



# **A New Social Contract**

for a mentally healthier society





# Introduction

**Covid-19 has changed the world. It has brought despair to individuals, families and communities, leaving many people feeling unsafe and disconnected. And it has taken the lives of those already exposed to health inequalities at a disturbing rate.**

**UK leaders are making decisions the magnitude of which have not been seen for over 70 years and doing so at a frenetic pace to respond to a virus that disproportionately affects some parts of our society.**

**This proposition from 50 voluntary and social sector organisations to the UK government is clear: let's work together to create a Mental Health Renewal Plan that re-imagines a New Social Contract for a mentally healthier society as we emerge from this pandemic. The loss of so many lives, the economic challenge, and the impact of lockdown and isolation create a perfect storm, a tipping point for change.**

The UK has already endured tens of thousands of tragic deaths and the profound economic shock of the Covid-19 response. The nation's mental health is at high risk. We will endure the mental health impacts of Covid-19 for many years to come in the fallout of fractured relationships, isolation, debt, unemployment and grief. And, without bold preventative action, the mental health consequences of the pandemic will fall disproportionately on those facing the greatest disadvantage.

We are calling for the nation's mental health and wellbeing to be prioritised by the Prime Minister and all his ministers both in the immediate Covid-19 response and, critically, as an integral part of plans to help the country recover from the crisis. What we do now will impact generations to come.

Creating the conditions for good mental health must now be a national priority. Now is the time for government and society to come together to create a new, coherent and integrated approach. Other countries have already published recovery plans to work across government, voluntary sector and civil society to meet the mental health and psychosocial needs emerging from the crisis.<sup>1</sup>

We are seeking a coordinated national approach for England to both effectively prevent and respond to the damage that Covid-19 inflicts on the nation's mental health. The mental health, social enterprise and charitable sector have a long history of bringing together and connecting expertise and experience of health and social care to support government and departmental approaches. More than ever, a combined leadership approach is needed both to meet the needs of those who already live with mental ill health and the wider population at risk from significant mental distress as a result of the pandemic.

The government has an opportunity to work in **true partnership** with the mental health voluntary sector and its partners to shape a New Social Contract for a mentally healthier society that prevents harm, reduces health inequalities and enables the UK to rebound positively from this crisis.



# Why a new social contract?

Levels of poor mental health are unacceptably high, and we have yet to see the same progress on mental health as we have for our physical health. Voluntary and community organisations and social enterprises collectively provide one of the largest forums of support for our communities. They employ around 865,000 workers<sup>ii</sup> and harness the efforts of millions of unpaid volunteers.<sup>iii</sup> The enormous social good leveraged by the sector covers virtually every aspect of life from health, housing, finance, employment, relationships, marriage, drugs, alcohol, families, disability, sexual health, welfare and so on. Every conceivable audience is supported by a charity.

Individually, these organisations already make valuable contributions to supporting the nation's mental health, but there can be no doubt that a fairer society that protected and prioritised mental health would enable the sector to make a far greater impact. Too many people do not receive the support they need. Organisations working with the most disadvantaged people and most urgent needs are often least well-funded, further entrenching inequalities. This is exacerbated by obstructive systems, competitive commissioning dynamics, and the marginalisation of communities and individuals in both policy and practice.

*This cannot be the tenor of the response to the Covid-19 pandemic.*



We recognise that no one organisation can provide the solution. We have therefore combined to form a powerful, committed collaborative. We invite the government to join us.

It is inevitable that society will change because of the pandemic. We believe now is the time to make the deeper changes we need for good mental health for all; there is already strong evidence for how this can be achieved. The case for a combined whole-government and whole-society effort to prevent mental health problems, especially in our children and young people, is compelling. In 2018, the Mental Health Policy Commission made a set of clear recommendations to help government nurture a mentally prosperous nation: two years on, during a pandemic, those recommendations continue to echo loudly.<sup>iv</sup>

We have brought charities and social enterprises together across the mental health and charitable sector to invite a dialogue on a high-level ambition for how we can cultivate greater positive mental health and support people who are unwell or becoming unwell. We have a long history of affecting change, working with government on programmes to improve the nation's mental health, and working collaboratively with excluded communities. We have been key partners in the development of national strategies and initiatives including Time to Change, Thriving at Work, the Five Year Forward View for Mental Health and the NHS Long Term Plan. We have also initiated a ground-breaking consortium with the business sector who will be key to our ambition<sup>v</sup>

