



Better
**MENTAL
HEALTH.**

For everyone.

**Led by a sector for
people and purpose,
not for profit.**



Association of Mental Health Providers is the national voice of mental health charities providing services in England and Wales, representing the full spectrum and diversity of third sector service provision. Within our alliance, we have over 300 members delivering over 3000 services locally, regionally, and nationally, with a significant reach of over 8 million people affected by poor mental health and illness.

The combination of the pandemic and cost of living crisis has worsened the nation's mental health and has led to an increase in the demand for mental health support services, while the gaps in access, treatment, and securing positive outcomes for mental health have widened. This has also exacerbated inequalities across society, especially for communities who are underrepresented and/or marginalised due to their race, ethnicity, class, sexuality, gender, disability, socio-economic background, immigration status, and other protected characteristics.

Mental health needs are rising across society, and acuity of need continues to worsen. Recently published statistics suggest that an estimated 1 in 6 adults have experienced a 'common mental health disorder' like anxiety or depression in a given week. The prevalence of mental health needs is increasing amongst children and young people as well, where data shows that around 20% of children aged 7 to 16 years old have had a probable mental health condition in 2023, up from 12% in 2017.

We know that there can be barriers and delays encountered by communities in receiving mental health support. Data shows that 1.89 million people were in contact with mental health services by the end of January 2024. The majority of people (65%) were in contact with adult mental health services (1,227,521) whilst 24% (460,208) of people were in contact with Children and Young People's mental health services. While access to mental health services has increased, demand just does not meet supply.

Research indicates that waiting times for NHS Talking Therapies vary from 4 days to 79 days in different parts of England. Where you live plays an essential role in the support you may receive. Research has proven that traditional pathways to receiving mental health support are oversubscribed and do not provide communities with the help they need promptly. Since the pandemic, the VCSE sector has continued to provide vital, timely mental health care and support to those who need it most. With the VCSE sector's close association and delivery of services to local communities, the sector has become a lifeline for many, especially marginalised communities, with the sector offering personalised, community-centred services.

As the demand for mental health services rises and the prevalence of mental ill health increases, greater recognition, investment, and support must be offered and sustained across the VCSE provider sector.



Our five key **demands** for the next Government:



Investment to create a **sustainable VCSE** mental health sector



Investment to create an **integrated** mental health **workforce**



Address **inequalities** in the mental health system



Address the **root causes** of poor mental health and illness



Reform the outdated **Mental Health Act**

For better mental health, for *everyone*.





Investment to create a sustainable VCSE mental health sector

For the VCSE mental health provider sector, the pandemic and the current cost of living crisis have had significant negative, and oftentimes disproportionate, impacts.

According to research by The King's Fund in 2020, VCSE leaders demonstrated a huge demand for support during the pandemic. These leaders faced significant challenges amidst deep and prolonged uncertainty, often feeling isolated while managing increased pressures on services.

While the pressures of the unknown were widely recognised, leaders also grappled with questions about sustainability and 'what next' when funding and commissioning partners were not yet ready to engage in those conversations. Supporting resilience and providing assistance to help leaders find creative solutions to navigate the crisis became key issues. The pandemic exacerbated these challenges, highlighting the urgent need for sustained support and financial stability within the VCSE mental health sector.

Despite services being stretched and struggling with both pre-existing and Covid-19 related workforce constraints and reductions, our members remained committed to supporting their service users during the pandemic. They witnessed an unprecedented rise in the need for services due to the pandemic and despite facing challenges, our own research at the Association in April 2020 indicated that across our membership, and throughout the UK, voluntary and community organisations actively collaborated with NHS and local government partners to respond to the pressing needs of the communities they serve and come from.



The VCSE sector demonstrated an unwavering spirit, doing whatever it could to provide support. It was evident that organisations, from the largest to the smallest, were working together to continue delivering services and addressing the needs and operational challenges presented by the crisis.

We believe the long history of the VCSE sector supporting local communities to survive and thrive must be considered by the new government as it plans future support and policy measures.

Currently meeting the rising mental health needs within communities has become increasingly challenging. Like the wider VCSE and particularly the small charity sector, it is evident that recruiting additional staff to meet demand is not a sustainable strategy. Research conducted by Pro Bono Economics in December 2022 discovered that for many organisations in the VCSE sector, hiring more staff results in a larger cost base, and a substantial proportion of charities have experienced a deterioration in their financial positions. Since the pandemic, many have had to use their reserves to cover running costs.

