
commentary

Crisis and resistance in mental health services in England

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The last two years have seen a small but significant increase in the level of resistance by service users and practitioners to the coalition government's policy of austerity and neoliberal restructuring of mental health services in England. This article provides an overview and analysis of these developments by examining four recent campaigns that feature alliances between service users, workers, trade unionists and anti-cuts activists. It considers both challenges faced and successes achieved by campaigners.

key words mental health • austerity • resistance

Introduction

This article aims to uncover and understand growing resistance by service users and workers to recent transformations of mental health services in England. It begins by providing an overview of the destructive impact of austerity measures, privatisation and welfare reform on mental health provision. It goes on to explore the emergence of resistance to coalition government policy by examining four recent campaigns that have challenged plans to close, cut or outsource services. The article describes the background to the formation of these campaigns and strategies adopted by them, noting both the victories secured and challenges encountered. Conclusions are then drawn that, it is hoped, will both contribute to our understanding of the dynamics of resistance in the current period but also inform and inspire future campaigning activities.

It should be noted that all three authors were actively involved participants in the Save Our Sanity (SOS) campaign in Liverpool. Unless alternative sources are cited, any direct quotes given in this article are drawn from interviews conducted by the authors with campaigners and used with permission.

The unfolding crisis in mental health services

Mental health services in England are facing an unprecedented crisis (Moth 2013). Mental health trusts have seen over 2% cut from their funding since April 2011

and, as a result, more than 2100 beds in mental health units, over 10% of the total, have been closed (Buchanan 2014a). During a similar period the number of nurses working in mental health services has fallen by 3640 and the number of doctors has dropped by 213 (Cooper 2014). This has led Simon Wessely, President of the Royal College of Psychiatry, to describe services as “running dangerously close to collapse” (Cooper 2014), while for his predecessor, Professor Sue Bailey, they are “a car crash waiting to happen” (Buchanan 2014b).

The cuts have resulted in service users who are awaiting admission to an in-patient bed being detained in police or prison cells (Community Care 2012a), whilst others left without support have tragically taken their own lives (McNicoll 2013a). The Coalition government downplays concerns by suggesting that beds are being replaced by expanding community provision but this narrative is undermined by NHS data showing practitioners’ contact with service users in the community has reduced (McNicoll 2013b). There is also evidence of widespread understaffing (Community Care 2012b) in addition to job cuts. Similarly, government claims to be committed to parity of esteem between mental and physical health services look hollow as NHS tariff payments for mental health are reduced by 20% more than those for acute care providers (Lintern 2014).

In addition to cuts, statutory mental health services are undergoing neoliberal restructuring at an accelerating pace through managerialist reforms that impose market discipline through:

- ‘targets and terror’ (Bevan and Hood, 2006);
- the involvement of the private sector via Payment by Results (PbR) (Lister, 2008);
- the promotion of competition under the Health and Social Care Act 2012 (Pollock and Price, 2013).

The requirement for NHS trusts to compete in healthcare markets increasingly results in the contracting out of community health services to companies such as Virgin Care (Ramesh and Lawrence, 2012), diverting public healthcare funds into corporate profits (Pollock, 2010).

While austerity, managerialism and privatisation reduce and reshape the support available to those experiencing mental distress, a further reform simultaneously assails mental health service users. The coalition government’s welfare programme is generating a ‘tsunami of fear’ through draconian elements such as the ‘bedroom tax’ and the Work Capability Assessment (Butler, 2013; Pring, 2013).

As a result of these policies, levels of poverty and social inequality are rising (OECD, 2013). Between 2009 and 2011, the poorest people in the United Kingdom (UK) experienced a fall in their share of total income, while the richest saw growth (Eurostat, 2013). Austerity policies are clearly benefitting the wealthiest in society. The inequality that this policy framework exacerbates has been shown to have harmful effects on mental health (Wilkinson and Pickett, 2010). Rates of mental health problems show considerable variation between high-income countries, with levels of distress much higher in more unequal countries such as the UK (Pickett and Wilkinson, 2010). Consequently, the harsh reality of the coalition government’s austerity agenda is that government policies are likely to further increase already high levels of mental distress in society at the very time that cuts and privatisation limit the availability of mental health services to those most in need.

