity Leave (OML) of 26 weeks.

The reality in practice, however, could not be more different.

A landmark study conducted by the Equal Opportunities Commission in 2005 found that half of all pregnant women suffered a related disadvantage at work, and an astonishing 30,000 women were forced out of work each year. Further evidence revealed a disproportionate targeting of pregnant women for redundancy during the recession, estimating the figure of women forced out of work to be as high as 60,000 a year.

Despite the Conservative Party's plan in its 2010 manifesto to make Britain "the most family- friendly country in Europe", the government has introduced many measures that make it harder for women to battle maternity discrimination when it occurs. Funding cuts reduced access to free advice services and upfront tribunal fees of up to £1200, which many women cannot afford to pay, were introduced.

The 2005 Commission findings revealed that only 3% of pregnant women affected issued a tribunal claim. This number is likely to fall lower still following this introduction.

Facing a tribunal claim can be a daunting prospect for expectant mothers, involving much stress and extensive investment of time and energy at a critical movement in their life when they have little of either to spare. Paying steep fees on top of these existing challenges only acts as a further impediment to justice.

Winning the tribunal process, however, does not in itself guarantee women financial compensation. Out of the tiny minority of women who do take their claim to court and succeed, less than half receive their full award, and a shocking third receive no compensation at all.

It is time for our current and future government to start treating this issue with the seriousness it deserves. For starters, it should scrap fees, establish a procedure for naming and shaming employers that break the law, and take action to ensure women receive the compensation awards they deserve.

Most importantly, it has come a time for the government to send out a strong message to remind businesses to treat mothers not as a burden, but as valuable contributors to society and the economy. **f**

*Paulina Jakubec is public speaking and debates co-ordinator for FWN.*

# Politicians: it's time to worry



by Mags Douglas

I remember one thing about the recent government reshuffle that really summed up why women like me have a problem with politics.

When news reporters talked about the new male ministers, it was their background and education. When they mentioned a new woman like Esther McVey, it was what she was wearing. You have to wonder how much we've progressed since women got the vote!

Not that I don't vote: I do. Because I respect the battles that had to be fought to get it. And I encourage my three children — to do the same. But I have to admit that they are much more apathetic about politics than I was at their age. And I don't think they are unusual in that.

Parliament and the political system were designed by men and haven't changed much since. I watch Prime Minister's questions but I do get turned off by the shouting and the failure to answer questions properly. Too often it's just about trying to score points - it reminds me of a playgroup.

I'd like to see politicians behave and speak more like human beings, because when they do they can be very effective. And I would like to see more attention given to the issues that really matter to me: housing costs (all of my kids are grown up but living at home because buying property is just beyond them); schools and the health service; and above all a society which helps people work and raise a family without making constant sacrifices.

I am worried about the economy. I work in a debt collections department and I know at first hand some of the struggles that people go through. And that feeds through into crime. I've had experience of the police reaction to what they call low level crime. It doesn't feel low level to the victim.

One thing that might help women feel more engaged with politics is a bit more visibility at a local level. I've no idea who my councillors are, I rarely hear from the council, and I certainly don't see value for money from my council tax.

I can sum it up quite easily. I don't feel properly represented, either as a woman or as a member of the local community. Not by my MP or by the council. That might be hard for politicians to hear, but it's true, and I think it should worry them. **f**

*Mags Douglas is a mother and grandmother from Newcastle, is part of the Asda Mumdex Panel who blog about issues affecting women and their opinions on politics. She is attending Labour party conference this autumn to speak on a panel about what will win the women's vote in 2015. She writes here in a personal capacity.*

## JOIN US AT CONFERENCE FOR:

TUESDAY 23

**Asda Mumdex and the 2015 general election: what will win the women's vote?**

8.30 am - 9.30 am

Manchester Central, Exchange 6 -7

WITH: **Rt Hon Yvette Cooper MP**,  
**Ivana Bartoletti** (FWN),

**Paul Kelly** (Asda), **Kevin Maguire**  
(Daily Mirror) (Chair)

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## Webb Memorial Trust Essay Competition

Submit an essay of no more than 2,500 words answering the following question:  
**How can business reduce poverty?**

A prize of £1,000 will be awarded to the winner. The runner-up will receive £500.  
The deadline is 22nd October

The results will be announced at an awards reception in London in December (all those whose entries are shortlisted will be invited).

