

BEYOND REASON (working title)

Manifesto - first draft

A Manifesto to Improve Outcomes for People with Mental Ill-Health under Coercive Regimes

A call for the decriminalisation and humane treatment of all people with serious mental health diagnoses currently warehoused within the psychiatric hospital or criminal justice systems, moving them from forced treatment into a humane evidence-based treatment pathway

1. Human rights for all:

human rights transcend disability, convictions, ill-health, incapacity; we are all people.

2. Reform of Mental Health Care

Concentrating on Serious Mental Illness where un-met need is greatest.

- a. Psychiatric hospital settings
- b. Forensic prison settings
- c. Ensuring those working with mentally ill patients are properly trained and fully accountable to an independent regulatory body, including National Probation Staff and that HMPPS Forensic Services is audited and regulated by the CQC.

3. Political engagement

Changing dominant narrative by engaging with MPs and Parliamentary Select Committees.

Change narrative from risk-based/coercive to person-centred/therapeutic (and then the risk goes away). International comparisons e.g. Trieste.

Change MH services from high-cost/low-effectiveness/coercive to moderate-cost/highly-effective/rights-based.

Recognize and value the strengths/insights/wisdom that come with lived experience.

Gather case studies and personal stories to strengthen the case

4. Individual initiatives

Reform of Mental Health Act

- Reform of Mental Health Act 1983 as amended in 2007 to make MHA rights-based. (ref. Geneva Richardson, Hearing Voices and NSUN responses to Wessely).

Driving up quality

- by creating a register of MH services with toxic cultures in UK (underway)

Service user/lived experience representation & engagement

- Representation in NMC Fitness-to-Practice panels.
- Endorsement of psychological therapies by service user organisations in order for them to be eligible for NHS funding
- Active involvement of people with lived experience in commissioning, monitoring, advocacy and implementation of health care contracts
- Lived experience representation at board level of every Trust or Mental Health care provider

Diversion of people with mental health problems who are not diagnosed a risk to themselves or the public, into decent, respectful mental health treatment in the community. *[In theory, this is already what is supposed to happen, except that community-based MH services are grotesquely underfunded]*. Justice reinvestment of £600m of healthcare contracts into mental health services in the community.

Advocacy

Scrutiny and accountability

- Open book accounting (to see where and how funds are being deployed)
- Proper scrutiny, benchmarking and monitoring of all mental health contracts commissioned to deliver mental health services into the prison estate and secure units to ensure they are fully staffed and regulated.