The coalition government's toxic prescription of cuts, privatisation and welfare reform is a remedy for a financial crisis that has its aetiology in the City of London's banking sector, not in public services such as mental health units and community drop-in centres. Yet service users and mental health workers are among those ordinary people paying the highest price for the latest crisis of capitalism.

Nonetheless, amidst the devastation being wrought by austerity, resources of hope are visible. A renewed resolve to resist is apparent with the recent emergence of a number of campaigns that have been effective, not only in drawing attention to the effects of mental health cuts, but also in winning important victories. In the following section we consider four in particular that have challenged cuts, closures and outsourcing of mental health provision: from both Salford and Liverpool in the North West of England, to Cambridge, and Norfolk and Suffolk in the East of England. The article examines, in the case of each campaign, the circumstances that led to its formation, its composition, the strategic and tactical orientation and then both achievements and challenges faced.

The emerging resistance to the cuts

United Service Users' Committee, Salford

The first campaign discussed here was formed during 2012 in response to the announcement by Manchester Mental Health and Social Care Trust of plans to reduce mental health community provision in the region. In Salford this meant the closure of four drop-in centres and job losses for the frontline community mental health workers who staffed these (Cranna, 2012). The United Service Users' Committee (amusingly abbreviated to USUC – pronounced 'you suck') got off the ground when the UNISON branch secretary informed the relevant service users of the proposed reduction in services. From the start, the group set itself a reasonably wide-ranging mandate to defend local mental health community services from both reorganisation and privatisation.

The trust proposed keeping some provision in place although it argued that drop-in centres would only be available for two days a week. It tried to cut the numbers of community care workers from 18 down to nine and increase the number of one-to-one sessions, meaning that staff would have less time to provide support in the day centres. The local council also informed the group that drop-in services would have to be moved into a different building. USUC campaigned hard to ensure that the reorganised provision would be open for four days a week and were successful in ensuring that a more suitable building was offered. As USUC has developed, it has transformed into a wider and more generalised anti-austerity movement and has supported and formed coalitions with a range of other local groups campaigning on a diverse set of issues.

Throughout the campaign, USUC members have employed an assorted range of tactics, including:

- forcing themselves into council meetings;
- demonstrating at the personal home of the Mayor of Salford;
- invading and disrupting formal council meetings;

- infiltrating question and answer sessions with Leader of the Labour Party, Ed Miliband;
- setting up banners in council meetings (without permission);
- lobbying Greater Manchester West NHS Trust;
- organising for local and national marches and demonstrations;
- lobbying at the Labour Party conference;
- contacting the local and national media.

In addition, USUC members have been heavily involved in planning the new drop-in centre, which replaced the old provision. As well as finding a new venue for the day centre, they have also taken greater control over the day-to-day running of the provision. The council originally put the group in an unsuitable building, which was shared with children and families. As Steve Cullen, an active member of USUC and service user stated: “We want somewhere we can go where we feel safe and comfortable, be surrounded by other people like ourselves, and where we’re not being judged.” Steve went on to say that now they have started to charge small amounts of money for tea and cheap lunches, which are being reinvested in the group. Also, although it has ended up at loggerheads with the local council and the Mayor of Salford, the group has received support from the Labour MP Hazel Blears, who helped them to set up a formal division of USUC called Cromwell House User Group (CHUG). Steve commented that CHUG is the “less political” wing, which can be used if the group needs to apply for funding in the future.

The service users involved in USUC have successfully built a broad campaign that articulates the demands for better publicly funded mental health services. It could even be argued that the day centre provision they have fought for is now more directly under their own control even if the service has suffered as a result of job losses and closure.

As USUC has developed it seems that the group has become wedded to wider political motivations as it has become more heavily involved in other local anti-cuts campaigns and taken a degree of ownership over day services. As with the other campaigns discussed in this article, the struggles by workers and service users have often had unintended consequences that have gone beyond the success of the campaign in achieving particular objectives. Steve, reflecting on how the campaign had helped him, stated: “Don’t accept what the authorities tell you ... it’s better to fight and lose.” As a result of his involvement in USUC, he stood as a councillor for the Trade Union Socialist Coalition and won around 20% of the vote.