*However, this New Social Contract would be unprecedented.*

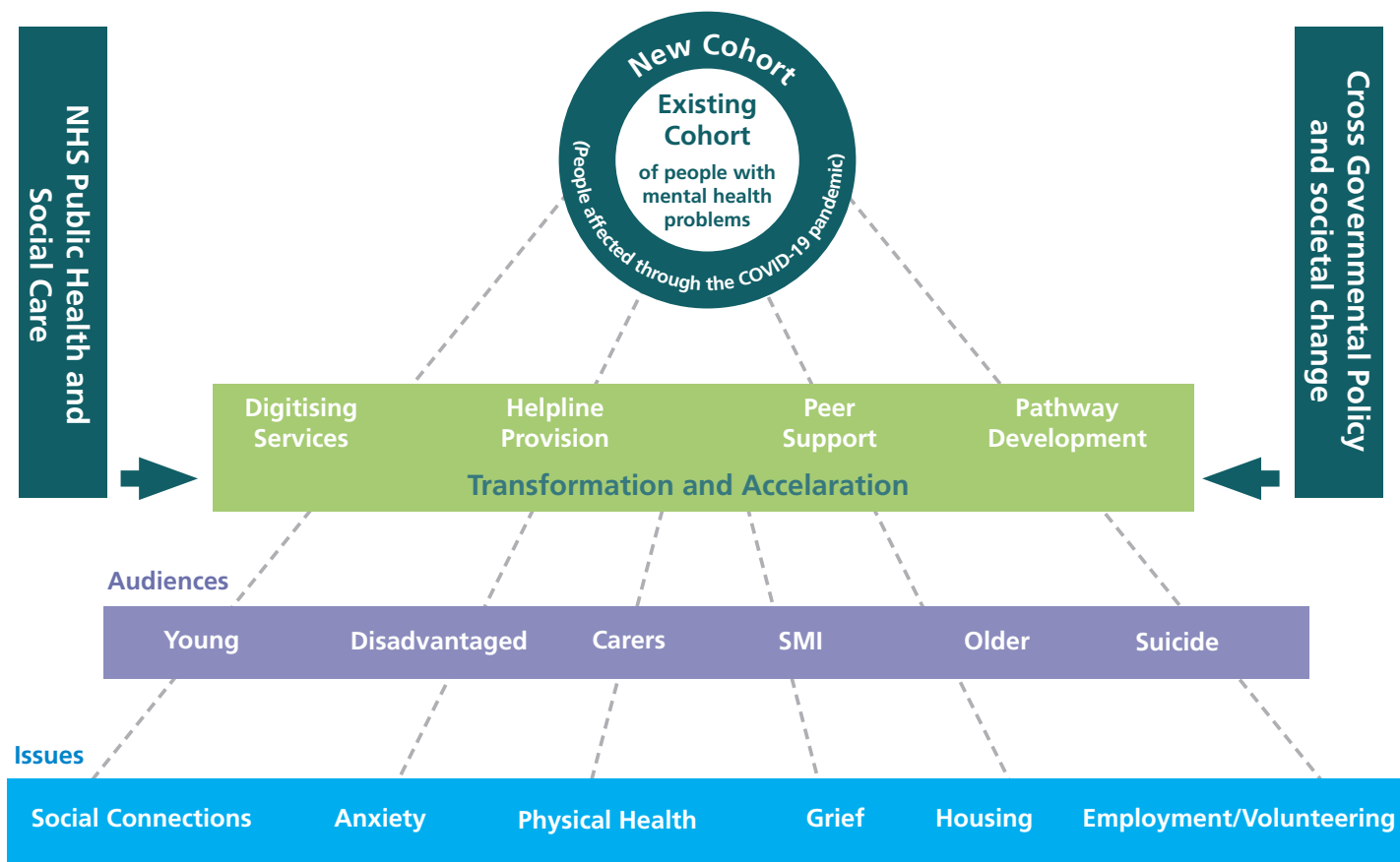


All the signatories of the New Social Contract are signing up to the principles of co-production, collaboration and partnership contained within it. We are working together to protect the mental health of at-risk groups and create easy access for people who need our help, to increase opening hours for support, and to innovate at pace. We understand that lived experience needs to guide our response and delivery. In the midst of the pandemic, we have found new ways to provide advice and information when people need it and to safely support people who have complex mental needs, people who are starting to struggle, and people who are reaching out for help

for the first time. Supporting people to make their own choices, manage their own situation and exercise their own freedom is the most tenable approach to any societal challenge in the longer-term.

