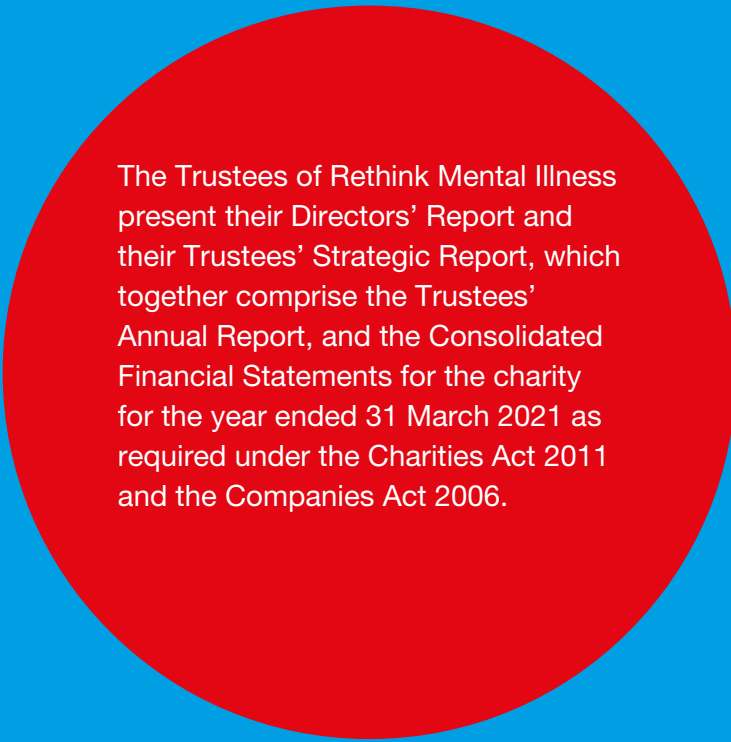




Rethink
Mental
Illness.

Impact Review

For the year ended 31 March 2021



The Trustees of Rethink Mental Illness present their Directors' Report and their Trustees' Strategic Report, which together comprise the Trustees' Annual Report, and the Consolidated Financial Statements for the charity for the year ended 31 March 2021 as required under the Charities Act 2011 and the Companies Act 2006.

Rethink Mental Illness

(Operating name of the National Schizophrenia Fellowship)

(a company limited by guarantee)

Registered Company number 1227970, Registered Charity number 271028

Challenging attitudes, changing lives.



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Name and nature of the charity

Rethink Mental Illness is the operating name of the National Schizophrenia Fellowship. The charity was formed in 1972 and is registered with the charity Commission of England and Wales. The charity is also a company limited by guarantee and is governed by its Articles of Association.

The term “charity” refers to Rethink Mental Illness and the term “Group” refers to Rethink Mental Illness together with its subsidiaries as set out in note 19.

Our mission and vision

Our mission is to lead the way to a better quality of life for everyone severely affected by mental illness. This includes people with lived experience, their carers, families and friends.

Our vision is equality, rights, fair treatment, and the maximum quality of life for all those severely affected by mental illness.



Our values

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

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

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

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

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

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

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

A message from our Chair of Trustees

2020 will be forever remembered for two global events. One that changed everyone's lives and one that needs to. The former, the Covid-19 pandemic, and the latter, the murder of George Floyd by a white police officer in Minneapolis and the resulting worldwide calls for change. As a charity these tragic events have shaped and informed our year.

We knew relatively early in the pandemic that there was likely to be an impact on the mental health of the population, the reverberations of which are likely to be felt for years to come. This has included the trauma experienced by those who became seriously unwell, the grief experienced by those who lost loved ones, the burnout felt by those working on the frontline and the anxiety and isolation felt by nearly everyone as we adapted to living in lockdown. But further to this we also knew that those who were most likely to be hit by the full force of the pandemic were people already severely affected by mental illness.

People severely affected by mental illness faced two stark risks in addition to those experienced by the rest of the population. First, an increased risk of becoming seriously ill if they contracted the virus. Secondly, disruption to existing care, support and treatment that keeps them well. Responding with speed, we ensured that our frontline services remained open and that service users and staff were protected with the equipment and resources they

needed. Non-frontline services quickly transitioned to provide support remotely online and by phone. Our 132 groups also adapted to provide ongoing peer support. Many of the groups continued to meet online and all remained in contact via the phone or social media.

We then reached out to people severely affected by mental illness and their carers to develop a clearer understanding of the challenges they faced. Further to which, we ensured that we provided the information and advice they needed – made available on our website through a new information hub, and via our social media channels and newsletters. Towards the end of 2020/21 our focus moved towards encouraging people who were severely affected by mental illness to be vaccinated against Covid-19 as part of priority group six.

As a critical friend to both government and the opposition we used our voice, publicly and in private, to reinforce the need for additional resources to support people's mental health needs. We advocated for



For all the challenges, I am very proud of what we achieved to keep people safe and improve lives.

and were pleased to see additional funds made available in the Autumn Spending Review for mental health care, specifically the additional funding to support mental health inpatients being discharged from hospital and to accelerate the expansion of community mental health care.

Throughout the year we remained conscious that while the pandemic had created unprecedented challenges, the issues that impacted on people severely affected by mental illness and their carers that existed before the pandemic had not disappeared. In fact their continued existence threatened to magnify the impact of the pandemic and hinder our recovery from it, including an out-of-date Mental Health Act, a welfare system that is frequently a cause of distress rather than support and a lack of funding for adult social care services (with local authorities facing severe funding problems).

To the credit of our staff and campaigners, we have retained a focus on these issues in the last twelve months. After years of campaigning, the publication of the Mental Health Act White Paper means we are finally on the verge of much needed reform. Less positively, we continued to shine a light on the damage and misery our welfare system causes, with campaigns for an independent inquiry into the hundreds of cases of death and serious harm caused by the benefits system and an urgent call to end sanctions and conditionality. This is a battle that we are yet to win, but we will continue to fight until change is secured.

On the transformation of community mental health services, we have cemented our place as a sector leader, expanding our

place-based alliances across the country. These alliances bring together service providers, commissioners, local authorities, social care agencies, funding bodies, mental health trusts, government agencies and other parties to create a 'no wrong door' approach, meaning that a person's mental health support needs can be responded to regardless of where they come into contact with services. This makes the system easier to navigate and more efficient. Our work in building place-based alliances is based on the principle of 'generous leadership' – ensuring lessons learnt are proactively shared far and wide across the health and social care sector.

All of this work is underpinned by the principles of coproduction and involvement. In 2020/21, we developed a new Co-production & Involvement Strategy, which was co-produced with our Lived Experience Advisory Board. The strategy ensures that we feed the insights of a diverse range of people with lived experience and carers into our business development, campaigns, policy and services activities as well as other parts of the charity's work such as the advice and training we provide. The strategy will also see the creation of a new Carers Advisory Board in 2021 which will work in co-operation with our Lived Experience Advisory Board.