Campaign to Save Mental Health Services, Norfolk and Suffolk

At around the time that USUC was achieving some success in the North West of England, the Norfolk and Suffolk NHS Foundation Trust announced a radical redesign of services in its catchment area. This involved a cut of £40 million from budgets and almost 500 redundancies, mostly frontline support staff including 103 nurses and 49 doctors. In addition, a cut of nearly 100 of the trust’s inpatient beds meant that service users were frequently being sent 200 miles across the country and thus denied the vital support of family and friends to aid recovery (Rigby, 2014). The mounting concern of practitioners in the trust reached its limit with the tragic

news that 20 trust service users had died as a result of suicide in just one five-month period in 2012–13 (Gretton, 2013).

Staff and UNISON trade union activists at the trust decided to call a public meeting to launch a campaign, but instead of the 100 people expected, over 300 workers, service users and carers attended. The Campaign to Save Mental Health Services in Norfolk and Suffolk (CSMHS) was formed and steadily grew. It gained support from a range of other local campaign and support groups, including:

- Equal Lives, a local service user-led advocacy group;
- carers groups;
- Disabled People Against Cuts (DPAC) activists;
- People’s Assembly (anti-austerity) activists;
- NHS mental health workers, some of whom were involved in the local Social Work Action Network (SWAN) group.

The CSMHS Facebook Page soon had one thousand ‘likes’, and this medium was important in boosting circulation of the campaign’s open letter containing six key demands:

- halt in-patient bed closures and reopen wards;
- restore crisis team workers and increase medical staff input;
- restore link workers;
- restore early intervention services;
- establish a caseload management system for workers (community team caseloads had risen from 25 to more 60 people);
- establish a suicide prevention strategy.

Creative use of social media such as a Facebook advert calendar detailing the ‘12 days of cuts’ over Christmas in 2013 helped to raise the profile of the campaign. Meanwhile, lobbies and protests supported by service users and carers were organised, leading to front-page coverage in the local press and national media interest in print, radio and television.

The profile of the campaign added to the pressure on its three key targets:

- the local NHS trust;
- the clinical commissioning group (which makes decisions on NHS service funding);
- Norman Lamb, a local Member of Parliament (MP) and health minister in the coalition government.

As a result, CSMHS was successful in forcing out the trust’s chief executive, the operations director responsible for designing the cuts package and the head of human resources, as well as pressuring the trust to agree to end out-of-area hospital admissions (although it later reneged on this).

Reflecting on CSMHS so far, social worker Terry Skyrme, one of its founding members and until recently an approved mental health practitioner (AMHP) in the trust, noted these achievements but also some of the challenges. He described the website as “amazing but [it] tends to make people passive ... the key is to get people

involved and active”. However, several factors were an obstacle to higher levels of mental health worker engagement and collective action. According to Terry, threats of ‘down-banding’ (where NHS staff are forced to reapply for posts on a lower pay grade) “have undermined confidence [with] workers forced to compete for their own jobs”. A second barrier was bullying and intimidation of staff by the NHS trust management, who sought to prevent participation in the campaign through monitoring of trust employees’ involvement, blocking staff access to the CSMHS website at work and legal threats to the campaign. A third obstacle identified by Terry was that regional officials from the UNISON trade union took “an overly bureaucratic rather than campaigning approach”, undermining moves towards strikes by AMHPs over lack of resources. He further noted that “divided unions” (trust workers were members of two different unions: the Royal College of Nursing [RCN] and UNISON) made coordinated action more difficult. Consequently, while Terry felt that there was potential support for strike action, this was “not on the agenda” of the trade union leadership. In the absence of this, Terry reflected, other forms of direct action such as occupation of wards earmarked for closure might have provided a stronger focus for the activity of the campaign although there were no plans for this at the time of writing.

