### What counts as mental health care? Briefings: funding grassroots groups, welfare support & accessible transport

National Survivor User Network

January 2024

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### Acknowledgements

Thank you to all who were involved in thinking alongside us about precarity and mental health, and for sharing their expertise. A particular thank you to Mary Sadid, who conducted this research and wrote the majority of these words. We are also grateful to Trust for London for funding this work.

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### Introduction and background

We are releasing a set of three briefings focussing on precarity, access, and mental health. They are the result of a two year process of consultation with grassroots and user-led groups in London, discussing the barriers faced by those who live with mental-ill health, distress, or trauma. Collectively, the briefings highlight the need to consider mental healthcare far beyond medical interventions; and instead call us to reimagine the material — including the systems and structures that create and exacerbate distress in the first place.

Read together, we show how the marginalisation of the so-called mentally ill extends beyond stigma or an inability to “talk”. Instead, it is woven into the structures of our society. Taking a wider view of mental health sometimes involves flashy new interventions; and others, the solution is very simple, boring, even. Here we highlight the need for better funding for grassroots groups in the context of the cost of living crisis, accessible and affordable transport, and more transparent systems for managing welfare claims. They may not seem exciting, but each are valid and necessary forms of mental health care, which would improve the lives of so many.

When we talk about mental health, often the conversation is so broad that we lose specificity and [talk about mental health as a universal experience touching all of us](https://www.nsun.org.uk/news/why-nsun-doesnt-do-world-mental-health-day/). At NSUN, we know that the impact of mental ill-health and distress is unequal, and that many who experience the sharper end of mental ill-health and distress are invisibilised, pathologised, and excluded from mainstream conversations. Focus on prevention excludes those of us who live with long term mental ill-health where [‘recovery’](https://pubmed.ncbi.nlm.nih.gov/30895516/) can feel like a distant concept.

Over the past two years, we have been talking to grassroots groups and individuals who live with long term distress about their experiences at the intersection of mental ill-health and experiences of precarity and access. We have been looking into issues like social security, transport and accessibility, and grassroots responses to the rise in the cost of living. We have been asking **‘what are people living with mental ill-health experiencing and what needs to change?’**.

When looking at social determinants, there can be an undercurrent of understanding the causes to focus efforts and resources on prevention. Whilst prevention is important, conversations about prevention often [exclude those who live with long term mental ill-health](https://www.centreformentalhealth.org.uk/some-people-have-mental-health-difficulties-dont-go-away-so-why-do-we-provide-care-and-support-does), which can be lifelong and whose wellbeing and conditions remain critically important.

People who live with long term mental ill-health may live up to 20 years less than those who don’t have this experience. [Government data from 2018-2020](https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi#:~:text=In%202018%20to%202020%20the,compared%20with%202015%20to%202017.) shows that adults described as having so-called serious mental illness (SMI) were from 2.5 to 7.2 times more likely to die before the age of 75 than adults without. Factors that are at play here include being more likely to be worse off (described by the Money and Mental Health Policy Institute as the [‘mental health income gap’](https://www.moneyandmentalhealth.org/income-commission/)) and to have experiences of multiple different forms of ill-health that are less likely to be appropriately treated or taken seriously.

In these briefings, we are looking at the experiences of Londoners experiencing multiple forms of marginalisation. We cover issues including the cost of living crisis, accessibility and transport, and the social security system. This is not an exhaustive list of issues, but we hope it is a contribution to the current conversation with an explicit emphasis on lived realities and often marginalised voices.

One thing is clear to us: **we need to understand what is going on in order to remake the systems that have so much impact over the lives of people experiencing multiple forms of marginalisation.**

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### Briefing 1: Funding grassroots groups is mental health care

**About this briefing**

We’ve been talking to grassroots and user-led groups across London, discussing the barriers faced by those who live with mental ill-health, distress, or trauma. This is the first of three briefings coming out of those conversations.

