

**Our agenda, not your  
agenda**



Firms cash in on  
psychiatric  
care crisis

**DWP  
Sanctions**

**Suicide  
Prevention  
CBI**

**Now that  
"austerity is over"**

**We Demand ...**

**"75% are faking it"**

**"... tackle the burning  
injustice of mental illness"  
Theresa May 2018**

**Scientist:  
Antidepressants  
cause**

**ECT and  
Medication  
"Work is a  
health  
comer"**

MHRN on  
the streets  
Photo by  
Paula  
Peters

Banner  
drop from  
inside  
Streatham  
Jobcentre



Mind boss lies to protesters  
over DWP contracts



# **Our agenda, not your agenda**

## **We demand ...**

### **We reject the medical model of mental distress**

Psychiatry decontextualises our distress. There is little evidence that the cause is biological and overwhelming evidence that it is caused by trauma and social injustices. Medication may act as a painkiller but cannot “cure” our distress.

#### **We demand:**

- 1.** A public inquiry into the harm caused by psychiatric drugs and ECT.
- 2.** Research and manufacture of drugs to be nationalised to remove the profit motive.
- 3.** Provision of treatment where medication is refused, and an end to forced treatment.
- 4.** An inquiry into violence and abuse of patients in psychiatric wards and in the community.
- 5.** An end to control and restraint in psychiatric wards and community settings.
- 6.** A public inquiry into institutional racism, sexism, classism and LGBT discrimination in psychiatry and all services.
- 7.** Culturally appropriate services to be provided to members of the BAME communities which recognise that racism is a causative factor in mental distress.

- 8.** A fully funded, national 24 hour suicide prevention and support service.
- 9.** The provision of alternative treatments such as Open Dialogue, Hearing Voices Networks and holistic therapies.
- 10.** CAMHS waiting lists to be investigated and all Cygnet Hospitals in the UK to be shut down forthwith.
- 11.** Long term specialist mental health care if needed – no discharge from services to save money.
- 12.** Fully funded mental health and social care. An end to payment by results – results are subjective.
- 13.** Crisis houses be made available to anyone who needs them and to be staffed with fully qualified therapists and mental health nurses instead of poorly qualified support workers with little or no training.
- 14.** Talking therapies that are trauma informed to be freely available.
- 15.** Services to be user led including a review of the Mental Health Act.
- 16.** User involvement in statutory services to be free from service provider control.
- 17.** An end to the increasing medicalisation of children and adolescents.
- 18.** Our physical healthcare must not be dismissed as being 'all in our minds.'
- 19.** An independent body to oversee the CMHTs to ensure good practice and adherence to NICE guidelines.



## **We reject the neoliberal model that decontextualises our distress**

Like the medical model, the neoliberal model of mental distress locates the cause of distress/madness within the individual and not in society; our thinking and attitudes are blamed without reference to social context. This model uses CBT, Mindfulness, positive psychology and the recovery approach as putative treatments. We reject the recovery approach outright with its insinuation that our continued distress is due to our lack of effort. Any measuring of the quality of our mental health will be done by us and will be measured against our values, not based on how useful we are to rich employers. We consider short term CBT and Mindfulness to have limited value. Positive psychology is not a substitute for proper housing, a secure income, free healthcare and a more equal society.

This model, like the medical model, absolves society from any responsibility for both the causes and treatment of mental distress.

We deplore the use of treatment as a Trojan horse to smuggle into our psyches the beliefs and values that benefit the rich. All mental health care should be for the sole purpose of alleviating our distress and enabling us to fulfil our goals in life. Any other motive is brainwashing and abuse.

The medical and neoliberal models are **not** social models.

## **We demand a social model of mental distress**

The social model locates the cause and remedy of mental distress within the social, economic, political and cultural context in which it occurs; it takes account of personal trauma along with our material circumstances, societal inequality and discrimination.

“When large numbers of people become unwell, we need to look beyond biology and consider what is happening at the societal level.” Danny Dorling, Professor in the School of Geography and the Environment, University of Oxford.

We demand that you acknowledge that our material conditions affect our mental health and prioritise making these adequate. All people who live with mental distress, including those with addictions, must have secure housing and income. Failure to meet this demand is uncivilized and consciously cruel.

### **We demand:**

- 1.** An end to the abusive practices of the DWP: the degrading and stressful assessments for benefits (the Work Capability Assessment and PIP assessments), unrealistic conditionality and all sanctions.
- 2.** Universal Credit to be stopped and scrapped immediately.
- 3.** A public inquiry into benefit deaths with legal action taken against any parliamentarian implicated in these deaths.

