

# ● Manchester Deserves Better

## Mental Health—a national scandal

Public Meeting, Saturday 7th November, 2pm-5pm

Friends Meeting House, Mount Street, M2 5NS

*Speakers:* UNISON Manchester Community & Mental Health branch

Service Users, Carers groups, Refugees, Campaigns against cuts, Greater Manchester Keep Our NHS Public

**Plan the campaign to defend and improve mental health services**

### “Is it acceptable that mental health services are on their knees?”

Jeremy Corbyn asked David Cameron this question at Prime Minister’s Questions in September.

We know that however bad it is in the rest of the country, it’s even worse in Manchester.

Manchester has high rates of depression, anxiety and severe mental illness—such as psychosis or bipolar disorder. At least 1 in 4 people has a mental health problem at some time. That’s over 110,000 people.

With support and the right services, most people with mental health problems can live a good life and manage their condition. Without, they may struggle to cope with everyday things, lose their job, be unable to handle paying bills, be evicted from their home, may think about suicide. There has never been enough funding in Manchester for mental health services and community facilities. Now it’s even worse, with closures and staff taking redundancy in local NHS and council services.

Manchester Mental Health & Social Care Trust is likely to be £6.1m in deficit by March 2016—and planning drastic

cuts to break even. Health commissioners, CCGs, proposed a further £2m cut in 2016/17. Services cannot be sustained with cuts and so-called ‘cost improvements’. Vicious austerity affects many people in Manchester, making their mental and physical health worse:

- Welfare benefit cuts and forcing disabled people off benefits and into work even though there’s a shortage of good jobs with decent pay and conditions for everyone who’s unemployed.
- Sanctions and withdrawal of benefits for the slightest error—with no protection for people with mental health problems.
- The bedroom tax, lack of housing at an affordable price or rent, and increasing numbers of homeless people.

## ● Mental health services and staff at breaking point

### Services

● not enough in-patient beds and staff on wards for people who are really ill—staff and unions are extremely concerned that the high ratio of patients to staff is unsafe.

“No appropriate in-patient or PICU (*psychiatric intensive care*) beds – clients may wait for a bed for weeks on Safire (*meant to be a unit for quick assessment*). If they are discharged, many clients are readmitted within hours.”

- pressure to discharge people from wards or community services when they are not well enough—and fewer other services to help them live well at home.
- community mental health teams (CMHTs) work with people with very complex and acute needs because there are not enough in-patient beds;

“We may have to circumvent service protocols to retain clients and keep them as safe as possible when they should be under other services, but these have no capacity.”

- waiting lists of 6 months and longer for assessment / allocation in CMHTs, up to a year for counselling.
- high number of cases involving safeguarding—which increases staff anxiety about making a mistake.
- uneconomic use of agency staff to cover vacancies rather than recruiting enough permanent staff to cover demand.

### Staff

- exhausted, anxious and burnt out—reluctant to go off sick because of extra workload it will mean for their colleagues..
- high sickness rates because of intense workplace stress.

“I cry at my desk at night. I punch the walls in frustration. I have fleeting suicidal thoughts – don’t worry, they are only thoughts!”

- apprehensive about whether they can fulfil their responsibilities because of pressures and unrealistic caseloads.
- working UNPAID extra hours—up to 7-8 hours a week—because of commitment to their clients.

## ● Closures and job losses

We have already suffered cuts in jobs and services because of reduction in 'public health' funds from the government to Manchester City Council (which chose to cut and reorganise services rather than campaign against the funding shortfall).

● **Recovery & Connect**—provided vital support to people who were discharged from CMHTs or in-patient wards.

“Desperate loss of an excellent service which keeps many clients safe and helps them into higher levels of functioning and better life quality.”

● **Supported Housing / Floating Support**—enabled people to live independently in their own homes, with staff who helped service users to maintain their tenancies, pay their bills. Service users may be evicted from homes they have lived in for many years.

These two services have been disbanded with many voluntary redundancies, and replaced by one team with just 11 staff. It's not clear what they will be able to offer in terms of continuing support.

● **Health & Wellbeing**—citywide services which helped people to improve their health: stop smoking, promoting cancer screening, reducing harm from alcohol or drugs—all cut completely. 23 people have taken redundancy, losing many years of expertise in specific topics. The replacement service will have only about 35 generalist staff working in neighbourhoods to try to reach some of the most vulnerable individuals and groups.

## ● Services out to tender

● **Alcohol and drugs services**—currently services are fragmented amongst a number of providers: NHS (including the well respected Community Alcohol Team and Brian Hore Unit in MMHSCT) and voluntary sector. The tender will bring services under one provider. While it's good to sort out the fragmentation, it should all be in public sector. We are concerned about continuity of services, whether there will be enough staff, and whether they will get NHS pay and conditions.

● **Physical Activity on Referral Service (PARS)**—for people with long term health problems (such as heart disease, diabetes, mental ill health). The team has been in limbo for months, waiting to find out what the service will become and who will provide it. It should stay in the NHS – because of the clinical/health aspect and to ensure staff are paid and supported properly.

“It's a false economy to cut Health & Wellbeing or put PARS out to tender: they are about prevention of ill health and rehabilitation. Getting people fitter and happier to be able to take part in life. This costs very little and in the long term saves lives.”

## ● Threats to specialist services

Several services with small teams, just 4 or 5 people, fear that they will be cut or merged with other teams. Clients would lose their specific help and support, such as homeless people, people trying to get back into work, people with psychosexual problems (hundreds already on a waiting list), people learning practical skills. These services are already under strain.

## ● Room for improvement

Staff who are overworked, stressed and facing burnout know they cannot always provide the best service. They don't have time to think about their work, and worry they can't do their job as well as they would like to. They know sometimes clients lose out.

Staff also know some services could be better.

For example, rehabilitation services don't get the right referrals. They are more like a warehouse (even a dumping ground) for people who have complex nursing needs but for whom there are no beds available. Staff feel there is a lack of clear vision for rehab services, or how they link with community resources. They should be helping people to acquire skills and to maximise their potential.

## WE NEED YOUR HELP—YOU NEED OURS DEMAND BETTER MENTAL HEALTH SERVICES

The government and MMHSCT management and directors must be held accountable for services which are not provided safely or are under-resourced

- Send a postcard to MMHSCT—available UNISON MCMH, at events, on the website
- Sign the online petition—link on branch website: [www.mcmh.org.uk](http://www.mcmh.org.uk)
- Check our Facebook page—[www.facebook.com/unisonmcmh](http://www.facebook.com/unisonmcmh)
- Write to your MP, councillor, M/c CCGs—check branch website for suggested letters