In spite of these challenges CSMHS activists continue to tirelessly pursue the trust on issues such as agency staffing costs, ward closures and the use of private hospitals in the interests of safe and supportive services for users and carers and decent conditions for employees.

Save Lifeworks, Cambridge

While the direct action strategy of occupation has not (yet) been utilised by CSMHS, this was central to the third of the campaigns: Save Lifeworks. This was formed when plans to close the Lifeworks–community based drop-in and crisis centre, part of Cambridge and Peterborough NHS Foundation Trust’s (CPFT) Complex Cases Service, were announced in spring 2014. For its service users, predominantly women with needs linked to issues such as ‘borderline personality disorder’, self-harm and eating disorders, the support provided by Lifeworks is invaluable. For service user Ann Robinson: “Lifeworks closing would have been a life or death situation” (*Cambridge News*, 2014).

The potential threat to the service first emerged when CPFT introduced the Payment by Results funding framework two years earlier in 2012. This marketised NHS reform involves the allocation of service users to a care pathway ‘cluster’. As a consequence, over the next couple of years the range of services offered by Lifeworks was reduced, with a majority of service users discharged back to their general practitioners (GPs) without support. Meanwhile, among those service users remaining, the sense of community and mutual support at the centre was undermined by the more individualised ‘cluster’ approach. Ann described the changes as ‘putting up all these big walls and blanks, and it’s very cold. You come in, you have your mentalisation therapy, you go home – there’s no socialisation, no integration’ (Graham, 2014).

The decision to close Lifeworks was finally announced by CPFT in March 2014. Service users expressed anger but also fear that without support they would be forced to rely on GPs and NHS out-of-hours/emergency services or pay £18 per hour for private counselling through charities such as Mind. As a result, they decided

to organise, initially planning a protest outside the centre, then deciding, with the support of trade unionists, to hold a sit-in protest. Activists from the Unison, Unite and GMB trade unions offered advice on the practicalities of this direct action tactic. Although they initially intended to remain for one night only, buoyed by sympathetic local and national media coverage and support from local communities the service users decided to remain inside the building until their demands were met.

CPFT responded with intimidation, sending male Serco security workers into the building and writing letters to campaigners accusing them of ‘criminal behaviour’. However, in spite of this, the momentum of the campaign grew. Save Lifeworks activists raised awareness of the occupation through regular stalls, petitioning and leafleting across the county and a number of local demonstrations and lobbies were organised with solidarity from trade unions, health campaigners, disability activists from DPAC and anti-austerity groups. This support strengthened the resolve of the occupiers, and as a result of the campaign’s growing profile the local county council began to scrutinise and challenge CPFT’s decisions.

Eventually, in June 2014, after almost four months of continuous occupation of the building, CPFT relented and a contract to keep Lifeworks open for at least another five years was signed. The victory of the campaign not only saved Lifeworks but has led to much greater user involvement in planning and shaping CPFT services there and throughout the county. In addition to individual therapy, the campaign demand for more emphasis on collective approaches has resulted in extended group work provision and drop-in sessions that are open to all Lifeworks service users.

Save Our Sanity, Liverpool

This article will now turn to the most recent of the campaigns, Save Our Sanity (SOS) in Liverpool, formed when a proposal to close or outsource mental health day service provision in the city was mooted in early 2014. Following previous rounds of cuts and outsourcing, only two mental health resource centres remain under the direct control of Liverpool City Council (LCC). However, continual speculation and rumour of plans to close these services was impacting on the mental wellbeing of service users. Service user Guy Jamieson explained that as a result of the threat to the service he was in “fear for my health, my life and my friends”. For Guy and other service users, the service provided “a safe environment with people we know and trust”.

In early 2014, council workers were informed by LCC of an impending consultation on plans to cut £1 million from mental health budgets. The proposals for the resource centre included outsourcing of current provision, a change in use of the building to a substance misuse centre, reablement (short-term time-limited) services and even closure. The staff had been instructed not to inform service users, but one worker felt compelled to blow the whistle and alerted both service users and Liverpool Against the Cuts (LATC) who, in turn, contacted trade union and Social Work Action Network (SWAN) activists.