One issue that did transcend the pandemic was the ongoing impact of racism on our society. Recognising progress to be made, we have incorporated equity as a new organisational value and in 2020/21 we began the journey towards becoming an anti-racist organisation. Throughout the

year we focused on ensuring the voices of people from minority backgrounds are an integral part of the coproduction of services. We also continued to lobby the government to both implement Seni's Law (the Mental Health Units (Use of Force) Act 2018) and end the racial disparities in how many people are detained under the Mental Health Act. Our Advice and Information service worked with people from Black, Asian and minority ethnic communities who have lived experience of mental illness to create a new resource about the intersection of mental health and racial injustice. Internally, we commissioned an extensive programme of work with an independent consultancy that works with organisations to assist them in becoming anti-racist and separately created staff 'Pledge Groups' to hold the charity to account on delivering change to ensure we increase diversity and call out racism as and where we see it.

Financially, we ended 2020/21 on a sound footing, something we appreciate is not uniform across the third sector. Our reputation as a charity that delivers high quality services has seen our income grow in the last twelve months. At the same time we saw a decrease in some traditional costs, such as travel, as more of us turned to Teams or Zoom for meetings. In 2021/22 our resources will be invested in fast-tracking transformation projects, such as our ICT infrastructure, that will enhance our capacity and ability to improve people's lives. This work is part of a wider project of organisational change, led by our new Director of Strategy and Transformation, Kate Husselbee, to ensure that the charity

can respond with agility to both the challenges and opportunities it faces in the coming years.

It has undoubtedly been a difficult year, for those living with mental illness and their loved ones as well as our staff, volunteers and supporters. For all the challenges, I am very proud of what we achieved to keep people safe and improve lives. I am hugely thankful to everyone connected with Rethink Mental Illness for their effort, commitment and hard work. This year, more than any other, has reinforced that we are more than a charity. We are a movement driven by passionate, caring people working together to make a big difference to people's lives.

This reflection is especially poignant for me as I approach the end of my second and final term as Chair in November 2021. Rethink Mental Illness will always hold a special place in my heart, from when I first contacted it for advice and information, to becoming a member, then joining a regional committee, then the board, I have had the privilege to work with amazing people dedicated to improving people's lives. I have seen the Charity grow and its voice become stronger, long may that continue. I wish my successor the very best.



Philippa Lowe

Chair of Trustees

What we do

Rethink Mental Illness is the charity for people severely affected by mental illness. They are at the heart of everything we do.



Online, over the phone and face-to-face, we provide services that support and empower people to live and thrive independently in their communities. Every day, we help thousands of people to learn more about specific mental illnesses and treatments, understand their rights and access support that focuses on their wider physical health, financial, housing, work and volunteering needs.



We also provide local peer support groups across the country to help people living with mental illness and their carers support each other, grow in confidence and take greater control of their lives.



We campaign on a local and national level to ensure people severely affected by mental illness are listened to, treated fairly and have easy access to the health and social care services they need.



And we work with a wide range of organisations, including other charities, private businesses, the NHS and local authorities, to create communities that genuinely care for the wide range of people we support.

Informing and shaping all our work are people severely affected by mental illness. They are the ones who know best what they need and what must change.

We won't stop until everyone severely affected by mental illness:



Has a voice in how their care, support and treatment is delivered.



Has their rights respected and enhanced.



Can receive recommended care and treatment, close to home, when they need it.



Has a safe, secure and affordable place to call home, with the support they need to live there if required.



Has access to networks, online and off, to develop friendships, new interests and receive peer support.



Has their physical health taken seriously, so that their mental illness does not “overshadow” or cause avoidable physical ill health, leading to decreased life expectancy.



Can work or volunteer in roles they love, with any support they may need, free from stigma and discrimination.



Has enough money to pay their bills and live a satisfying life, able to rely on and navigate a welfare system designed to support, not penalise.

Our commitment to becoming an anti-racist organisation

One result of the racial inequality in society is that people from Black, Asian and minority ethnic backgrounds can experience different rates of mental illness than the majority white population. Things like fear, stigma and lack of culturally sensitive treatment may also prevent people from accessing the mental health care they need.

The murder of George Floyd by a white police officer in Minneapolis in May 2020, and the subsequent global response, asked a question of all of us: do we, as both individuals and organisations, do enough to challenge racism? This question prompted us to undertake a period of reflection and review. Following honest – and at times painful – conversations with employees, people severely affected by mental illness and partners across the health and social care sector and beyond, we made a commitment to become a truly anti-racist organisation.

This means putting equity at the heart of everything we do. It means campaigning for better mental health support for people from Black, Asian or minority ethnic communities, working with them to co-design the services they need and challenging the inequalities that underpin poor mental health. It also means creating a truly inclusive and anti-racist workplace.

Recognising progress to be made, we have incorporated equity as a new organisational value and in 2020/21 began

the journey towards becoming an anti-racist organisation.

We are now playing a key role in facilitating the coproduction of new models of community mental health with experts by experience and NHS England. Ensuring we are working with people from minority backgrounds, people with lived experience who can represent their local communities and in partnership with local organisations and grassroots communities is of highest priority. This will ensure NHS England's transformation of community mental health care doesn't just work for existing users of services but also for excluded groups with unmet needs.

Our ongoing campaign to reform the Mental Health Act is shaped and informed by racial disparities in how many people are detained under the act and their outcomes. There is a long way to go but by ensuring the reformed Act recognises the individual backgrounds, experiences and needs of people treated under it, the government will be taking a big step in the right direction. At the same time, NHS England is taking

forward the recommendation for a Patient and Carer Racial Equality Framework to improve outcomes for people from diverse backgrounds in inpatient mental health care. We are also involved in recommendations to deliver culturally sensitive advocacy.

With allies across the mental health sector, we've continued to apply pressure on the government publicly and privately to implement Seni's Law, the Mental Health Units (Use of Force) Act 2018. It has not yet been enacted despite passing through Parliament several years ago following campaigning by Rethink Mental Illness and others. We are hopeful that this law will be implemented within the next year and will keep pushing strongly for this to happen.

Recognising the need for improved advice and information, our Advice and Information service worked with people from Black, Asian and minority ethnic communities who have lived experience of mental illness to create a new resource about the intersection of mental health and racial injustice. The resource identifies barriers to accessing mental healthcare and treatment and signposts appropriate resources and support.

Internally, we have commissioned an extensive programme of work with an independent consultancy that works with organisations to assist them in becoming anti-racist.