Here we focus on the experiences of grassroots and user-led groups since the start of austerity policy, the pandemic, and the current cost of living crisis. We explored how groups supported their community members through the pandemic and subsequent rise in the cost of daily living essentials like food, fuel, and housing.

In this briefing we see how the effects of the crisis extends not only to those living with distress but also impacts those who are doing vital work to support them. In the second and third briefings, we focus on the transport and welfare systems, respectively.

Collectively, the briefings highlight the need to consider mental healthcare far beyond medical interventions; and instead call us to reimagine the material, including the systems and structures that create and exacerbate distress.

**Learnings**

* Those living with mental ill-health face the sharp end of the cost of living crisis. Though, this “crisis” is not new; Disabled people have been dealing with the financial burden of disability for a long time.
* Grassroots and user-led groups are supporting people by providing mutual-aid and care for those harmed by the cost of living crisis.Often, this work is undervalued and underfunded.
* Mutual aid is often taken advantage of, as grassroots and user-led groups are expected to rectify the failings of the financial system.

#### Background

For many living with long term mental distress and experiencing marginalisation, the financial impact of mental ill-health began long before the pandemic and cost of living crisis. Described as a [‘mental health income gap’](https://www.moneyandmentalhealth.org/mental-health-income-report/) and predicted to be an average of £8400 per year: poverty is toxic to mental health, and yet, conversations around the cost of living and what support should look like continue to place blame and responsibility on individuals.

The nature of the problem is deeply material, not simply psychological or medical. As Mark Brown writes, [*“Too much of the focus around mental health and mental ill-health in the last two decades has been on changing attitudes around mental health, and too little has been focused on changing the material conditions of those who experience mental ill-health.”*](https://markoneinfour.medium.com/mental-health-and-the-cost-of-living-crisis-93b832c048f2)

Austerity has been going on for over a decade. Whilst focus on the latest inflationary crisis is important, for some, living standards have been unacceptable for too long. Often people who live with mental ill-health, distress, or trauma are blamed for their experiences of poverty and deprivation. Instead of blame, we need to see calls to reshape the systems that make people’s lives marginal and we need to see responsibility being taken for the policies that contribute to avoidable deprivation and hardship.

For most people, the state is not the first responder in a financial crisis. Firstly, it is far too slow and even when support is available it can have significant omissions. For example, over the pandemic we saw IT issues cited as the reason behind not extending the [£20 a week Universal Credit uplift to 2 million Disabled people on legacy benefits](https://www.actionforme.org.uk/news/dbc-report-the-pandemic-and-legacy-benefits/).

We spoke to grassroots groups who organise around a range of experiences: groups organising around shared ethnicities, sexualities and gender identities, and marginalised forms of work to understand their experiences of the cost of living, and how they have been able to respond.

**What has been happening in the user-led groups we spoke to?**

The groups we spoke to have been providing wide-ranging support, often entirely volunteer-led. During the pandemic, [mutual aid](https://www.nsun.org.uk/jess-on-mutual-aid/) became a widely used term, but the practices that form mutual aid run much deeper than the last few years. Against a backdrop of diminishing state support for those who have no safety net, community support can be critical.

[**In user-led groups, the line between supporter and supported is not neatly drawn.**](https://www.nsun.org.uk/news/what-do-user-led-groups-need/) Some of those digging deeply to be there for their communities are facing hardship themselves. We heard examples of organisers struggling themselves: facing homelessness and insecure housing, struggling to afford legal fees and extortionate visa renewals or finding themselves unable to afford public transport to their place of work.

For groups working with communities that have roots in multiple countries, the need to send money back home to support dependents, including children, and the global nature of the cost of living crisis is another factor that places pressure on community members.

**In this work, we want to hold that the cost of living crisis is not an origin point of hardship for many. As we heard from one community leader:**

*“If I think about my community, we've been living in a cost of living crisis for over a decade when austerity really kicked in. Benefits and the limit on benefits and without them providing people with means, ideas, or courses to do better and capacity-build, I think for the last ten years we’ve been living in crisis.”*

**How are the groups around us supporting the people in their communities?**

The groups we spoke to were taking approaches to supporting their community members that fit their specific context. For some, financial support was the main activity whilst for others it was part of a broader offer.

