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Rt Hon Wes Streeting
Secretary of State for Health and Social Care
39 Victoria Street
London
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9th September 2024

Re: Key priorities for mental health

Dear Secretary of State,

Congratulations on your appointment as Secretary of State for Health and Social Care. We are hopeful that the Labour Party's successful election into government may spark a turning point for mental health care, and for the rights of those living with mental ill-health of all kinds .

The [National Survivor User Network](https://www.nsun.org.uk) (NSUN) is a membership organisation, representing a network of 5,000 people and groups with lived experience of mental ill-health, distress, and trauma.

We are writing to you today on behalf of our membership to highlight key areas of concern that we hope will become priorities for mental health within your department.

1. Prioritise care

In recent years, there has been increasing exposure of poor care, such as abuse and neglect, within mental health settings. These take place in both statutory and private contexts. Some of these issues relate to issues of resourcing; notably understaffing, long waiting lists, and a lack of training among mental health staff.

However, improvements to mental healthcare **must first tackle stigma and dangerous attitudes around those living with mental ill-health, distress, and trauma.** Tackling

stigma goes beyond encouraging people to name and talk about their distress, it includes challenging perceptions of the so-called mentally-ill as troublesome or problematic.

Over the years, we have watched these attitudes worsen alongside under-resourcing, which leads over-stretched healthcare settings to view patients as problems rather than people. This can be seen in the proliferation of language such as “frequent flyers” or “high intensity users”. We hope your department shares our view that **nobody should be punished or shamed for seeking healthcare.**

On this issue, we urge you to **be cautious about for-profit “innovations” that promise to improve care while cutting costs.** Over the past few years, we have seen various for-profit initiatives that promise to provide solutions to issues of understaffing. Such “innovations” include measures that criminalise distress, such as High Intensity Network’s Serenity Integrated Mentoring Programme, and surveillance technologies such as Oxevision, developed by Oxehealth.

Each of these have become contentious, raising serious ethical concerns about harmful applications and damaging the NHS’ reputation while also decreasing people’s trust in services. **Instead, the focus must be on building relationships, removing stigma around mental ill-health, and prioritising the autonomy and dignity of those with lived experience.**

While we recognise the inevitability of cost-efficiency within public services, we hope your department recognises that **there are no quick fixes for good care.** Achieving good mental health care will take time, money, and a commitment to a long-term view.

2. Healthcare for all

Good mental healthcare also means recognising who is excluded from and harmed by current healthcare provision. In particular, **we are concerned about the impact of policy developments on trans people — particularly trans youth** — who deserve to access the medical support that feels right to them, as well as to live in a world free from transphobia and trans-hostility. This is not simply gender-affirming care, it is mental health care, and often, suicide prevention. **This should include halting or reversing any policy change based on the widely-criticised Cass Review, as well as acknowledging how trans people are harmed by single sex spaces in healthcare.**

Similarly, we are concerned about **how racialised communities are disproportionately harmed by, and detained under the Mental Health Act.** We encourage you to resume the reform of the Mental Health Act as an immediate priority. It would be very helpful to know when the Mental Health Bill is planned to be introduced.

Finally, we must also acknowledge the disproportionate impact of COVID-19 and the cost of living crisis on Disabled people, including those living with mental ill-health. We see clearly through our work that **it is more important than ever for Disabled people to receive more rather than less support.**

We encourage your department to challenge the dangerous rhetoric that Disabled people are injurious to the economy, which proliferated under the previous Government. This stance must also translate into action; in particular, **abandoning welfare reforms aimed at reducing the number of people receiving welfare support.**

Members of our network have highlighted traumatic experiences with a benefits system they describe as hostile and punitive for a very long time, and we believe that the entire system needs urgent reform. Specifically, our members are concerned about the reforms proposed by the previous Government to both Personal Independence Payments (PIP) and the Work Capability Assessment (WCA).

We have detailed our concerns about PIP in our [response to the Government consultation](#), and about the WCA reforms through a [statement written along with other members of the Disability Benefits Consortium](#). We would appreciate greater clarity on what this government's plan is in terms of taking forward or abandoning these proposed reforms.

3. Meaningful co-production

Co-production has become more popular in recent years, which is something we find encouraging. We hope that your department continues this commitment, and would stress that, in order for developments in **mental health policy and practice to be useful, they must be led by people with lived experience.**

Meaningful co-production must go beyond tokenistic efforts. It must include adequate remuneration for lived experience involvement at *all* stages of policy development. Our members have also highlighted in the past that they have found **consultation mechanisms to be inaccessible.** We are, therefore, hopeful that this government will work towards improved methods of not just consulting, but co-creating with people who have lived experience.

Genuine co-production must also pay attention to power. This means, for example, taking steps to ensure that underrepresented voices are also heard. These underrepresented voices include those of people living with so-called severe mental illness and those detained in prisons or psychiatric facilities. Further still, **meaningful co-production must give people with lived experience the power to effect change and**

influence decision making, rather than simply having their opinions heard on issues that are already decided.

Finally, we welcome your commitment to collaborate with those in the third sector. In this, **we hope your department will engage with smaller, lived experience-led organisations**. While these organisations often do not have the power or resources of larger organisations, they bring valuable insight into how the mental health system is currently working and what could be improved.

Thank you for taking the time to listen to the concerns of our membership. You can read a more detailed breakdown of our hopes for the new government in [this piece we wrote ahead of the general election](#).

We look forward to your response, and seeing the actions you take to work for mental health justice. We would be grateful for an opportunity to discuss these issues further with yourself and/or your team.

Kind regards,



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