We understand that our workforce is not currently as diverse or representative as it needs be to mirror the community we serve. Because of this we are committed to diversifying our staff, and in particular the senior levels of management and leadership. In 2021, we are creating new

roles to ensure reducing racial injustice plays a part in everything we do. We are also committed to improving our recruitment and selection policies to not only create positive action, but to remove any bias that may disadvantage those from disproportionately represented groups. In tandem, we are developing anti-racist training with specialist organisations as part of our learning and development offer and on-boarding process for new staff.

More widely, we will continue to seek out and listen to the experiences of those affected by racism and ensure they have a platform. We will lend our support and our voice to the work of organisations tackling racial inequality and in 2021/22 we will continue with our efforts to ensure a truly anti-racist workplace.

Future annual reports will update on progress made.

Step Up is a co-production project which aims to build on young people's strengths and abilities to deal with issues that could cause a mental health crisis. Within schools and colleges we were overwhelmed with the numbers of young people interested in getting involved with the programme last year and were able to work with 68 young people to build a diverse range of new workshops and resources, including supporting young Black people on topics including colourism and institutionalised racism and supporting young men, topics including the impact of social media on finances.



Involvement, & co-production

People with lived experience of mental illness and carers are at the heart of everything we do. In 2020/21, we developed a new Co-production & Involvement Strategy, which was co-produced with our Lived Experience Advisory Board (LEAB). The strategy ensures that we feed the insights of a diverse range of people with lived experience and carers into our business development, campaigns, policy and services activities as well as other parts of the charity's work such as the advice and training we provide. The strategy will also see the creation of a new Carers Advisory Board in 2021, which will work in co-operation with LEAB.

As well as developing our co-production and involvement practice within the charity, we have applied our expertise in co-production to facilitating the involvement of experts by experience and carers as equal partners in the re-design of integrated mental health services. Co-production and community engagement became a key focus – alongside community partnership

building – in our conversations with health and care system leaders in 2020/21. To support the transformation of community mental health services, we proactively shared our co-production approaches in trailblazer places, such as Somerset. This approach reinforces the need to acknowledge lived experience/carer expertise as a necessary factor in effective co-design, and co-delivery of services.

Our work on bringing the lived experience perspective into integrated community mental health service development started to include co-delivery through peer support. This included the development of whole system peer support frameworks and roles, and Peer Support Worker roles applying the new Health Education England guidelines. To support our growing number of Co-production & Involvement practitioners in places across the country, we started to bring guidelines and tools together, and created new practice roles to develop a Co-production and Involvement Hub resource.

Our members

Our 2,203 members (as of March 2021) are central to our past and our future. We were formed nearly 50 years ago by carers of people living with schizophrenia. Our first members laid the foundations for the charity that exists today, which now helps thousands of people severely affected by mental illness.



Our many thousands of campaigners, supporters and donors, along with our members, give Rethink Mental Illness its mandate. Members are engaged in campaigns and policy development and are an important source of volunteers for our governance and peer support groups. They help shape the direction of our work through our Annual General Meeting (AGM) and the work of the Board of Trustees and other committees at national and regional levels.

Membership also provides people with a sense of belonging to an organisation that helps them to cope with the demands of living with severe mental illness, whether they have direct experience, or are a carer, relative or friend.



Our impact in 2020/21 - building communities that care

We are working hard to ensure the all-round needs of everyone severely affected by mental illness are met so they can live independently in communities they feel connected to. This includes their housing, financial, welfare, physical health, and employment and volunteering needs, as well as access to health and social care.

We also strongly believe that for a person severely affected by mental illness to have a good quality of life, they must feel part of their community, not be subjected to discrimination and have their voice heard and rights respected.

To achieve all these goals, we are working with a wide range of organisations, including voluntary, community and social enterprises, the NHS and local authorities, public bodies and private businesses.

We are also collaborating with people severely affected by mental illness to develop new and improve existing services.

Our year in numbers...

32,500

We responded to more than 32,500 enquiries through our commissioned helplines.

5.5 million

We had more than 5.5 million visitors to our website a 66% increase on 2019/20.

700,000

By the end of March 2021 we had secured more than 700,000 followers across our social media channels (Facebook, Instagram, LinkedIn and Twitter).

15,000

We directly supported more than 15,000 people through our services.

3,000

Our work as a charity was mentioned over 3,000 times in the media.

28

We secured 28 new business contracts (16 community services, nine accommodation services, two criminal justice and prison services and one Money & Advice).

5,494

We responded to 5,494 enquires through our national advice and information service. In feedback, 89% of people reported that they had a better understanding of their situation and 87% felt more able to take action.

5,516

We delivered workplace training to 5,516 individuals across 408 different training sessions.

Mental Health Navigators

The way mental health support is delivered in the community is changing in Grimsby, and it is in no small part down to the hard work of Teresa Harrison. Teresa is the focal point of a pioneering a new project delivered by Rethink Mental Illness, funded by Mental Health UK and Johnson & Johnson, trialling the use of a Mental Health Navigator to improve the community support for people severely affected by mental illness.

As the navigator, Teresa is working to stamp out the reliance on emergency crisis care by providing tailored support for people severely affected by mental illness. She signposts patients to local support that will improve their quality of life and in turn could limit the number of people in the community reaching crisis point. Her work is already taking the pressure off overstretched medical services. Whether people need support with money issues, employment, housing, physical health or social connections within their community, Teresa will be there to help.

“It’s about being that in-between person” says Teresa, “It’s about being there to support the GPs and being there to reduce their appointments. For the patients, I try to get back to them within a 24–48-hour period so that they are reassured that they’re not waiting for weeks to get support.”



*“That’s the difficult thing” she says,
“Sometimes you’ve got to let these people
go and sometimes it is sad, because you do
build those relationships.”*

*“But I always say to people if they’re
struggling with their mental health or if
they need any support, I’m always there to
help. My door is always open.”*

Teresa’s work helps GPs, but, crucially, it gives patients in the local area a one-stop shop for all of their community mental health needs. Within the context of Covid-19, her support for some people has been nothing short of lifesaving. “We once had a lady that was blind who had recently broken a wrist, she hadn’t gone out because her blind dog couldn’t socially distance and she hadn’t been contacted for support. That meant that she had been eating finger food for three months because she couldn’t cook.”

“I did everything I could to help. I got her meals on wheels so that she was able to have hot food. I provided her with audio books so that she had things to keep her occupied, I even helped her with her heart monitor and got it all fitted and working at home for her. I arranged her transport to help her get to and from her hospital appointments. I referred her to a befriending service so she was getting a weekly call from someone to check in on how she was – and she also had a bit of emotional support from me.”

That emotional support is a big part of the role for Teresa.

Changing lives through our services

In 2020/21 we delivered 90 services, which collectively embody our aim to empower people to live and thrive independently in their community through meeting their whole needs. We secured 28 new business contracts (16 community services, nine accommodation services, two criminal justice and prison services and one money & advice). Including new services in the Black Country, Brent, Wiltshire, North West London and a national advice helpline.