* Financial support including access to small to medium sized grants. For some this was means tested, for others it was not.
* Social spaces and activities including outdoor activities.
* Access to housing.
* Access to education and development opportunities.
* Access to peer support.
* A space to access multi-pronged support for those frozen out of other systems due to their immigration status.

**What are the pinch points?**

For grassroots groups, one point of tension is caused by local authorities and other statutory bodies signposting people to grassroots groups and their grant, increasing demand without any kind of support for those doing the work on the ground.

*In reference to how statutory bodies direct people to their group, one interviewee stated: “Mutual aid networks are taken advantage of''.* We heard from two groups in different regions about receiving signposting from local authorities and police to their support offer and hardship funds, which placed additional strain on their volunteer-run community support initiatives.

There are tensions between mutual aid, community care and charity work. For example, one interviewee told us they would like to see *“more people being understanding that we’re a group of people working towards community care and mutual aid and not a charity or a service*”.

**Getting funding to do this work isn’t straightforward**

Groups fund this work in a number of ways, some rely solely on individual donations whilst others have relationships with understanding charities to fund their grant giving. Whilst a common theme was local authorities and police directing residents in need to user-led organisations known to be running grant schemes, in none of these situations were statutory bodies or major grant making organisations a source of income for these grant schemes. This reinforces a picture of something we are increasingly aware of: [user-led groups often feel that funders don’t understand their work, and this is reflected in their resourcing](https://www.nsun.org.uk/resource/funding-grassroots-mental-health-work/). Overall, this contributes to patterns of precarity.

*“I actually feel like it’s tougher in this climate, you have to work harder to obtain the same sort of funding levels prior to the pandemic and during. They don’t recognise the additional needs and crises that exist. In some ways I think some of them are feeling like they’ve now done their part.”*

Where funding comes from is also important. Some of the groups we spoke to raised all of their funds through individual donations. Alongside the difficulty for some types of groups to access funding from grant making trusts, another factor in income being made up of individual donors is maintaining integrity and trust with community members. For some groups where individuals are heavily policed, for example, due to facing criminalisation for sex work, organisers felt accepting statutory funding could be compromising.

**What do we want to see?**

* Recognition that systemic racism, ableism and classism contributes to community experiences of precarity and marginalisation.
* Resourcing and support for grassroots groups to provide financial help to community members when they need it.
* Moving away from a culture of suspicion and mistrust from funding bodies: groups need autonomy to decide the form their grants take, and whether practices like means testing are appropriate.
* Safe grant making practices: ending data sharing as a condition of grant making to enable groups to maintain trust with their community members.
* Identifying where statutory bodies are signposting to grassroots or user-led groups, and what gaps in statutory services need to be addressed to ensure that there are a range of types of support available and that the statutory sector is not displacing responsibility onto grassroots groups.

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### Briefing 2: Welfare support is mental health care

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**Social Security & Disability Justice: Visual notes by** [**Tamara-Jade Kaz**](https://www.tamarajadekaz.co.uk/)**.**

**Image description:** Visual notes created by Tamara-Jade Kaz, summarising the findings of this work. On a cream background, there is text with multiple colours and sizes. There are lots of little illustrations — such as weighing scales accompanying a heading of ‘fatphobia’ in welfare systems, or a rain cloud with text inside reading ‘gatekeepers have the power to make your experience miserable’.

**Full alt text text transcript of image:**

The title in the centre is ‘Social Security & Disability Justice’. The subtitle below is ‘Reimagining the welfare state’.

