



1. MIND's Structure and Responsibilities – a brief overview of the charity's structure, leadership, and governance, along with a summary of its responsibilities and aims, particularly in relation to mental health inpatient care.

National Mind is a mental health charity covering England and Wales.

National Mind's senior management team is responsible for Mind's strategy, management, leadership, and overall performance. The team focuses on Mind's overall strategy and ensures its activities are effectively carried out. The team consists of:

- Dr Sarah Hughes - Chief Executive Officer
- Paul Ward - Chief Operating Officer
- Andrew Vale - Managing Director of Mind Retail
- Kathleen Miles - Director of Fundraising
- Phil Walsh - Director of Networks and Communities
- Sue O'Leary - Director of Mind Cymru

Mind's board of trustees (council of management) is responsible for Mind's governance and strategic direction. They set Mind's strategic direction; scrutinise Mind's performance; and support Mind's executive team of directors (see above).

Mind's trustees have a 3 year term and can stand for 3 terms (9 years in total). Over half of Mind's trustees have direct experience of mental health problems. Mind's trustees include:

- Stevie Spring (Chair)
- Ian Ruddock
- Joanne Theodoulou
- Alex Jensen
- Alyson Scott
- Shubulade Smith
- Anna Hughes
- Kevin Corrigan
- Emrys Elias
- Pippa Glucklich
- Cynthia Tze Keng Ko
- Valerie Harrison
- Jude Trenier
- Jonathan Phelan
- Lynette Charles

National Mind's strategy to 2030 includes the strategic pillar "changing minds" setting out commitments to tackle injustice and inequity in the design and delivery of mental health services and to demand mental health services that supports people's rights, keeps



them safe and gives them hope, regardless of background. Mind's work on inpatient care and Mental Health Act reform sits under this pillar.

Mind has a federated structure. Alongside national Mind, which focuses on national policy and influencing work and national programmes, there are also approximately 100 local Minds. Each local Mind is an independent charity with its own CEO, board of trustees and strategy. The local Minds vary in size and each local Mind runs different services according to the needs of their community. Funding for local Mind services often comes from statutory commissioning and some local Minds work in inpatient settings, including as Independent Mental Health Advocates.

As well as delivering services, local Minds may help to plan local mental health services; campaign on local mental health issues and join in with national Mind's national campaigns; and change attitudes towards mental health in their area.

2. Campaigns and Policy Work – a high level summary of any campaigns such as 'Raise the Standard', and any relevant programs or initiatives related to mental health inpatient care during the relevant period, particularly in Essex, and if possible any findings from these initiatives.

Mind began its work on physical restraint in crisis care in 2010 and launched a national campaign in 2013 with the report 'Mental health crisis care: physical restraint in crisis: A report on physical restraint in hospital settings in England'¹. The report made a range of recommendations including:

- For Government to introduce an end to face down physical restraint (prone restraint) in all healthcare settings urgently.
- For Government to establish national standards for the use of physical restraint and accredited training for healthcare staff in England. The principles of this training should be respect based and endorsed by people who have experienced physical restraint.
- For NHS England to introduce standardised data capture methods to ensure every mental health trust is collecting the same accessible data on physical restraint.

This report received national coverage and alongside the BBC Panorama documentary on the Winterbourne scandal, led to new national guidance on restraint² which set significant restrictions on the use of prone restraint.

Mind worked independently and as part of a coalition in seeking to influence the Mental Health Units (Use of Force) Act 2018. As part of Mind's coalition work, we liaised closely with Steve Reed MP (whose private members bill eventually became the Act) to build support for the Bill and then strengthen and improve its content. Mind was involved in briefings to MPs and Lords as the Bill passed through parliament and asked Mind

¹ https://www.mind.org.uk/media-a/4378/physical_restraint_final_web_version.pdf

² https://assets.publishing.service.gov.uk/media/5a7ee560e5274a2e8ab48e2a/JRA_DoH_Guidance_on_RP_web_accessible.pdf



campaigners to write to their MPs asking them to attend debates on the Bill. Thousands of Mind's campaigners did this. Eventually the Bill was adopted and supported by the Government and received Royal Assent in 2018.