Pro Bono Economics' research also highlighted that small charities and community groups are more likely than other organisations to experience financial difficulty. More than one in four (27%) have been forced to reduce the number of paid staff in their employment over the past three months. Overall, just under a fifth (17%) of charities and community groups have had to reduce the number or level of services they offer due to financial pressures. Furthermore, one in five (20%) charities reported reducing their use of premises due to energy costs, and just under one in ten (8%) have reduced their hours of operation.

Furthermore, there has been a significant reduction in local authority funding, and this has had a negative impact on the VCSE sector, as local authorities are traditionally known as the VCSE sector's biggest funder. Research conducted by NPC^[1] shows that only one quarter of contracts that charities hold, have been uplifted in line with inflation. 62% of charities believe that they do not receive the full value it costs to deliver a public sector contract, with the average charity contributing 35% the value of a contract. NPC estimate that charities prop up state services by £2.4bn a year. This is equivalent to twenty-three times the emergency support package that the Chancellor provided charities within 2023 to help them cope with the cost-of-living crisis.

This data strongly indicates that the safety net provided to people seeking mental health support outside of the NHS has snapped. People are falling through the gaps as services are being cut back. The precarious financial footing of much of the sector, particularly the VCSE mental health sector, means that these gaps will continue to widen.



To ensure that the VCSE mental health sector remains a critical part of our national health and social care infrastructure, a new government must make a serious and sustained effort to improve the sector's financial position and operations. This will enable the VCSE sector to cope with the high demand for mental health support and the sharp increase in mental health needs amongst the population. This necessary work can no longer wait.

1. Ensuring financial sustainability

To secure equitable funding for the VCSE (Voluntary, Community, and Social Enterprise) mental health provider sector, it is imperative for a new Government to implement measures that place VCSE organisations on an equal footing with NHS mental health service providers. This involves:

- Guaranteeing funding that adjusts for inflation and avoids disproportionate cuts, safeguarding the sector's financial stability.
- Promoting equitable partnerships and funding agreements with local authorities and NHS Integrated Care Systems, fostering collaborative support for mental health initiatives.
- Advocating for long-term sustainable funding to strengthen the financial resilience of VCSE organisations, mitigating over-dependence on reserves and mitigating the risk of service cutbacks and closures.
- Given the current financial climate of high inflation rates, longer-term contracts with fixed fees that lack annual uplifts become unsustainable for the VCSE sector. Therefore, the implementation of longer contracts with annual financial reviews should be considered to ensure ongoing viability and stability.

2. Building inclusive and resilient economies

Enforcement of the Socio-Economic Duty under the Equality Act 2010 will significantly enhance the resilience and inclusivity of local economies. Key actions that a new Government should consider, include:

- Implementing a legal obligation for public bodies to consider the socio-economic impacts of their decisions on VCSE organisations.
- Increasing support for VCSE organisations to develop their capacity to compete for skills and employment funding.



3. Enhancing workforce retention

Building a sustainable mental health workforce requires more than just recruitment; it also involves the implementation of integrated support and retention strategies. We envision that a new government will commit to:

- Developing comprehensive payment, reward, and wellbeing programmes designed to cultivate talent, boost job satisfaction, and retain skilled professionals within the VCSE sector.
- Ensuring that training and professional development opportunities are accessible to all staff, facilitating career progression, growth, and long-term stability.
- Placing financial sustainability for the VCSE mental health sector at the forefront of their agenda, as it will be crucial in preventing layoffs, service reductions, or closures, and maintaining a stable and committed workforce.

4. Mitigating financial pressures on small charities and community groups

Small charities and community groups are experiencing significant financial challenges, requiring a new Government to plan and deliver urgent interventions such as:

- Providing targeted financial support to small charities to prevent staff reductions, closures, delays and service reductions.
- Enhancing access to funding and resources to help these smaller VCSE organisations manage operational costs, including expenses such as energy costs, maintenance of premises, and rent.
- Collaborating with funders and regulators to create a responsive support system that addresses the immediate and long-term financial needs of small charities.



5. Long-term strategic improvements for the VCSE sector

To ensure the VCSE sector's resilience and effectiveness is long lasting, strong effort is needed by a new Government, to deliver strategic change. A new government should seek to:

- Improve funding mechanisms to provide more stable and regular financial support.
- Address data gaps to improve the VCSE sector's ability to measure impact and make informed financial decisions.
- Facilitate investments in long-term infrastructure and capacity-building initiatives to strengthen the VCSE sector's overall resilience and sustainability.
- By prioritising these five areas, we can create a sustainable VCSE mental health sector that is financially secure, resilient, and capable of delivering essential services to the communities it serves.