15,000

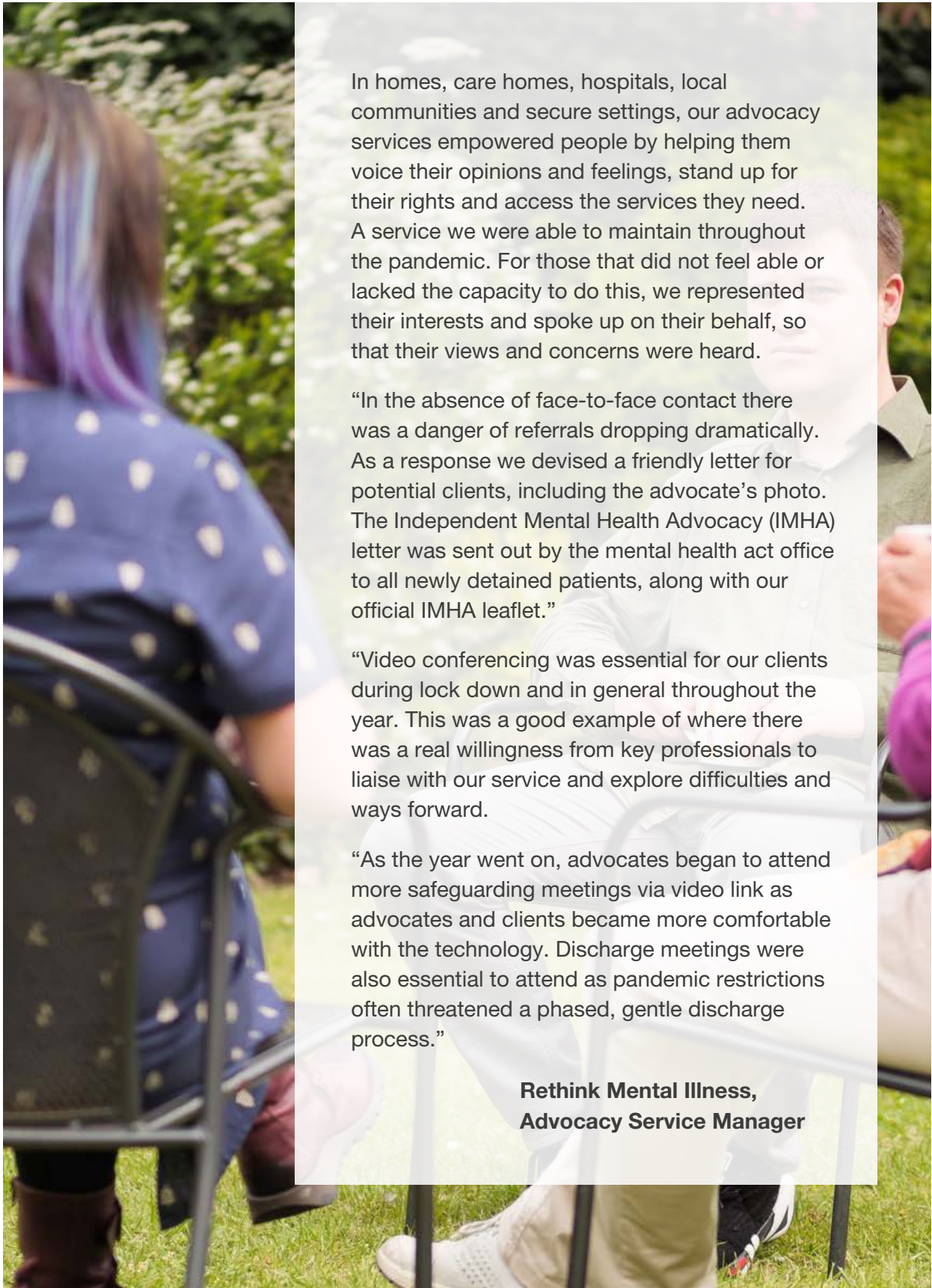


Across the year our services **supported more than 15,000 people.**

7,113



In 2020/21 our **advocacy services** supported 7,113 people



In homes, care homes, hospitals, local communities and secure settings, our advocacy services empowered people by helping them voice their opinions and feelings, stand up for their rights and access the services they need. A service we were able to maintain throughout the pandemic. For those that did not feel able or lacked the capacity to do this, we represented their interests and spoke up on their behalf, so that their views and concerns were heard.

“In the absence of face-to-face contact there was a danger of referrals dropping dramatically. As a response we devised a friendly letter for potential clients, including the advocate’s photo. The Independent Mental Health Advocacy (IMHA) letter was sent out by the mental health act office to all newly detained patients, along with our official IMHA leaflet.”

“Video conferencing was essential for our clients during lock down and in general throughout the year. This was a good example of where there was a real willingness from key professionals to liaise with our service and explore difficulties and ways forward.

“As the year went on, advocates began to attend more safeguarding meetings via video link as advocates and clients became more comfortable with the technology. Discharge meetings were also essential to attend as pandemic restrictions often threatened a phased, gentle discharge process.”

**Rethink Mental Illness,
Advocacy Service Manager**

914

In 2020/21 our **care home services** supported 914 people

Our 24/7 care home services provided a safe, stable environment and specialist nursing support to people facing a mental health crisis or who had left hospital after being an inpatient. Support that involves experienced and dedicated staff building up a detailed understanding of a person's needs, including those relating to their physical health, which in many cases is neglected.