Text surrounding the phrase “Issues in the system”:

* Exhaustion, health, housing, jobs - welfare system is a plaster for structural issues
* System does not address root causes of inequality
* Dehumanising language in PIP
* Medical model of disability
* Pressure to work and pressure to prove you can’t work
* ‘Benefit scrounger’ stigma
* For some there is difficulty using tech to access support
* Racism makes it harder to find work, ableism makes it harder to stay in work
* Gatekeepers have the power to make your experience miserable
* Application process is complex and inaccessible for many
* Policies in practice are different to on paper and many need updating to meet present day needs
* Disproportionate cuts to benefits for disabled people
* Loss of dignity
* Neurodivergent people face barriers in accessing support: ‘one size fits all’ approach, inaccessibility, stigma, inflexibility around missed appointments exacerbates effects of medical condition and poor mental health
* Making assumptions about what people need instead of listening
* People don’t know what support is available
* Fatphobia
* Complex navigating system when claiming support and working part time
* Loss of autonomy
* Immigration status can make it harder to access support: misinformation, language barriers, fear of criminalisaton, NRFP (No Recourse to Public Funds), stigma of being seen as ‘the lazy migrant’

Surrounding phrase “The kind of system we’d like to see”:

* Change of government
* Universal basic income?
* Tackles stigma
* Seeing it’s systemic
* Understanding that just recognising your own disability can be an isolating experience
* Embraces different cultures
* Recognising people’s trauma
* Less bureaucracy with NHS and DWP
* Understands the needs of migrant communities
* Companions to support people to navigate the system
* We need a system that listens to the voices of the people that need it
* Better training for those with front-facing roles
* Friendly and adaptable, flexible and loving, not one size fits all, compassionate

**About this briefing**

We’ve been talking to grassroots and user-led groups across London, discussing the barriers faced by those who live with mental ill-health, distress, or trauma. This is the second of three briefings coming out of those conversations.

Here we focus on the welfare system as it is experienced within communities, particularly its disproportionate impact on the so-called mentally ill. We see the welfare system as exclusionary and punitive, exacerbating the conditions of suffering.

Collectively, the briefings highlight the need to consider mental healthcare far beyond medical interventions; and instead call us to reimagine the material, including the systems and structures that create and exacerbate distress. [You can find all three briefings here.](https://www.nsun.org.uk/resource/what-counts-as-mental-health-care-briefings-funding-welfare-transport/)

#### Learnings

* Those with mental ill-health, distress, or trauma experience the welfare system as exclusionary and punitive. This is worse for those experiencing multiple minoritisations such as those with No Recourse to Public Funds.
* The failings of the welfare system extend beyond questions of eligibility. It also includes the confusing and contradicting processes through which support can be accessed.

**Background**

There has been an attritional process taking place over the last decade, whereby social protections have been stripped away. These have made recent shocks in the cost of living even more serious and detrimental to people’s wellbeing.

Changes such as the [two child limit](https://justfair.org.uk/wp-content/uploads/2020/07/Two_Child_Limit_Human_Rights-copy.pdf), bedroom tax, [sanctions](https://www.theguardian.com/society/2023/apr/06/benefit-sanctions-slow-peoples-progress-into-work-says-report-therese-coffey-suppressed) and debt deductions from benefits in addition to the failure to raise benefits at a level that accounts for inflation have contributed to the precarity of people who receive benefits.

For those frozen out of the benefits system or unable to access it, destitution is a state-sanctioned policy norm through the [No Recourse to Public Funds](https://commonslibrary.parliament.uk/research-briefings/cbp-9790/) condition.

Being subjected to the welfare state has been lethal for some. Projects like [Deaths by Welfare](https://healingjusticeldn.org/deaths-by-welfare-project/) work to record and witness these lives and their deaths at the hands of the state. Whilst there have been efforts to suppress the impact of the current welfare system, Disabled activists have been bringing the consequences to the fore.