The current reality for many people with new or pre-existing mental health problems is that it is difficult to access support when they need it most. This is both because of the redeployment of vital health professionals to deal with the pandemic and because many charities, large and small, have lost the income and resources they need to offer help to people who need it.

The diagram below sets out the nature of the challenge, and the potential role of the voluntary sector in addressing it.



We can confidently state, on the basis of evidence that has already emerged, both that existing mental health problems will worsen, and many more people will need support with their mental health as a result of the pandemic. The mental health impact of Covid-19 is also likely to be experienced most severely by those with existing severe mental health problems, some Black, Asian, and ethnic minority communities, young people, older people, people who are already disadvantaged because of their particular background or situation, people who are at risk of suicide, people who are homeless and those who are caring for people who are unwell.<sup>vi</sup>



Research and the latest survey evidence suggest that:

- Almost half of the UK population is experiencing high levels of anxiety.<sup>vii</sup>
- Nearly a quarter of people who have tried to access mental health support in the last two weeks have failed to get help.<sup>viii</sup>
- There have been significant decreases in routine mental health care referrals, particularly in adult talking therapies and children and young people's mental health services.<sup>ix</sup> At the same time, mental health practitioners report increases in urgent and emergency cases.<sup>x</sup>
- Nearly eighty percent of people living with mental illness report that Covid-19 and the national response have made their mental health worse.<sup>xi</sup>
- Nearly two-thirds of disabled adults report that concerns around Covid-19 are negatively affecting their wellbeing.<sup>xii</sup>
- More than 7,000 times a day, people struggling to cope are receiving emotional support from the Samaritans.<sup>xiii</sup>
- Half a million people are likely to experience mental health problems as a result of the economic impact of the pandemic.<sup>xiv</sup> Already, a third of UK adults are worried about their finances, and one fifth of people identified as unemployed reported suicidal thoughts in the last two weeks.<sup>xv</sup>

We also know from previous research about other pandemics that children and young people particularly struggle with the effects of isolation and quarantine.

We will need to strengthen the community assets that protect people's mental health and wellbeing as well as provide support to the growing number of people whose mental health has become worse because of anxiety about isolation or their physical health; grief over the loss of loved ones; uncertainty about the future; the prospect of unemployment, losing their home or falling into debt; trauma experienced when carrying out key worker roles; or being trapped at home in dangerous or violent relationships. These factors may degrade individuals' physical health either through the stress itself or because of coping responses that can include self-harm and poor eating, drinking or exercise patterns. With those experiencing severe mental illness dying 15-20 years younger than the general population, we need to increase focus on reducing this mortality gap through targeted public health initiatives and physical health checks.

This New Social Contract would set out what is needed for government, public bodies and the voluntary sector to come together to support the nation's mental health and wellbeing through the current crisis. It would make clear asks of government, including a call to invest funds now to help services plan and implement urgent changes. It would commit to clear public health actions that government and businesses should take now to reduce the impact that Covid-19 will have on communities, employees and patients.



*We will need to strengthen the community assets that protect people's mental health and wellbeing*





# Covid-19 mental health response new social contract – 2020/2021

We are calling on government to take a combined leadership approach and work with us to support the nation's mental health and wellbeing through the pandemic and its aftermath.

We need a cross-government and voluntary sector Mental Health Renewal Plan to develop and deliver a New Social Contract for a mentally healthier society. This work will shape a long-term vision for mental health for the next 10 years. We propose we start with the following actions:

- 1. Establish a Mental Health Renewal Taskforce.** This must be a multi-agency, cross-sector group, chaired by a member of the Cabinet, bringing together expertise and equal representation from across government, the voluntary sector, public bodies and people with lived experience of mental health problems. The taskforce should lead a comprehensive whole-government<sup>xvii</sup> Covid-19 Mental Health Renewal Plan for the NHS, Social Care, and the voluntary sector which delivers parity for mental and physical health.