We believe that system partners the new Government is influencing and involved with, must recognise and value the assets within the VCSE sector and the external investment it generates. The NHS England and NHS Improvement (NHSEI) ICS maturity matrix states that for systems to be considered 'mature' or 'thriving', they must demonstrate "strong collaborative and inclusive system leadership, including local government and the voluntary sector, with a track record of delivery."

Securing financial stability for the VCSE mental health sector will affirm existing data and insights in the wider mental health sector about the critical contributions of VCSE organisations.



2

Investment to create an integrated mental health workforce

As demand for mental health support continues to increase, VCSE (Voluntary, Community, and Social Enterprise) organisations and their workforce face significant mental and physical pressures. This results in many workers experiencing mental health and wellbeing needs and considering leaving the sector. With rising mental health problems across society, we must not let demand, service pressures, financial constraints, and capacity issues erode the quality, ability, and resilience of the VCSE mental health workforce. We hope the new government will:

1. Incorporate VCSE workforce insights

Encouraging and incorporating the insights and experiences of the VCSE workforce into service design and development is crucial for creating effective and responsive mental health services. Decisive action by the government and local mental health and social care leaders can shift relationships and power dynamics, allowing the VCSE workforce's knowledge to shape and commission services effectively. Leaders can drive collaboration efforts, cultivate networks of learning and wellbeing support, and co-design and commission community-driven initiatives and services with the VCSE mental health sector.

2. Include VCSE workforce in planning

The VCSE workforce must be included in statutory and NHS workforce planning, ensuring smooth transition opportunities between NHS and VCSE roles. As demand and needs evolve, innovative workforce planning is essential. This includes creating and expanding roles, and offering holistic development opportunities that complement, rather than replace, specialist or existing roles. Recognising the innovative and emerging skills within the VCSE mental health sector is vital for effective workforce planning.



The VCSE sector plays a crucial role in non-clinical mental health social care, including social work, care, and support workers, by contributing to prevention, recovery, and helping individuals live well with mental illness. The VCSE workforce plays a key role across the social model of mental health. A new government should seek to invest, develop and retain this skillset across the VCSE workforce.

3. Ensure wage equality and parity:

A new government should ensure wage equality and parity with the NHS workforce to preserve the quality and resilience of the VCSE workforce.

4. Invest in wellbeing and care packages:

Invest in comprehensive wellbeing and care packages for the VCSE workforce to support their mental and physical health.

5. Data mapping and evaluation:

Invest in data mapping and evaluation to understand the unique needs and challenges of the VCSE workforce, enabling targeted support and interventions.

Implementing these measures will help to enhance the resilience, effectiveness, and sustainability of the VCSE mental health workforce, ultimately improving support for the communities they serve.





Address inequalities in the mental health system

1. Recognise the community centric assets held by the VCSE sector

A new government must acknowledge the historical and current valuable role of the VCSE sector in addressing and eradicating inequalities, given its close connection to diverse populations, local communities, local authorities, and services. The government should consult with, support, and create opportunities to enhance the skills, activities and impact of the VCSE sector. The government should seek to engage with the services offered and the knowledge and research generated by the VCSE sector, which offer insights and recommendations to address structural barriers and inequalities across mental healthcare.

2. Enforce PCREF implementation

The new government must recognise and ensure the implementation of the Patient and Carer Race Equality Framework (PCREF) across all areas of the mental health sector, including within the VCSE sector.

3. Reform ICS roles and responsibilities

The new government should reform the roles and responsibilities of Integrated Care Systems (ICS) to ensure they are fit for purpose. This includes ensuring that the understanding, scope, and focus on addressing inequalities are consistent across all ICS. Effective commissioning, collaboration, and support for equitable and effective mental health services should be a priority.



4. Invest and work with VCSEs to guarantee improved experience and outcomes for minoritised communities when seeking mental health support:

It is crucial to ensure that people from minoritised communities do not face inequalities across their experience of receiving mental health support and towards mental health outcomes they obtain from mental health services. Often, minoritised communities, such as Black and Ethnic Minority communities or refugees and asylum seekers, are subject to discrimination or racism when accessing mental health services. These community groups often struggle to trust services due to these experiences. Minoritised communities also face challenges in the types of services on offer. There are occasions where recommended services can be difficult to engage with and may not align with communities' cultural backgrounds or may not be culturally representative, to address the rights and needs of these communities. Research also demonstrates that minoritised communities can be subject to delayed diagnoses or misdiagnoses, which impacts the level of engagement, trust and confidence they feel when interacting with mental health services and outcomes. To deliver improved mental healthcare for minoritised communities, partnership building with the VCSE sector is essential, as the VCSE sector is equipped to deliver diverse types of support for minoritised communities and hold relationships of trust and direct and ongoing contact, which enables these community groups to feel seen, heard and empowered.