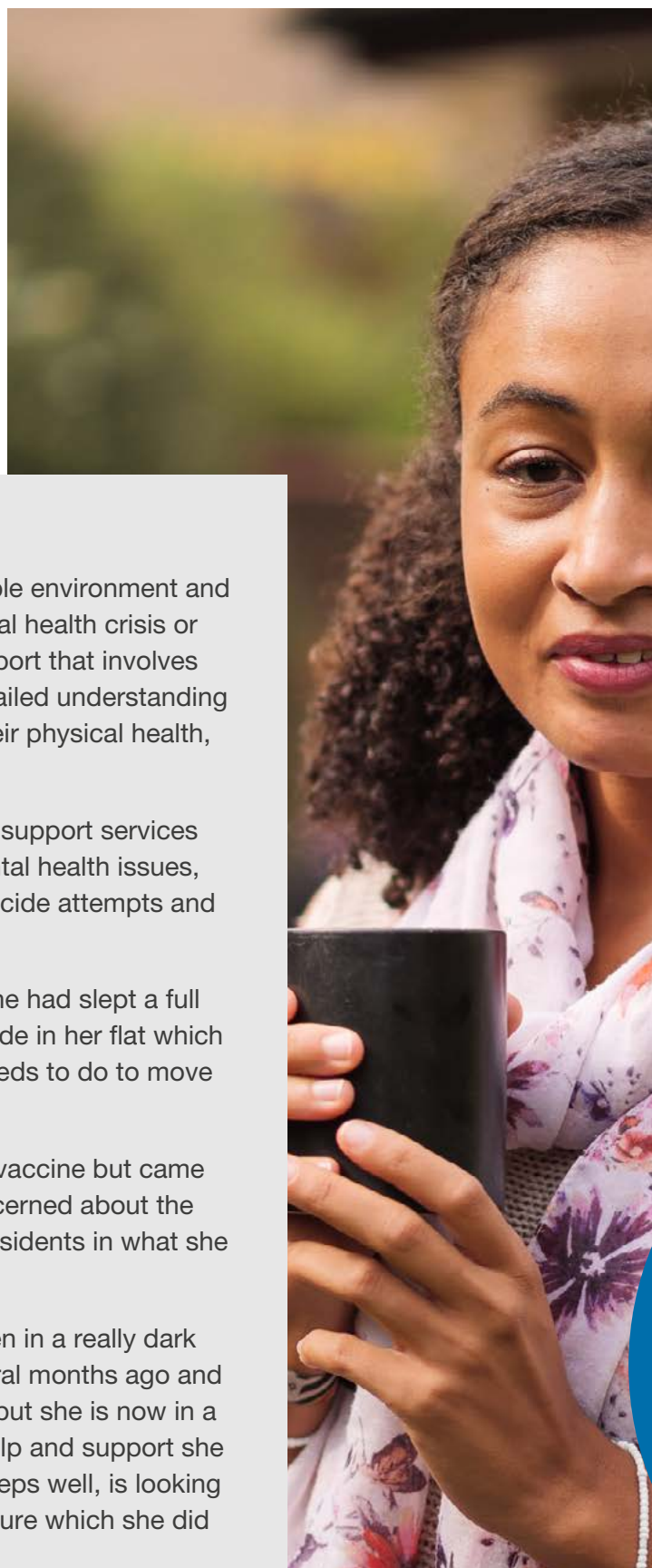
“Our resident had been known to the professional support services for much of her adult life. She has a history of mental health issues, substance misuse, self-harm, suicidal ideation, suicide attempts and homelessness with periods of rough sleeping.

“On the first full day at our crisis house she said she had slept a full night for the first time in years. She takes a real pride in her flat which she calls her ‘home’. She is talking of what she needs to do to move on and get an independent flat in the future.

“Our resident was undecided about her Covid-19 vaccine but came to tell us she was going to have it as she was concerned about the wellbeing of some of her more vulnerable fellow residents in what she considers to be her community now.

“She spoke to staff recently and said she ‘had been in a really dark place’ when she moved into the crisis house several months ago and did not think she would get through the next year but she is now in a ‘really good place’ which she says is due to the help and support she gets from Rethink Mental Illness. She says she sleeps well, is looking at her diet to stay healthy and has plans for her future which she did not think she would ever feel.”

Rethink Mental Illness, Care Home Manager





715

In 2020/21 our **carers services** supported 715 people

To help carers maintain and improve their wellbeing, our carers services provided tailored information and advice about the care and support available to them and how they can access it. Including carer's assessments from their local authorities, benefits and financial support they may be entitled to, and peer support that can connect them with others who understand their day-to-day experiences.

"In the last 12 months we have provided 2,639 one to one carer support sessions, the service has adapted to working remotely using telephone and virtual platforms to provide ongoing support to mental health carers. The service has adapted monthly carer groups to run virtually, these have been well attended and the service will continue to offer virtual groups alongside in person groups."

Rethink Mental Illness, Carers Service Manager



4,310

In 2020/21 our **community support services** supported 4,310 people

Our range of community support services gave people severely affected by mental illness access to personalised help to rebuild their confidence, help them stay in or return to work, and take part in social activities they enjoy.

"We rapidly launched a support group using WhatsApp where we've had over 80+ service users utilise this group throughout the year

"The group provided staff led and peer support and have shared the lockdown journey together. Together we have supported people to take their first visit to the shops or a walk in the park. They have shared good times and difficult times, motivated each other to complete tasks and shared the results within the group."

Rethink Mental Illness Community Service Manager

715

In 2020/21 our **mental health services in prisons services** supported 1,603 people

We provided primary mental health services in prisons across England that are based on expertise, the preferences of prisoners, and the best available evidence. These services are provided to individuals and groups of prisoners and are aimed at those who experience less severe mental illnesses such as mild or moderate anxiety or depression.

“All prisons have moved to wing based working to enable therapies to continue being delivered even when healthcare units closed due to Covid-19. In addition, we have utilised telephone therapy, developing new local operating procedures and increasing patient choice of modality, also allowing support to continue when regimes meant residents could not be unlocked.”

Rethink Mental Illness, Criminal Justice Service Manager

543

In 2020/21 our **supported housing services** supported 543 people

Our supported housing services include shared living spaces where staff are on site and self-contained flats that staff regularly visit. In both environments, our trained staff worked with people living with mental illness to identify their individual goals and aspirations and the support they need to make these ambitions a reality.

“Throughout the year, and via training and equipment provided, we were able to take baseline observations and report any concerns. By providing relevant ICT equipment and training when needed we ensured that tenants were able to stay in touch, via virtual appointments, with their GPs, consultants and psychiatrists.

“We also ensured that throughout the year tenants had the opportunity to speak regularly to their friends and family via the phone and/or online via Zoom or Microsoft Teams. Further to donations from Lloyds Banking Group, we were able provide tenants with iPads. Tenants now use these devices to access the internet, shop online, order prescriptions, listen to music and explore their interests.”

Rethink Mental Illness, Supported Housing Manager

Changing lives through our groups and peer support

We have 132 groups with more than half a dozen new groups in development, and a growing list of new enquiries.

34 groups for people living with mental illness.

46 groups for carers.

50 groups for carers and people living with mental illness.

2 groups for siblings.

The pandemic, and the restrictions to stop its spread – notably social distancing, was challenging for our groups. Our groups team worked hard throughout the year to support groups to adapt. During the pandemic, and while recognising that this wasn't possible for all, we were able to support groups to stay in regular contact via online video conferencing.

While there was a unanimous view that online contact was not an alternative to meeting face to face, it did have its own benefits - opening up groups to some people that may not have otherwise attended. As a result many groups are looking to deliver a hybrid of online and face to face activities in the future.

Those groups that didn't deliver online meetings, did stay connected. Mainly over the phone and groups texts, whilst some have used Facebook and email. A large number of groups chose to make the most of the better weather in 2020 and when restrictions allowed met outdoors in green spaces and organised walks.