As a result, a daytime meeting was organised at one of the resource centres affected. Informal networks assisted this, as one of the resource centre volunteers was in regular contact with a SWAN activist through the local mental health organisation reVision. Representatives from SWAN, LATC and Unite the Union were invited to the meeting and around 40 people attended, mostly service users but also centre

workers. Deep concerns were expressed by service users about both the threat of closure and also the quality of support in the event of services being outsourced. A plan to build a campaign involving service users, workers and other allies was agreed.

The name Save Our Sanity was chosen by service users, and one of their first activities was to support a one-day strike over pay by the resource centre's workers. On a sunny day in July 2014, a large number of service users stood together with workers on their picket line and then marched alongside trade unionists on the local demonstration in support of this action.

With several weeks before the formal consultation was due to start, frequent activists meetings were held both at the resource centre and at the offices of a local trade union. Five thousand flyers were printed and soon distributed across the city and a petition was launched. The profile of SOS was raised further when a service user/volunteer spoke on the main regional radio station and an article about the proposals appeared in the local newspaper (Roue, 2014). Many of those involved contacted MPs and local councillors, and arranged to meet them to discuss concerns.

With a donation from the local Trades Union Council (TUC), the SOS campaign was able to invite speakers from USUC and Save Lifeworks to a public meeting in September 2014. Bringing together SOS activists with these other campaigners was significant, and this event was described by volunteer/service user Trish as "buzzing, the feeling of solidarity in the room was tangible". Trish reflected that SOS campaigners' awareness of the success of the campaigns in Salford and Cambridge "proved invaluable both at the start but also in maintaining morale as SOS developed". She also noted the importance of networks of solidarity that developed, arguing that these alliances between service users, trade unionists and anti-cuts campaigners contributed to the profile and momentum of SOS.

Part of the campaign's strength was its inception even before the formal consultation processes started. This meant that when the proposals were announced, SOS had already been organising for two months. As a result of this pressure, the formal proposals eventually announced by the council contained no reference to closure or outsourcing of the two resource centres. SOS campaigners celebrated a significant victory.

However, the campaign decided to continue organising. This was to ensure that the full range of services remained available to users and decent conditions were maintained for staff. Another reason was that workers and service users from other sectors of adult social care such as disabled people's and learning disability services impacted by cuts to their own services had started to get involved in the campaign and SOS activists were keen to widen the focus of campaigning in response.

Two leading service user activists in SOS described growing in confidence as a result of their involvement. Carys McKenna noted that in spite of being "a very shy person ... I am now more able to speak out. I am now aware of my skills. I have been in charge of all communications between the various alliances involved in the campaign. I feel useful." Meanwhile, Guy described struggling with speaking in public in the past, but felt that he had "partially overcome some fear and better manage the voices in my head which are critical of me when I am speaking" as a result of being "within a safe environment [of SOS] with people I trust and shared beliefs".

Campaigners also described a wider and deepening political awareness and engagement through their involvement in SOS. After being part of the SOS delegation to the TUC national demonstration in London in October 2014, Guy commented

that: “The banking crisis caused by greed, excess and exploitation of workers is being paid for by the poorest who are service users and those working in the public sector.” For Trish: “The poor and vulnerable are being targeted by a government that puts profits and business before people. Mental health services are in crisis at a time when levels of mental distress are on the rise but services are being cut.”

Discussion and conclusion

This article has highlighted the significant gains achieved by the campaigns even where not all the demands were met. In Liverpool, the SOS campaign managed to secure the day centre provision and keep it in the public sector. USUC in Salford also managed to ensure a higher level of drop-in provision in a more appropriate setting. The Save Lifeworks group in Cambridge, whose personal sacrifice is nothing short of inspirational, not only saved the service from closure but also secured the widening of provision. The CSMHS in Norfolk, arguably developed with a broader agenda, also had a number of successes such as forcing out senior managers responsible for the cuts package.