5. Address access and treatment gaps and criminalisation:

A new government must act to close treatment gaps. Often, minoritised communities are under supported and receive treatment or access to services at a later stage, when they are presenting with increased mental health needs or a crisis. For minoritised communities like the Black population, they often face interaction with the criminal justice system, before receiving mental health support. More needs to be done to create equitable pathways towards mental health support, and address as well as eradicate, the criminalisation of individuals from marginalised and minoritised communities, before they access mental health support. This will guarantee fair and compassionate mental health care for all. To reach this objective, a new government should work closely with secondary and tertiary mental health services across the VCSE sector, to develop and sustain pathways for mental health support, especially for minoritised communities who struggle to access mental health treatment and support due to structural inequalities and barriers.



6. Breaking away from toxic narratives:

For a new government, equitable and compassionate mental healthcare for all, especially communities facing systemic inequalities, should trump action and attention towards invoking and participating in culture wars. Responding or generating language or narratives that invalidate the mental health of marginalised and minoritised communities such as Black and Ethnic Minority Groups, LGBTQ+ communities, young people, Disabled people and Refugee and Asylum Seeker Groups will only serve to worsen stigma, harm and inequalities these communities grapple with. A new government must use its narrative and influencing power and draw from the community-centred approaches and insights of the VCSE sector, to deliver policies and drive change that seek to enrich and support minoritised communities, not vilify or disempower them.

By recognising the importance of the VCSE sector, enforcing equitable frameworks, reforming the ICS 's roles to consistently address inequalities, and focusing on the needs of minoritised communities, the new government can make significant strides in addressing systemic inequalities in the mental health system.





Address the root causes of poor mental health and illness

As we have continuously emphasised, considering the wider social and economic determinants on a person's mental health, such as education, employment, financial security, housing/ accommodation, and good access to appropriate health and social care services is crucial in preventing mental ill health and providing early intervention to individuals presenting with mental health needs.

We strongly believe the VCSE sector should be at the forefront of providing communities with early intervention and prevention support, due to their credibility, connectivity and cultural understanding and sensitivity towards local communities. We urge a new government to meaningfully engage with the VCSE sector and actively learn and implement recommendations emerging from the VCSE sector's research into the root causes of mental ill health.

1. Collaborate with the VCSE sector on prevention and early intervention:

Implement comprehensive strategies focused on preventing mental health issues and providing early intervention support, with long term investment and equitable collaboration with the VCSE sector, to address problems facing communities before they escalate. There needs to be a greater focus on poverty, discrimination, isolation, housing, and justice – and the plans cannot solely be seen through the lens of the NHS or Local Authorities but the value of the voluntary and community sector in addressing health inequalities at local, regional, and national level must also be recognised. We must also recognise that as mental health needs across adults and children and young people increase, the number of individuals facing mental health crisis and at risk of suicide has significantly increased. Dedicated early intervention and prevention support can enable the higher rate of mental health crisis and suicide in the general population, to be addressed. Earlier support would allow individuals and communities, to access and have effective support before reaching crisis point.



2. Deliver meaningful action towards tackling socioeconomic determinants

Provide robust support to address the socioeconomic conditions that contribute to poor mental health, such as poverty, inadequate working conditions, poor housing, systemic racism and socio-economic disadvantages. This includes resolving the housing crisis, tackling the cost-of-living crisis, addressing homelessness and the hostile environment imposed on refugees and asylum seekers, and addressing food and work insecurity.

3. Reforming the welfare benefits system

Reform is necessary so that it meets the needs of communities struggling with the cost-of-living crisis, poverty, unemployment and mental ill-health. There needs to be investment and development in expert wraparound welfare rights, money, and debt advice services in primary and secondary mental health services. There also needs to be greater support with navigating the benefits system, as an essential feature of a local health and care systems that promote mental wellbeing and help to keep people safe.

4. Reduce barriers and time limits

Work must be done to eliminate time limits and accessibility barriers that prevent adults and Children and Young People, from accessing timely and appropriate mental health support. Collaboration and investment within secondary and tertiary mental health services across the VCSE sector, could help to address delays and waiting times faced by children and young people and adults.