Groups have seen a steady increase in enquiries to attend their meetings, with many having to create waiting lists of people wanting to join their full activities when they recommence, or in some circumstances when there is a space in the group, as many venues have capacity restrictions in place following Covid-19 secure risk assessments.

To ensure there was regular contact between group members and the charity, we introduced a new groups at home newsletter at the start of the first lock down. We also held online forums to bring coordinators together to share support and best practice, this will continue as part of our approach to connect groups as we move out of the pandemic.

Changing lives through our advice, information and training

“The pandemic has changed so much in our lives, but the message on mental health remains the same. If you’re struggling, or worried about someone else, don’t avoid or dismiss it. Seek support as soon as possible.”

Rethink Mental Illness, Head of Advice and Information Services

Our advice and information service gives free practical advice to adults living in England who are affected by mental illness. We advise people living with mental illness, their friends, families and carers. We also advise professionals who may want to know more about mental illness and how they can support the person they are working with. Advice is delivered over the phone, via our freephone number, email and webchat.

Recognising the range of issues that impact on people affected by mental illness, the Advice Service is expertly trained to provide up to date information on mental health conditions, access to care and treatment, different medications, individual rights under the Mental Health Act, social care, and welfare benefits. When further support is needed around welfare and/or debt issues we refer people directly to our partner service Mental Health and Money Advice. We also give advice to carers about their rights and how they can support the person they care for.

In 2020/21 the service directly advised 5,494 people - 3,925 by phone, 2,115 by email and 750 by webchat. This included advice on:

- how to access mental healthcare 1,544 times.
- money matters 598 times.
- housing rights 383 times.

After taking advice from us, 89% of respondents said that they had a better understanding of their situation and 87% felt more able to take action.

The Advice Service also provides and regularly updates a range of information on our website. With sections on mental illness, living with mental illness, rights & restrictions and a carers hub. Responding quickly to the pandemic, we created a new online hub providing a range of information to support people manage the impact of Covid-19. Including detailed advice on adapting to the restrictions and on the vaccination programme.

Demand for these online resources soared during the pandemic – with more than 2 million additional visits to our website compared to 2019/20. From the announcement of the first national lockdown in March 2020, in the following 12 months we saw a:

- 703% increase in people seeking advice and information about anxiety
- 459% increase in people seeking advice and information about self-harm
- 217% increase in people seeking advice and information about PTSD

89% of respondents who accessed information on our website felt their knowledge had improved.

The need for high quality mental health advice was recognised by Government during the Covid-19 pandemic, and funding for our Advice & Information Service was provided by the Department of Health & Social Care which allowed us to increase our capacity and provide advice to more people.

“I would just like to say that I have approached four different mental health functions, charities and official bodies and the service that Rethink Mental Illness has given me, is of a different scale to everything else. The questions that I wanted answers too, no one has been able to answer apart from Rethink Mental Illness. I would recommend Rethink Mental Illness strongly to absolutely everybody. I could not be happier with the amount of time and understanding and information that I have received.. 10 out of 10 almost seems insufficient.”

Anonymous

“Thank you so much for your email, it’s so informative and I really appreciate the advice! We have since somehow managed to get the person into a hostel for the time being however I predict that won’t last very long! I will definitely look into social care for him, we also managed to get in touch with his mental health team recently so that’s been really helpful. Thanks again so much for your help I will certainly keep referring to your advice. Many thanks”

Anonymous

In addition to our national Advice Service, we also delivered eight commissioned helplines in 2020/21 which responded to more than 32,500 enquiries and provided a mixture of:

- crisis support - Black County Urgent Mental Health Helpline and North East Lincs Helpline
- culturally appropriate support - Sahayak Asianline
- emotional support - Black County Emotional Support Helpline, Doncaster Helpline, Sheffield Helpline and the Sanctuary Hubs in Walsall
- specialist confidential support - Gloucestershire Self Harm Telephone Support



Embedding change through workplace training

In 2020/21 we delivered training to **5,516** people across **408** sessions.

Mental health training is an important way of changing the experience of people affected by poor mental health. Through our external training team we strive to enable people to feel more comfortable and confident to talk about mental health and know more about how to respond when problems arise.

In response to the pandemic, our external training team repurposed our workplace mental health awareness and mental health for managers training courses so they could be delivered online. We also created new course content that focussed on how to manage mental health and wellbeing as a result of Covid-19, including supporting homeworkers.

We developed and delivered our first Train the Trainer course with Asda. By training others to deliver our mental health at work content, Asda were able to continue our good work and reach even more people. We trained 10 of their internal Learning & Development staff. Those staff have since gone on to deliver 57 sessions which have reached 726 colleagues. 100% of those trained rated the quality of the training session as excellent.

Changing lives through our influencing and campaigns

We campaign nationally and locally to improve the lives of everyone living with mental illness. In doing so we have pushed mental health up the public agenda and changed government policy.

In 2020/21 we directed capacity at short notice towards supporting people to navigate their way through and protect themselves from the pandemic. Central to which was ensuring there was sufficient government focus and resource in place to safeguard access to clinical support for people's physical and mental health needs. However, we also knew that it was important to maintain momentum on issues that pre-dated the pandemic, including community mental health service transformation, modernising the mental health act and welfare reform. Conscious that they are fundamental to the lives of people severely affected by mental illness and that they would impact on both people's experience of the pandemic and recovery from it.

Throughout the pandemic we have done more than ever to listen to the views and experiences of people living with mental illness. In May 2020, and during the first lockdown, we launched a lived experience network that has grown to over 1,000 people severely affected by mental illness, who through surveys and other work have helped us understand the challenges that the pandemic has created and what the solutions may be. Our first survey found that

79% reported that their mental health had worsened during the pandemic. With 42% citing reduced support from mental health services. This spurred us on to advocate that their needs were understood and met by government.

In the summer of 2020 we brought together over 50 organisations to call for a new social contract to address the huge challenges created by the pandemic. This shaped our campaigning and influencing work in the autumn to influence the Spending Review and the Winter Plan for mental health and wellbeing, which helped secure a £500m package of mental health funding and a further £87m to support mental health inpatients being discharged from hospital and **£58 million to accelerate the expansion of community mental health care.**

We also surveyed people within secure care services about their experience of the pandemic resulting in our subsequent report highlighted the significant variation amongst secure care services in supporting service users during this time, including their approaches to activities, communication, access to technology and contact with family and friends. This report was signed

off and endorsed by NHS England/Improvement and disseminated to all services to inform their future pandemic planning.