The leading role of service users in the campaigns described in this article is clear. The wider context for this is the rebirth of disability movement activism in response to austerity, which has been forged by organisations such as DPAC. The role of disability activists in campaigning against and ultimately forcing ATOS, the private insurance firm tasked with delivering the coalition government’s welfare reforms, to withdraw early from its contract is a significant backdrop to these successes (Siddique, 2014; Slorach, 2014). DPAC activists were also involved as allies in the Norfolk and Cambridge campaigns, indicating the inclusive nature of the contemporary disabled people’s movement’s in relation to alliances with mental health service users/survivors. This is reciprocated with the SOS campaign, at the time of writing, in the process of forming campaigning links with groups of disabled and learning disabled service users impacted by cuts in Liverpool.

Campaigning frequently resulted in unintended beneficial consequences for service users. At a personal level, those participating described feelings of empowerment. Engaging in collective group action led to a heightened awareness of both the politics of the welfare state and the injustice of austerity, with many service users tending to generalise both in terms of the campaigning activities they were involved in and their aims and scope (i.e. USUC and SOS members’ involvement in wider anti-cuts work). In some cases, campaigners described their involvement as reducing feelings of stigma associated with mental distress. Sometimes this even fed back into the design and shape of services, as in Salford and Cambridge where service users asserted greater control over the nature and organisation of service provision.

The campaigns indicate both that service users have been radicalised by the attacks on welfare and the effects of government policy and also that, in the current period, they may find themselves somewhat better positioned than mental health practitioners to engage in political and direct action because they are able to sidestep some of the legal constraints and formal structures of trade union power that can act as a barrier to workplace organisation. Nevertheless, the genesis and proliferation of all the campaigns discussed here have involved the development of alliances between service users and trade union members. Political support, financial assistance and campaigning facilities were all provided by trade unions, while the formulation of resistance often

emerged from the engagement between trade unionists, anti-austerity activists and service user activists. This reflects the current orientation of service user and disability campaigns towards alignment with wider anti-austerity movements (Slorach, 2014) and provides warrant for the strategic proposals made by SWAN in its recent Mental Health Charter for alliances between service users/survivors and mental health workers (SWAN, 2014a, 2014b). The arguments in the charter explicitly informed campaigning by a number of those involved in the SOS campaign.

Yet at the same time, the support from trade unions was often fraught with contradiction. In one case, a branch secretary was informed by the trade union not to assist the campaign. In other cases, backing at a local level was clear but attempts to gain more formal support from higher levels within the union failed. Moreover, collective forms of industrial action such as strike action sought by frontline trade union members in the CSMHS campaign were stifled by trade union bureaucracies and the legal barriers to industrial action facing workers.

Direct action by workers or trade unionists was also hindered because of both ‘carrot and stick’ strategies by employers. The stick involved the threat of job losses or worsening terms and conditions. Examples of this included down-banding that, as Terry from CSMHS noted, destabilised the potential for industrial action in Norfolk, or the restructuring of posts at the Liverpool resource centres, which required workers to reapply for posts and in the process generated concerns that too visible an association with SOS might threaten re-employment chances. In Liverpool, as well as threats, an alternative ‘carrot’ or enticement strategy was simultaneously pursued, with the council hinting at potential entrepreneurial opportunities for staff to develop the day centre service as a social enterprise. Coordinated action by mental health workers to resist these developments was made more difficult by their separation into different unions: the Royal College of Nursing (RCN) and UNISON in Norfolk, the GMB and UNISON in Liverpool.

In addition to these political tensions, a further ideological dilemma was encountered by the SOS campaign. This related to debates around conceptual understandings of the nature of mental distress. Concern was articulated by one campaigner, albeit one more loosely associated with SOS, over the use of the word ‘sanity’ in the campaign’s name. He felt that the chosen designation represented a form of sanism and therefore bolstered structures of oppression. These fraught questions were discussed by the SOS group. While a small number of activists supported further exploration, the majority of service user members felt that, as ‘SOS’ had been chosen by users themselves, a change was not warranted. While a democratic decision was made to retain the name, it was resolved to explore these issues further in the event of ongoing concerns.

However, while this discussion has considered a number of challenges for the various campaigns, it is important not to lose sight of the successes achieved by these alliances.