5. Tackle stigma

VCSE organisations have detailed knowledge of local infrastructure, assets, and community support networks. In mental health service design, their involvement ensures that new services recognise existing local context and are genuinely co-produced¹. A new government should utilise the expertise of the VCSE sector in its research, advocacy and policy and campaigning work, to continue to tackle and raise awareness against mental health stigma across society, within the general adult population, across children and young people and across minoritised community groups.





Reform the Mental Health Act

The last time the UK saw reform to the Mental Health Act was in 1983, more than 40 years ago. Our society's mental health needs, understanding of mental health, development and delivery of mental health services has changed drastically since then. For the Mental Health Act to be fit for purpose, culturally responsive and relevant, and conducive to the needs of communities and complementary to the interests of not just primary but secondary and tertiary mental health services like VCSE organisations, reform is an urgent necessity.

1. Appoint a Mental Health Commissioner

Establish a dedicated statutory role, such as a mental health commissioner or secretary to oversee and ensure the effective implementation of mental health policies and reforms, a role which could advocate and amplify the role of the VCSE sector and ensure and deliver reform across the Mental Health Act. This role could understand, amplify the interests and capture the voice, expertise and rights of the VCSE sector and the general population. The Commissioner could actively partner with the CQC and other bodies to influence and ensure the implementation of recommendations and influence and improve the provision of data. This role could provide advice and support to the VCSE sector, service users, service user's families and carers on their rights and how to navigate complaints processes. This role could work with NHS bodies, the CQC and PHSO to promote best practice in handling complaints.



2. A revised Mental Health Act will respond to and address inequalities emerging from the Act

Statistics on the use of sectioning and detention, which is mandated by the Act, indicate that minoritised communities, particularly Black men, are more likely than other groups, to be detained and sectioned under the Mental Health Act. Latest statistics generated by the Office for National Statistics, show that Black men are 3.5 times more likely detained under the current Mental Health Act. Despite operating as a last resort measure, detention is more likely used against Black men, and this disproportionality must be considered and addressed via Mental Health Act reform, to ensure all minoritised community groups are not subject to disproportionate rates of sectioning and detention.

3. Tighten Community Treatment Orders (CTOs)

Research demonstrates that there are high, disproportionate and rising rates of people from minoritised communities who are being placed on a CTO. Black men are eight times more likely to be on a Community Treatment Order after leaving hospital – restricting them to particular treatments and being required to keep in regular contact with a care team. Due to this, many individuals feel that CTOs cause fear and impede recovery. Therefore, we hope a new government can implement an immediate reform of Community Treatment Orders, based on recommendations from the Independent Review.

Whilst the Independent Review did not recommend the abolition of Community Treatment Orders, we know the most staggering racial disparities are highlighted in their use. CTOs have not reduced hospital readmissions but are often considered as intrusive and coercive and it is concerning that the Government has chosen not to accept the recommendations in relation to CTOs in full and transform care for those facing serious inequalities and discrimination. Limiting their use will be crucial and this will require close monitoring and ensuring that they are only used as the least restrictive alternative.

We must emphasise the need for oversight over the use of CTOs and for its revaluation, if the number and disproportionate use is not limited by the proposed changes. We believe reforming CTOs and limiting their use, would draw greater visibility towards the positive impact and efforts of community led mental healthcare, especially across the VCSE sector, and the VCSE sector's vital work in supporting the needs, rights and voice of individuals through community-centred approaches.



4. Implement Key Recommendations, drawing from the Independent Review and Draft Mental Health Bill

It has been over 5 years since the Independent Review of the Mental Health Act, which offered valuable insights and recommendations into improving the Act. We believe the time to act is now. We call for the new government to fully implement the recommendations of the Wessely Review and the Black Mental Health Manifesto, and implement the recommendations of the Draft Mental Health Bill, to address systemic issues faced by minoritised communities and challenges that are hindering the positive impact of mental health legislation. Implementing these recommendations in full, would allow for improved and equitable mental health services for all communities.

5. The role of the VCSE sector within communities is widely recognised as a key element to ensuring effective service delivery that is community focused and ensures value for money

Priority should be given towards selecting a 'responsible person' for each health organisation, whose remit involves the use of data collection and analysis regarding the Mental Health Act and holding oversight towards workforce training and policies, to address bias, discrimination. Embedding the role of the VCSE sector and its impact as part of enabling a data driven approach across the reform of the Mental Health Act, is vital in enabling the sector to sustain their awareness and deliver action on PCREF.



For better
MENTAL HEALTH



ACCESS.



EXPERIENCE.



OUTCOMES.

For everyone.



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For everyone.**

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