The pandemic had a significant impact on people living with severe mental illness's physical health. Our survey of people severely affected by mental illness (May 2020) found that 51% of respondents were eating less healthily, 54% exercising less and people were smoking (16%) and drinking (23%) more than usual. At the same time the number of annual physical health checks carried out dropped to their lowest recorded level with only 21% of people having received one in the year preceding Oct-Dec 2020. In response we prioritised this as an issue to raise with policy makers and government, which helped secure a renewed emphasis from NHS England/Improvement to reinforce, on an ongoing basis, their importance in communications with primary care. Additionally, payments to primary care are changing from April 2021 to incentivise GPs to carry out all 6 health checks annually. We also successfully lobbied for £14 million of the government's additional funding for mental health care in the Autumn Spending Review to go to the NHS to put in place outreach initiatives to support people living with severe mental illness to take up their vaccines.

We welcomed the recognition by the Joint Committee on Vaccinations and Immunisation (JCVI) of the risk to people living with severe mental illness from contracting Covid-19, which saw them placed in priority group 6 for vaccination. Following our earlier survey of people severely affected by mental illness, we

commissioned a new survey of over 400 people to understand the enablers and barriers to people taking up the vaccine. This information helped influence NHS England's guidance to the system, including ensuring a tailored letter was sent to people living with severe mental illness. Accompanying this was an extra £4.5 million funding for the health system to spend on outreach to support people living with severe mental illness to take up their vaccine. Additionally, we developed resources for the system in our role within Equally Well (an initiative which seeks to promote and support collaborative action to improve physical health among people with a mental illness, hosted by Centre for Mental Health in partnership with Rethink Mental Illness) and held several webinars for Sustainability and Transformation Partnerships (STPs).



Maintaining the momentum of community mental health service transformation

The transformation of community mental health services, as set out in the NHS Long Term plan, represents the biggest opportunity in a generation to radically improve the lives of people severely affected by mental illness. In 2020/21 we have continued to play a leading role in this ongoing transformation.

On the ground we are now partnering with six STPs to co-produce new community models of care and build alliances of voluntary organisations. These alliances break down barriers between service providers and make it easier for people to access the support they need.

In the spirit of generous leadership we have absorbed lessons learnt and made them widely available. With funding from Janssen-Cilag Limited, we worked with national and local decision makers and experts by experience, to co-produce a set of guides for STPs and Integrated Care Systems (ICSs) setting out how they should begin their transformation of community mental health services. The guides were accompanied by a series of webinars attended by over 400 unique stakeholders involved in community mental health service transformation.

Reinforcing the importance of physical health outcomes

Our Sport England funded project has been testing how peer support groups can help increase physical activity amongst people severely affected by mental illness. While impacted by the pandemic restrictions, over the year 24 groups managed to meet in line with government regulations, recognising that for many people living with severe mental illness the peer support element of exercising in groups is crucial for motivation and participation around physical activity.

We supported groups to adapt and upskill to work in new ways. This has seen some groups meet regularly online or outside to exercise via zoom or over the phone, often taking time to check in and support each other too. Our support also included non-digital methods such as posting over 160 copies of the winter wellbeing packs directly to beneficiaries which included a host of resources and a resistance band for home exercising.



Delivering a reformed mental health act

Following years of campaigning and influencing we were delighted in January 2021 when the government published a Mental Health Act White Paper setting out long needed reform. We were successful in winning two tenders from the Department of Health and Social Care to deliver its engagement on the White Paper with people currently detained under the Mental Health Act and people previously detained. This engagement will not only deliver high quality feedback from people severely affected by mental illness on the White Paper proposals but has also allowed us to further develop our own Mental Health Act policy and involve people with direct experience more thoroughly.

Campaigning for welfare and social care reform

In the spring of 2020 we launched our Stop Benefit Deaths campaign which brought together over 20 charities to call for an inquiry into benefit related deaths, such as the tragic case of Errol Graham who died of starvation following the failure of the Department for Work and Pensions to take account of his mental illness before stopping his benefits. Our concern about the way that the benefit system often feels needlessly cruel to people living with mental illness was also at the heart of our work on sanctions and conditionality later in the year, when nearly 2,000 people signed our petition to the Department for Work and Pensions.

In early 2021 we turned our attention to social care. The government has promised to bring forward long term plans to reform and fund the social care system, but there is a risk

that the needs of people living with mental illness and their carers will be overlooked.

We rallied allies in local authorities, the voluntary sector, Westminster and Whitehall and evidence from Rethink Mental Illness groups and services to make the case that it is impossible to deliver on the promise of transforming NHS mental health services without excellent social care.

Sadly, at the end of March 2021 and after 15 years, the anti-stigma and discrimination campaign Time to Change, which we ran with the mental health charity Mind, closed when government funding ended. In those 15 years it ran a ground-breaking social contact programme, galvanising a movement of thousands of people to share their experiences. It also delivered tailored programmes in schools and in the broader community as well as in the workplace. The campaign played an instrumental role in changing attitudes and behaviours to mental health and mental illness.

While much has changed thanks to the hard work of Time to Change's staff and champions, stigma and discrimination still exist today, notably in relation to people severely affected by mental illness and the intersection of racial injustice and mental health. Moving forwards, we are committed to building on the legacy of the Time to Change campaign and will challenge stigma and discrimination wherever it exists.



Delivering through our partnership with Mental Health UK

Mental Health UK brings together four national mental health charities working across the country: Adferiad Recovery (Wales), MindWise (Northern Ireland), Rethink Mental Illness (England) and Support in Mind Scotland. The four charities combine their experience in one partnership to improve life for anyone affected by mental illness.

“Individually we are mental health experts in our respective nations. Together we are an even stronger team.”

Mental
Health
UK



The Mental Health and Money Advice service

The service delivers a remote-access casework service for people living with mental health and money problems. Caseworkers have a full understanding of the money issues that affect people living with mental illness. By providing support with welfare benefits claims and finding solutions to any debt problems the service helps people increase their income.

In 2020/21 the service supported 924 clients across the UK. Collectively, clients saw their financial situation improve by nearly £3.3m and 84% of clients reported an increase in their wellbeing as a result.

The impact of the pandemic on both our mental health and our money was a huge concern. This was recognised by Government who provided Mental Health & Money Advice in England with funding to maintain our telephone advice line and also develop and distribute a Mental Health & Money toolkit. The toolkit was distributed across primary care settings, with health and social care professionals, such as social prescribers, using the toolkit with patients who contacted them feeling anxious and low about their money situation.

“Our client is diagnosed with depression and experienced psychosis. She also lives with recurrent suicidal thoughts and memory loss. She was in receipt of Personal Independence Payment (PIP), but following a review of her award, her entitlement was withdrawn. By working closely together with the client and her family we were able to gather enough medical evidence and information to submit a mandatory reconsideration on the PIP claim. With this support she was awarded PIP at the enhanced rate for both the daily living and mobility component – this was higher than her previous award. Her income increased by over £150 per week, which has enabled her to access all her medical appointments without worry of the financial impact.”