4. Legal action to be taken against health professionals and benefits assessors who cause harm by colluding with the removal of social security.
5. GPs to be mandated to provide supporting letters for benefit claims for free.
6. Free and independent social security advice for everyone claiming benefits.
7. That the DWP take full responsibility for obtaining further medical evidence from claimants' own healthcare professionals.
8. Our financial and housing security be treated as a priority by all health workers.
9. Private companies to be removed from carrying out benefits assessments.
10. People held in prisons to be given proper access to mental health care while detained and thereafter.
11. An immediate end to the lie that work can cure mental distress.
12. That adjustments to be made to the workplace are based on a social model. CBT, resilience training and the Recovery approach are not adjustments to the workplace, they are adjustments to the worker.
13. Access to a free, specialist, independent mental health advocacy service for people both in and out of work.
14. The opportunity to pursue education and employment of our choice and at our own pace.
15. The admission that unemployment is structural and is not the fault of the individual.

- 15.** Practical help to be made available to everyone in mental distress who needs it (for example material help for parents to care for a child, provision of personal assistants, greater support for carers and so on).
- 16.** The abolition of the Work and Health Programme and the merging of health services with the DWP including the removal of all work coaches from NHS settings.
- 17.** An end to the unethical use of psychology to force conformity to a political ideology.
- 18.** Removal of the Behavioural Insights Team from the lives of people in mental distress.
- 19.** Immediate steps to be taken to end the material inequality that is driving our mental health crisis.
- 20.** An end to the privatisation of the NHS and reversal of privatisation already in place.
- 21.** The resignation of Sir Simon Stevens who is overseeing the dismantling of the NHS.
- 22.** The resignation of Sir Simon Wessely who is unfit to Chair the review of the Mental Health Act because of his involvement with the discredited PACE Trials and his participation in the "Malingering and Illness Deception Conference" and book of the same name.
- 23.** Urgent action to be taken to undo the damage caused by the 'scrounger' narrative used to prime the public to accept the abuse of disabled people.
- 24.** The reinstatement of day centres.



25. Access to all areas of social and personal life to be ensured by making reasonable adjustments to our social and physical environment, with Survivors leading the process to identify what adjustments we need.
26. Iain Duncan Smith, Esther McVey and Lord David Freud be brought to justice for their wilful cruelty towards people in mental distress.
27. The recommendations made by the UNCRPD following its investigation into violations of the rights of disabled people in the UK must be implemented in full and as a matter of urgency.
28. The plan to cut /"make efficiency savings" of £1 billion to mental health services by 2020 announced by Lord Carter of Coles\* must be dropped. \* Independent Report for the Department of Health 2016 called "Operational Productivity and Performance in English NHS Acute Hospitals: Warranted Variations."
29. That public events and online information, especially from governmental bodies, MUST be available on BSL (British Sign Language) and easy read all the time.
30. That helplines be accessible for people with speech and hearing issues, i.e. live chat and video chat with the option of the help of BSL (British Sign Language) interpreting.

**We reject large charities** that claim to advocate for us, for example National Mind. Those with DWP and NHS contracts have a conflict of interest. They are no different from the huge corporations that are only concerned with profit margins. We speak for ourselves, Mental Health charities do not represent us.

**We reject the Westminster Health Forum Keynote Seminar on “The Next Steps for Mental Health Services.” It is not concerned with our best interests and is therefore illegitimate.**

We declare that the speakers at this forum are seeking to profit financially from our mental distress; are causing our mental distress; do not care about people in mental distress; and are implicated in the deaths of benefit claimants for failing to demand an end to DWP abuse.

**If you are not with us in resisting austerity, inequality, victim blaming and the culture of profiteering from our mental distress, then you are the cause of our distress.**

\*We understand the term “Survivor” to mean a self-identification for all Survivors of the mental health system and people with addictions, autism, psychosocial disabilities and neurodiversity.

**Dedicated to the memory of Robert Dellar  
mental health campaigner and writer  
1964 - 2016**



Campaigners protest against 'job coaches' in GP practices. "Disabled rights group says initiative blurs lines between healthcare and government's work programme."

MHRN judicial review into WCA.

"Fitness-for-work tests unfair on people with mental health problems, court says"

"Work capability assessments place those with mental health conditions at substantial disadvantage, judge concludes" Mr Justice Charles, May 2013



Mad  
Pride  
back  
to  
work  
sticker



# Mental Health Resistance Network

## MHRN

MHRN was set up by people who live with mental distress. For years we have been resisting psychiatric abuse. Now we are fighting on two fronts. With the dismantling of the welfare state, the government is brutally removing social security from people who live with mental distress - and their actions are killing us.

We reject our abusers: nothing they do is with good motives. This document contains our demands. It is a living document and will be updated and added to from time to time.

Email: [resistmh18@gmail.com](mailto:resistmh18@gmail.com)

Facebook: [www.facebook.com/MHResist/](http://www.facebook.com/MHResist/)

Twitter: @MHResist

Website: [mentalhealthresistance.org](http://mentalhealthresistance.org)

#WeDemand