The winning essay will be published prominently in the New Statesman magazine and on our award-winning website at Christmas.

Please submit your entry to Roxanne Mashari at [info@appgpoverty.org.uk](mailto:info@appgpoverty.org.uk)  
Submitted entries will be judged by a panel including:

Richard Rawes (Chair, Webb Memorial Trust), Jason Cowley (Editor, New Statesman), Paul Hackett (Director, Smith Institute), Lord Kinnock (Labour peer)



Labour Friends of Sure Start is here to champion the priceless services Sure Start provides for hundreds of thousands of families.

We celebrate this great work and campaign hard to preserve our Centres. We also act as a mini think tank, highlighting the clear research support for investing in the Early Years – and we generate new ideas about the future of Sure Start.

We want to give a voice to everyone who is passionate about Sure Start. Perhaps you're a parent, an employee or volunteer at a Sure Start Centre, or maybe you've been involved in a campaign to protect a Children's Centre. Or perhaps you're just really passionate about supporting families and investing in the Early Years.

We'd love to hear from you, please get in touch:  
[laboursurestart@gmail.com](mailto:laboursurestart@gmail.com) / [@LabourSureStart](https://twitter.com/LabourSureStart)

JOIN US AT LABOUR PARTY CONFERENCE

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fabianwomen.org.uk  
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# FABIAN WOMEN

## WOMEN CHANGING POLITICS

	EVENT	TIMING	VENUE	SPEAKERS
<b>SATURDAY 20</b>	<b>FWN conference networking reception</b>  HOSTED BY FWN NORTH WEST	7.00pm - 8.30pm	The Whiskey Jar, Tariff Street, Northern Quarter	<b>Angela Eagle MP</b>
<b>SUNDAY 21</b>	<b>Can Labour deliver on universal childcare?</b>	4.30pm - 6.00 pm	Lord Mayor's Parlour, Manchester Town Hall	<b>Lucy Powell MP,</b> <b>Dalia Ben-Galim</b> (IPPR), <b>Neil Leitch</b> (Pre-school Learning Alliance), <b>Abigail Wood</b> (NCT & FWN) <b>Cllr Reema Patel</b> (Chair) (FWN)
<b>MONDAY 22</b>	<b>In Crisis? Calculating the cost of living</b>	12.30 pm - 1.45pm	Lord Mayor's Parlour, Manchester Town Hall	<b>Lisa Nandy MP,</b> <b>Jennette Arnold OBE AM,</b> <b>Cllr Beth Knowles</b> (FWN North-West), <b>Angela Rayner</b> (UNISON North West), <b>Cllr Abena Oppong-Asare</b> (Chair) (FWN)
	<b>Mental health from day one: can early intervention change lives and society?</b>  IN PARTNERSHIP WITH THE YOUNG FABIAN HEALTH NETWORK	6.00 pm - 7.30pm	Lord Mayor's Parlour, Manchester Town Hall	<b>Luciana Berger MP,</b> <b>Lorianne Khan</b> (Centre for Mental Health) <b>More speakers to be announced.</b>
<b>TUESDAY 23</b>	<b>Asda Mumdex and the 2015 general election: what will win the women's vote?</b>	8.30 am - 9.30 am	Manchester Central, Exchange 6-7	<b>Rt Hon Yvette Cooper MP,</b> <b>Ivana Bartoletti</b> (FWN), <b>Paul Kelly</b> (Asda), <b>Kevin Maguire</b> (Daily Mirror) (Chair)
	<b>ROUNDTABLE</b> <b>Going for growth: what is Labour's plan to build an industrial strategy that works for women?</b>	By RSVP only <a href="mailto:fabianwomen@fabians.org.uk">fabianwomen@fabians.org.uk</a>		<b>Lord Andrew Adonis, Rachel Maskell</b> (Unite), <b>Angela Eagle MP,</b> <b>Karin Christiansen</b> (Co-op Party) <b>and Seema Malhotra MP</b> <b>Chair: Ivana Bartoletti</b> (FWN)