The Recovery Plan should include:

- a) A coherent plan for greater integration across voluntary, public and private sectors
- b) As well as reducing the mortality gap for those most severely affected by mental illness, we need a preventative and holistic approach that creates the conditions for good mental health like increased opportunities for inclusive education and employment, and action to reduce the risk factors that damage our mental health.
- c) A full and fair funding settlement for local authorities to provide and commission social care, suicide prevention and wider public health services, supporting their pivotal role in reducing mental health risks and harnessing the social fabric of communities
- d) A commitment to map increased mental health need as a result of the pandemic and ensure a corresponding funding package, in addition to maintaining the NHS Long Term Plan funding for mental health at the stated levels for the rest of its 10-year delivery period for Better Mental Health
- e) A commitment to delivering the Mental Health Act Independent Review recommendations in full and a white paper to be published with a commitment to introducing legislation in 2020/1.



2. The financial resources made available by government to meet the mental health challenge of Covid-19 do not match the scale of the need. We want to agree an ambitious government funding settlement over the current financial year (2020-21) and to address the long-term underfunding of mental health. The economic value in terms of jobs, services and wellbeing resulting from strong community sector organisations able to support people of all ages and promote self-help, choice and recovery and reduce demand on a stretched NHS, will be considerable. Investment will support actions to:

- a) Increase helpline capacity so that the voluntary sector can provide advice and support to more people, whatever the nature of their needs
- b) Enable further digitisation of voluntary sector services where appropriate during and after social distancing, so that people can access help more easily
- c) Roll out a preventative national programme of peer support through the voluntary and community sector, so that we can support those at risk before issues arise and so those who have experienced mental ill health and suicidal behaviour can help others who are encountering it
- d) Improve the way people get support from the voluntary sector so that they get the right help as quickly as possible and no-one falls through the gaps or goes unsupported
- e) Support local, community organisations representing the most marginalised people in society, so that those for whom mainstream services are unacceptable or ineffective have access to alternative entry points into the system. Lived experience should guide delivery, and people who experience the most complex, systemic disadvantage and health inequalities must be able to choose services which are culturally appropriate and with which they can form sustained, trusting relationships
- f) Develop clear and targeted communications to ensure the public knows where and how to get support, with effective marketing to diverse audiences to ensure that all groups and communities know what is available and how to access it
- g) Produce an expanded public mental health strategy with dedicated early-stage support for infants, children and young people and their families, and proactive, targeted initiatives for specific groups including Black, Asian and minority ethnic communities, people with severe mental illness, and people with physical disabilities
- h) Include a multi-million-pound investment specifically for non-mental health voluntary organisations to collaborate with the mental health sector to effectively prevent and protect the mental health of those at greatest risk in our communities
- i) A commitment to realising the recommendations made in the Women's Mental Health Taskforce report 2019 to create trauma informed care across mental health.



3. **Commit to adopting a mental health and wellbeing-informed perspective in leading the nation's recovery approach.** Actions across government must demonstrate that all departments, policies, public authorities and services will value and protect the mental health of the population, including by reducing risks for the most vulnerable. Government should work with the Mental Health Renewal Taskforce and the wider mental health sector partners to provide clear guidance for businesses and institutions, including schools, universities, hospitals and prisons, to help them create psychologically safe spaces when their communities and employees return.



*Government should work with the Mental Health Renewal Taskforce and the wider mental health sector partners*



# Looking to the future

Despite the challenge, the pandemic has given us a unique, once in a generation opportunity for a radically inclusive resetting of society that better protects our mental health. By seizing this rare and delicate chance, we can alter the trajectory of damage the pandemic will otherwise cause and build on the positive transformation that has happened in communities and services so that people can thrive and prosper with good mental health.

We believe this New Social Contract between the government and society will provide the most effective vehicle for making this change long term. This ongoing work, beyond the immediate crisis, should be brokered by the voluntary sector in partnership with all those who have a stake in a better future. This will demand both a leap of faith and unwavering commitment to act on, and expand, the evidence on the state of the nation's mental health. These steps will create an equal platform for collaboration and success.