Mind launched its campaign on inpatient care "Raise the Standard" in 2023. It seeks the following changes:

- Reshaping mental health hospitals as places of hope, dignity and recovery when people are unwell.
- Ensuring that mental health hospitals can deliver safe and compassionate care. That means having enough staff with the right training and support. And delivering care in wards that are comfortable, safe and therapeutic
- Reforming the Mental Health Act is essential too. With the right changes it could give everyone more choice, dignity and control in hospital.
- Working with NHS England to build a new vision on what inpatient mental healthcare looks like..³
- A full statutory inquiry into failings in inpatient mental health services.

3. Advocacy and Engagement – an overview of MIND's role in advocating for policy change or reform within inpatient mental health services, and any significant contributions to legislative or regulatory improvements.

In addition to the work detailed above, Mind was closely involved in the drafting of the statutory guidance which implemented the Mental Health Units (Use of Force) Act 2018. Mind commented on the draft guidance and then responded to the public consultation. Alongside this, Mind pressured the Government to commence the Act and this happened in 2022.

Mind was involved in the Independent Review of the Mental Health Act from the beginning. Mind's director of External Relations, Sophie Corlett, was a member of the working group which supported the Chairs in completing that work. Mind employees were also involved in several working groups which were convened to consider particular areas of reform.

Mind ran its own influencing and participation workshops to establish what people with mental health problems wanted Mind to campaign for and Mind established a steering group that helped shape Mind's formal submissions to the Review.

Mind has continued to engage with and respond to reform in the following ways:

³ This predates the Government announcement that NHS England will be abolished.



- Running a survey for people with mental health problems to inform Mind's response to the White Paper on reforming the Mental Health Act
- Written and oral evidence to the Pre Legislative Scrutiny Committee on the Mental Health Bill (written evidence submitted jointly with Race on the Agenda)
- Briefing and meeting Lords as Mental Health Bill introduced into Parliament
- Running a week long parliamentary exhibition on people's experience of inpatient admissions to inform and influence Peers and MPs as the Bill continues its progress

4. Research and Observations – a brief description of any research, surveys or feedback that MIND has conducted or received concerning the standards of care in mental health inpatients wards, including any findings that are relevant to the Inquiry.

As part of Mind's work on the Independent Review of the Mental Health Act, Mind conducted engagement with people who had lived experience of inpatient admission with a particular focus on the views and experiences of people from racialised communities. We found:

- A strong theme of racial bias and discrimination. People talked about fear and prejudice, stereotyping and lack of cultural awareness. There was anger around the disproportionality in the use of CTOs and they were described as a form of surveillance, a tool to disempower the black community.
- CTOs were experienced as punitive, intrusive, stigmatising and disempowering. The intrusion of people coming into your own home and watching you take medication in front of them is difficult to cope with. The positive is being out of hospital, but it is based on threat and is only 'a little' better.
- Lack of access and confidence or trust in services were strong themes. here were also shocking stories from homeless people we met about being denied hospital admission or support, or having long waits for appointments, despite being in life-threatening crisis.
- People attributed disproportionality to fear and prejudice, different cultures being misunderstood/misinterpreted, racial bias and not being trusted to take medication.
- There was strong support for legislative change to reduce coercion, though no clear shared conclusions on specific criteria or amendments. However there was a definite steer that cultural advocacy, and involvement of family/friends, was particularly critical at the point of assessment before key decisions are made. There was also a strong sense that if there were earlier, culturally relevant support available coercion would not be necessary

Mind's response to the Government's White Paper, *Reforming the Mental Health Act*, was based upon people's lived experience of mental health problems and of the Act itself. Mind supplemented the evidence detailed above with further conversations with people and ran a campaign action that gave people the opportunity to share their views with us on



selected areas in the White Paper. This gave Mind campaigners and supporters on social media an opportunity to tell us what they thought of the White Paper. In addition to the need for legislative change, the work highlighted the need for:

- commissioning services to meet the needs of all ages and communities, with a range of therapeutic approaches
- the right to a statutory care plan, with joint working duties
- safe and therapeutic service environments, including co-produced guidance for both physical and social aspects
- continued development and delivery of the Patient and Carer Race Equality Framework in England
- full implementation of the Mental Health Units (Use of Force) Act 2018 including targets for reduction of restraint
- data and targets to better understand and drive down the use of coercion.