An indicator of the growing prominence of the crisis in mental health services is a series of public meetings that took place during 2014 in Bristol, Durham, Liverpool, London, Manchester and Oxford, which were organised or supported by SWAN to promote its Mental Health Charter. Moreover, resistance is continuing to emerge across the UK. In Brighton, AMHPs have recently engaged in strike action against cuts (Le Duc, 2014), while the victory of St Mungo’s Broadway housing and mental health workers after a seven-day strike against austerity-linked attacks on their pay and conditions demonstrates the effectiveness of this form of action when a sustained strategy is adopted. While this article has focused on England, in Scotland similar

developments are apparent with a campaigning alliance between workers and service users emerging in Glasgow after a November 2014 lobby by 500 people against mental health cuts there (UNISON Scotland, 2014).

The four campaigns discussed seem to offer support to the idea that, in spite of the potential for hierarchical relationships, alliances between service user activists and mental health workers as part of broader class-based movements can be built, and shared class interests between users and workers can provide an important basis for joint mobilisation (Ferguson, 2000). Furthermore, the campaigns discussed in this article, initiatives such as SWAN's Mental Health Charter and the recent strikes are also clear indicators of both a growing concern about and emerging opposition to cuts in the mental health field. This represents a small but significant new front in the resistance to austerity and neoliberalism.

Notes

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References

- Bevan, G, Hood, C, 2006, What's measured is what matters: targets and gaming in the English public health care system, *Public Administration*, 84, 3, 517-38
- Buchanan, M, 2014a, Seven mental health patients died waiting for beds, BBC [online], 28th November, <http://www.bbc.co.uk/news/uk-30236927>
- Buchanan, M, 2014b, Mental health services 'a car crash', BBC [online], 24th June, <http://www.bbc.co.uk/news/health-27980677>
- Butler, P, 2013, Welfare reform: 'a tsunami of fear', *The Guardian* [online], 24 September, www.theguardian.com/society/patrick-butler-cuts-blog/2013/sep/24/welfare-reform-study-debt-hunger-tsunami-of-fear
- Cambridge News, 2014, Mental health drop-in centre Lifeworks saved from closure after four-month sit-in by Cambridge patients, 28 June, www.cambridge-news.co.uk/Mental-health-drop-in-centre-Lifeworks-saved-closure-four-month-sit-in-Cambridge-patients/story-22370229-detail/story.html
- Community Care, 2012a, Mental health detention rise amid 'pressure on hospital beds', 24 August, www.communitycare.co.uk/2012/08/24/mental-health-detention-rise-amid-pressure-on-hospital-beds/#.UpvX68S-2Sp
- Community Care, 2012b, Four in ten mental health crisis teams understaffed, 27 November, www.communitycare.co.uk/2012/11/27/four-in-ten-mental-health-crisis-teams-understaffed/#.UpvXbcS-2Sp
- Cooper, C, 2014, Cuts leave NHS mental health services 'dangerously close to collapse', *The Independent* [online], 14 August, www.independent.co.uk/life-style/health-and-families/health-news/cuts-leave-nhs-mental-health-services-dangerously-close-to-collapse-9667370.html
- Cranna, A, 2012, Mental health centres facing axe in shake-up, *Salford Advertiser*, 21 June.
- Eurostat, 2013, Distribution of income by quantiles, *Eurostat*, 29 October, http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_di01&lang=en