## Society Today

We know from our collective research that health and social inequality was already leading to disproportionate poor health for particular groups and this crisis has amplified the worst aspects of this reality. The harmful impact of inequality and poverty on physical and mental health has been very well evidenced, most recently by Sir Michael Marmot in his seminal 2020 report.<sup>xv</sup> As a collective of charities we work with populations facing huge disadvantage including Black, Asian and minority ethnic communities, LGBTQ+, vulnerable women and girls, people exposed to childhood poverty, deaf and blind people, older adults, single-headed households and people at risk of or in contact with the criminal justice system. Reducing the health inequalities that these groups experience is a fundamental priority if we are to protect the nation's mental health.

But unless we act, the pandemic could exacerbate existing disadvantage for decades to come. We think, that with courage we can take the steps towards policy that addresses this reality once and for all.

## Society 2030

Examples from across the world point to the need for a long-term commitment to improving mental health and wellbeing. Working together, we will build anew but also future proof against the damage global emergencies can have on the most vulnerable. By using all the resources available to us including the sustainable development goals<sup>xiv</sup> the UK can play an even greater global leadership role on mental health.



## A shared roadmap – no one left behind

We want to co-produce roadmap for a New Social Contract to lock in the mental health and wellbeing lens across all policy development and address the long-term underfunding of mental health. This roadmap will ensure co-ordinated action between government, the public and the wider system. We would work through a series of project cycles to help us achieve our ambition. These could include:

- Securing the role of the voluntary sector
- Securing parity between health and social care
- Universal basic income
- Nationwide local devolved power frameworks to maximise grassroots and community cohesion
- A strategy that blends the risk of climate change, global emergencies and mental health
- New models of research and innovation
- Secure the commitment to eradicate racial discrimination and exclusion
- Make sure the voices of those most likely to be harmed by the pandemic and health inequalities are at the heart of every step the task force takes
- Strengthen the commitment to eradicating health inequalities by having a specific programme of work including policy change, services and listening to communities
- Create devolved power sources for communities to make their own decisions
- Ensure that no one is left behind from the digital revolution, maximise opportunities for tech to be harnessed for good.

# Social Contract

**Government,  
Third Sector,  
Public Sector,  
Tech, Business,  
People**

**Investment  
(Philanthropic,  
Business,  
Government),  
Innovation, Policy  
Commitment**

## What we will do

**Coproduce  
the  
roadmap**

**Mental Health  
Taskforce  
10-year  
commitment**

## What we will see

**An equal,  
mentally  
healthy  
society**

**Economic  
dividends and  
future proofing  
against global  
emergencies**



# Call to action

We as voluntary sector organisations and social enterprises know we need to collaborate better. That is why we have come together to ask the UK government to join us as part of developing a whole system approach in a New Social Contract so that together we can take bold steps towards a more equal and mentally healthier society. To use what we knew before the pandemic and what has emerged throughout. We will create a social movement that will be a global exemplar. It is true that we, despite our differences, roles and responsibilities can turn this horrific experience into an opportunity to re-imagine a kinder, mentally healthier society.

We want to mobilise this work now. Only the government has the power to convene all the right people to make this happen. We are offering to bring everything we have, all our knowledge and resources, to create an equal platform. Together we will make the most of financial resources and innovation, motivate co-production and make sure we are solution focused.

We the undersigned commit to work in a combined leadership approach with the UK government in the development and delivery of this New Social Contract:

Age UK  
Alzheimer's Society  
Association of Mental Health Providers  
Association of Young People's Health  
Asthma UK  
Beat  
British Lung Foundation  
Carers UK  
Centre for Mental Health  
Charlie Waller Memorial Trust  
City Mental Health Alliance  
Cruse Bereavement Care  
Diabetes UK

Education Support  
First Step Trust  
Helplines Partnership  
MAC-UK  
Marie Curie  
Mental Health at Work  
Mental Health First Aid England  
Mental Health Foundation  
Mental Health Innovations  
Mental Health Network  
Mental Health UK  
Mind  
National Children's Bureau and Chair of the End  
Child Poverty Coalition  
National Suicide Prevention Alliance  
National Survivor User Network  
OCD Action  
PAPYRUS  
Place2Be  
Race Equality Foundation  
Rethink Mental Illness  
Revolving Doors Agency  
Richmond Group of Charities  
Royal Voluntary Services  
Samaritans  
SignHealth  
Stonewall  
Stroke Association  
Student Minds  
The Concern Group  
The Mix  
The Wellbeing Economy Alliance  
TimeBank  
Together for Mental Wellbeing  
Turn2us  
Versus Arthritis  
YoungMinds  
Youth Access



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