Prior to 2018, Mind focussed primarily on the right and needs of adults. As a result, our lived experience engagement did not cover the experiences of children in inpatient setting. To remedy this, Mind surveyed 403 children between January and July 2022 and ran co-production sessions, focus groups and interviews with 25 YP who had experience of going into hospital for their mental health when they were under 18, publishing our findings in our report *'Our Rights, Our Voices: Young People's views of fixing the Mental Health Act and inpatient care'*⁴ (May 2023). The children and young people we spoke to highlighted serious failings in hospitals that placed them at risk of harm, for example, being routinely placed in adult wards far from home, lack of staff, not being given adequate information about their rights, and being unnecessarily medicated and placed in restraints; with 69% of children and young people saying their experiences of inpatient care were poor and consisting of multiple admissions, and 45% of children and young people of being sectioned 5 times or more.

Stretched resources, compounded by the pandemic, have had a significant impact on children and young people's mental health services, particularly on community provisions. Resource issues contributed to delayed discharge to suitable placements. We found that after leaving hospital, children and young people were sometimes not provided with adequate support in their community, with some leaving hospital without a care plan. Mind also found that the assessment process used to determine the type of bed needed before a child or young person was admitted to an inpatient facility was sometimes used

⁴ <https://www.mind.org.uk/about-us/our-policy-work/inpatient-care-for-young-people/>



to overrule Mental Health Act assessments, which means that children and young people could end up in unsuitable and unsafe community placements.

In the lead up to launching the Raise the Standard campaign in June 2023, which includes a call on the UK government to launch a statutory public inquiry into systemic failings in mental health hospitals, Mind surveyed campaigners⁵ to better understand their experiences of inpatient care. We used data from 65 respondents to inform our messaging for the campaign. In the same period, findings from research conducted by YouGov (on behalf of Mind) shows that:

- Almost nine in 10 (86%) of British adults said they feel worried, sad, angry, or frightened about abuse scandals in mental health hospitals.
- More than two-thirds (68%) of adults said the UK Government should be doing more to protect patients from unsafe care.
- More than a third (35%) of respondents say they don't have confidence that loved ones would be safe if they needed inpatient care for their mental health.
- A third also said they are not confident that a mental health hospital would treat their loved one with respect (32%) or compassion (34%).

One of the survey respondents, [I/S] , [I/], from [I/S] , was diagnosed with bipolar disorder after trying to take her own life. She has been hospitalised six times for mental health treatment. She said:

"I've been in and out of hospital and the treatment you get is very poor, especially if you get admitted at the weekend, then you're really in trouble. I just feel like you're left shuffling around with really no help at all.

"When people are mentally unwell, they really need attention. It felt like unless you present really extreme physical symptoms in front of the staff, you're invisible to them and this makes it really dangerous for people who need attention.

"I saw people constantly being manhandled by staff, where you could quite clearly see that it could have been de-escalated through other means, such as talking to them and making them feel safe."

The number of people visiting Mind's website for information and support relating to being sectioned in mental health hospitals has significantly increased, with nearly one million views in 2022/2023 . Visits reached a record high of 95,000 in March 2023 , up 15% from the year before.

⁵ <https://www.mind.org.uk/news-campaigns/news/more-than-a-third-of-adults-lack-confidence-in-mental-health-hospitals-after-string-of-scandals/>



5. Collaboration with Local Organisations – Information about any partnerships or collaborations that Mind has had with local healthcare providers, particularly in Essex, and how these have informed your understanding of inpatient care and its improvement.

National Mind does not engage in partnership working or collaboration with local healthcare providers, including in Essex. In the past we have held online briefings with local healthcare providers to provide our views on the NHS Long Term Plan and we have met with some ICB chairs to discuss their mental health plans, although we did not meet with any Essex based ICB chairs. Our understanding of inpatient care and its improvement comes primarily through:

1. Desk based research
2. Engagement and discussions with NHS and social care officials, generally at a national level
3. Lived experience research and engagement
4. FOIs to healthcare providers
5. Discussion with local Minds

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