- Ferguson, I, 2000, Identity politics or class struggle? The case of the mental health users' movement, in M. Lavalette and G. Mooney (eds) *Class struggle and social welfare*, London: Routledge, 228-49
- Graham, S, 2014, Save Lifeworks campaign: 'They used our mental health against us', *Feminist Times*, 15 May, www.feministtimes.com/save-lifeworks-campaign-they-used-our-mental-health-against-us/
- Gretton, A, 2013, Review ordered into 20 unexpected deaths of mental health patients in Norfolk, *Norfolk Eastern Daily Press* [online], 14 October, www.edp24.co.uk/news/health/review_ordered_into_20_unexpected_deaths_of_mental_health_patients_in_norfolk_1_2841849
- Le Duc, F, 2014, Brighton and Hove mental health workers strike over night shift row, *Brighton and Hove News* [online], 25 September, www.brightonandhovenews.org/2014/09/25/brighton-and-hove-mental-health-workers-strike-over-night-shift-row
- Lintern, S, 2014, Non-acute providers allege institutional bias, *Health Service Journal* [online], 15 January, www.hsj.co.uk/news/exclusive-non-acute-providers-allege-institutional-bias/5067042.article?blocktitle=Mental-health-news&contentID=554
- Lister, J, 2008, *The NHS after 60: For patients or profits?*, London: Middlesex University Press.
- McNicoll, A, 2013a, Patients at risk as 'unsafe' mental health services reach crisis point, *Community Care* [online], October 16th, <http://www.communitycare.co.uk/2013/10/16/patients-at-risk-as-unsafe-mental-health-services-reach-crisis-point-2/#.UpueV2QRDek>
- McNicoll, A, 2013b, Are community mental health teams seeing less of their clients? *Community Care* [online], November 26th, www.communitycare.co.uk/2013/11/26/community-mental-health-teams-seeing-less-clients/
- McNicoll, A, 2013c, Are community mental health teams seeing less of their clients?, *Community Care* [online], 26 November, www.communitycare.co.uk/2013/11/26/community-mental-health-teams-seeing-less-clients/
- Moth, R, 2013, The crisis in mental health services, in Social Work Action Network (ed) *In defence of social work: Why Michael Gove is wrong*, London: Social Work Action Network, 34-7
- OECD (Organisation for Co-operation and Development), 2013, *Crisis squeezes income and puts pressure on inequality and poverty*, Paris: OECD, www.oecd.org/els/soc/OECD2013-Inequality-and-Poverty-8p.pdf
- Pickett, K, Wilkinson, R, 2010, Inequality: an under-acknowledged source of mental illness and distress, *The British Journal of Psychiatry*, 197, 426-28
- Pollock, A, 2010, Should NHS mental health services fear the private sector?, *British Medical Journal*, 341, 761-2
- Pollock, A, Price, D, 2013, *Duty to care: In defence of universal health care*, London: Centre for Labour and Social Studies
- Pring, J, 2013, UN expert says disabled people feel 'targeted' by bedroom tax, *Disability News Service* [online], 13 September, <http://disabilitynewsservice.com/2013/09/un-expert-says-disabled-people-feel-targeted-by-bedroom-tax/>
- Ramesh, R, Lawrence, F, 2012, Virgin Care to take over children's health services in Devon, *The Guardian* [online], 12 June, www.theguardian.com/society/2012/jul/12/virgin-care-children-nhs-devon

- Rigby, N, 2014, 100 mental health bed cuts concern in Norfolk and Suffolk, *BBC Online*, 19 July, www.bbc.co.uk/news/uk-england-norfolk-28329605
- Roue, L, 2014, Fears growing over future of two Liverpool mental health centres, *Liverpool Echo* [online], 30 July, www.liverpoolecho.co.uk/news/liverpool-news/fears-growing-over-future-two-7536072
- Siddique, H, 2014, Atos quits £500m work capability assessment contract early, *The Guardian* [online], 27 March, www.theguardian.com/society/2014/mar/27/atos-quit-work-capability-assessment-contract-early
- Slorach, R, 2014, Out of the shadows: disability movements, *Critical and Radical Social Work*, 2, 2, 159-74
- SWAN (Social Work Action Network), 2014a, *A charter for mental health*, London: SWAN, www.socialworkfuture.org/attachments/article/370/SWAN%20Mental%20Health%20Charter.pdf
- SWAN (Social Work Action Network), 2014b, A Charter for Mental Health launched by the Social Work Action Network (SWAN), UK, *Critical and Radical Social Work*, 2, 3, 411-12
- UNISON Scotland, 2014, Glasgow Association of Mental Health demonstration, UNISON Scotland [online], 13 November, <http://unison-scotland.blogspot.co.uk/2014/11/glasgow-association-of-mental-health.html>
- Wilkinson, R, Pickett, K, 2010, *The spirit level: Why equality is better for everyone*, London: Penguin