Mental Health and Money Advice Service Manager



For young people's mental health

The service delivers a resilience-based programme in schools and colleges across the UK. It aims to equip young people aged 14-18 with knowledge and tools to maintain their mental health resilience through life transitions. The principal recipients of the programme are young people, it also supports teachers by training them in Bloom content and co-delivering workshops with them. Responding to the pandemic the programme was made available on-line whilst also maintaining our original offer of face-to-face co-delivery in classrooms.

In 2020/21 the programme trained 1,002 teachers across the UK and reached 61,392 young people.

“The previous 12 months have presented many new challenges. Young people have had to adapt to online learning, deal with social isolation, missing their friends and not being able to sit their exams. Bloom workshops have helped to equip our learners with useful tools and knowledge to help build their resilience and improve their mental health and wellbeing.”

Teacher, Grimsby Academy



Fundraising

We are grateful to the commitment that thousands of supporters showed during an incredibly challenging year. The dedication, energy and creativity of so many people has meant that over **£5 million** was raised through donations, gifts in wills and charitable grants.

The pandemic has had a huge impact on the lives of so many people across the country, Rethink Mental Illness supporters included. Yet during the year there were some incredible fundraising efforts including a virtual trek to Snowdon and over £70,000 raised by hundreds of people taking part in our virtual marathon in a month, Miles for Mental Health.

£1,041,000 was received through gifts in wills during 2020/21 and we are grateful to all of those individuals who chose to remember us in this way. One such person, Ernestine Adams, who passed

away in 2019, was Rethink Mental Illness' first member (the charity was known as the National Schizophrenia Fellowship then). Ernestine was the primary carer for her younger brother Philip, who lived with schizophrenia.

Rethink Mental Illness received a number of grants from charitable trusts and other grant-makers, including Stone Family Foundation, Sport England, National Lottery Community Fund, the City of London Corporation's charity, City Bridge Trust, and the Association of British Insurers Covid-19 Fund.

This support has enabled us to continue and expand our services to support people severely affected by mental illness and transform community mental health care through alliances built around our Communities that Care model.

Fundraising activities are delivered to the highest ethical standards. As a member of the Fundraising Regulator, we proudly follow the standards in the Code of Fundraising Practice.

We work with a professional fundraising agency who telephone supporters and prospective supporters to raise funds for our work. Our fundraising team undertake and observe training of the professional fundraisers to ensure they meet our high standards and regularly monitor phone calls. We have a Supporter Promise which ensures that people in vulnerable circumstances are protected.

We are also grateful to our Commercial Participators for their support. Partnerships are managed responsibly with appropriate due diligence, contracts and ongoing monitoring of activities.

During the year, we received seven complaints about fundraising activities, one regarding the FPS register and the remainder relating to communications regarding the transition from one Direct Debit provider to another. All complaints were monitored and responded to.





Our plans for 2021-23

We will drive the transformation of care and support for all people severely affected by mental illness.

We will campaign and influence government to follow up the NHS Long Term Plans investment in mental health and to provide the social care system with the financial support it needs to deliver its part of the effort. We will also campaign to meet increased needs as a result of the pandemic. Our national campaign focus will align directly to the Communities that Care model, focussing on securing improvements in the welfare system, supporting people with their financial problems, developing more appropriate housing policy and a better social care settlement for people who are severely affected by mental illness.

We will deliver at least four new pilots based on the Communities that Care model, targeting areas with diverse populations. We will use evidence and outcomes to influence government and the local system to spread delivery and develop our organisation to align to the model.

We will support the government to ensure smooth passage of the Mental Health Act on to the statute book and seek to build the case for reform in the housing and welfare sector, so it more effectively supports people living with severe mental illness. We will be a leading voice in addressing inequalities and injustice in the health and social care system, particularly around race.

We will ensure that the services and activities we develop are led and shaped by experts by experience.



We will make co-production a reality, internally and externally, in the development and application of service and policy provision. Through our Lived Experience Network and our Communications and Marketing Advisory Panel we will work to ensure that our campaigns and communications reflect the needs and views of people with lived experience of mental illness and their carers.



We will engage in areas of innovation, approaches for example such as New Models of Care/Provider Collaborative, to develop our policy and service solutions for people severely affected by mental illness. We will leverage funding to innovate and demonstrate proof of concept models, for example Mental Health and Money Advice Service and Mental Health Navigators, to the system so that we gradually meet more of the unmet need.



We will create a Carers Advisory Board to help co-produce a new model and partnerships to address the decline in specialist services for mental health carers. We will invest further in our volunteers to provide a high-quality volunteer experience and support the delivery of our mission. We will ensure that our activity goes much further in seeking out the experience and views of underserved communities and take action.



We will develop our existing offer around the Communities that Care model. As a campaigning organisation, which also provides information and support to the general public, we will make sure we reflect the pillars of Communities that Care in all our work. In our increasingly influential place-based activity we will support the local health and social care system and its partners with their transformation plans, so that regardless of where people live they will get the support they need across the different areas of their lives. Where we deliver services, we will play our part in ensuring people receive the appropriate care they require for their own needs and are supported to have the best quality of life they can.



We will develop new and innovative partnerships to create wider social change.

We will build partnerships with like-minded organisations, in particular those representing the voices of people from Black, Asian and minority ethnic communities, to spread innovation and transform the way we deliver care and support for people severely affected by mental illness.

We will seek to grow our profile in order to build a larger movement to achieve more social good, including a strong focus around stigma and discrimination in the context of mental illness in areas such as homelessness, LGBT+ and disabilities.

We will challenge stigma vocally when we see it and will stand up for the rights of people severely affected by mental illness whenever unfair systems and practices or policy failures let them down. We will seek to improve attitudes and practice to mental illness in the workplace by educating employers and supporting them to change their culture and practice by providing innovative training and consultancy services.

We will transform our internal ways of working to underpin our delivery.

We will review how we measure our outcomes, success, and the impact that we are having in improving outcomes for people severely affected by mental illness. We will consolidate our focus on quality, continuing to improve outcomes in our commissioned services and ensuring that the campaigns we run on issues such as welfare, money and rights are well-evidenced and led through lived experience.

We will continue to develop our culture and staff to support our changing environment, including embedding our commitment to becoming an anti-racist organisation. We will improve our systems, information sharing, and data gathering to underpin both our day-to-day work and the measurement of our impact. We will continue the journey of workplace transformation, reviewing our models of working, the size of our estate, our digital capability and our ways of connecting and strengthening our brand with colleagues.

We will develop our financial sustainability to invest in service provision, external relations and internal infrastructure, and set ambitious and realistic fundraising targets. We will develop the financial approach to our Communities that Care model.



Thank you for your Support

Sport England

The Stone Family Foundation

The City Bridge Trust

The National Lottery Community Fund

Rayne Foundation

Janssen Cilag Ltd



**Leading the way to a better
quality of life for everyone
severely affected by mental illness.**

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