Ongoing reforms aimed at placing increasing pressure on people who use the benefits system are based on the idea that a good welfare system makes work unappealing. This is a simplistic view that misses out on the complexity of managing your health, the care you may need, the care you give and working. Focus on squeezing those on benefits, including part-time workers, misses a key part of the picture: people are often putting in unpaid full-time shifts in other areas of their lives, even when they are in receipt of welfare support. These experiences remain invisibilised which means that we have a significant mismatch between what people’s lives are actually like and what policy makers imagine people’s lives to be.

**How do people involved in grassroots groups understand the impact of the welfare system?**

We spoke to grassroots group members who are on the ground in London about how they understand the benefits system. This is what we heard:

The barriers within the system are a serious deterrent to accessing the support to which you are entitled. People spoke to us about gatekeepers, inaccessibility, and the relationship between accessing welfare and worsening mental ill-health.

*“The* ***gatekeepers —*** *the people who are working within the system themselves — can make life so miserable for you or make you access the system. One individual sitting behind a desk can stigmatise you just by looking at you as you walk through the door. By the time you get to them you’re comfortable to share your problems. The language they speak is so stigmatising and degrading.* ***The tabloid lines — they came to steal or take from the economy of the country.”***

*“I think the whole thing is based on fear really.”*

People face barriers from policy design to delivery of welfare and we are getting further away from a system that supports us to live well. Accessibility is not adequately considered when it comes to the current systems, despite evidence — like the [DWP report on the impact of sanctions](https://www.disabilityrightsuk.org/news/sanctions-ineffective-way-getting-people-jobs-or-work-more-hours-finds-suppressed-dwp-report#:~:text=The%20now%20published%20DWP%20report,as%20a%20result%20of%20sanctions) — that punitive features of the system do not achieve what they intend.

*“****Every single barrier you might face as a neurodivergent person you face in trying to access welfare support.****”*

*“We work with people with mental ill-health and you can see that these* ***policies are exacerbating problems.****”*

*“I'm pretty sure that if I went through with applying for PIP for example,* ***the assessor would have no understanding of the condition I live with*** *and it's one that's* ***heavily stigmatised****, that's misunderstood, that's often faced with lots of* ***sexism*** *as well and* ***I don't want to put myself through that*** *and I think lots of people do not want to.”*

*“One friend would have been entitled to UC [Universal Credit] for over a year and they didn’t even know. They have so much* ***guilt and shame and fear****. They’re also neurodivergent and* ***the systems aren’t conducive or accessible.*** *My friend has missed two appointments and* ***they are spiralling****.”*

One participant spoke about the impact of fatphobia, and how being in a bigger body meant they were seen as less credible or deserving of support:

*“My size — when they see me, they think I'm a big eater. You understand? So by the time I express that I'm going through this and that, no one will believe you. The first thing they talk about is your weight. So presenting to access any benefits I have to think twice. So what do I do? I have to struggle and go wherever I can to access support.”*

Not being allowed to thrive was a common theme, with participants sharing how little the current system actively contributes to people’s wellbeing, or uplifts people in need of support:

*“A welfare system designed like ours isn't built around thriving, or to liberate human beings.”*

*“For Black and brown people, queer and disabled people, these systems weren’t designed to make us thrive”*

**What do we want to see?**

* An accessible social security system that does not treat individuals with suspicion.
* A true safety net for all who need it, for as long as they need, without the need for discretionary supplementation to help people make ends meet.
* Access to adequate support to live securely, irrespective of immigration status: an end to the No Recourse to Public Funds condition.
* Entitlement to social security without fear of punishment: an end to sanctions, bedroom tax, the two child limit and other punitive measures.
* Support that considers people’s paid and unpaid work: a living wage for carers.

*“Support people to work in different [and] more flexible... more creative ways that support their disabilities... Think about disability in a different way. Rather than something that needs to be penalised or punished or improved.”*

*“You could just be texting people information alerts that say that this is available to you. You know, if the government knows you're not working, why are you not getting a [message] saying, “hey, this is, here's your nearest job centre, or the GP says you've been diagnosed with this disability” [or] a text saying “hey, here's how you can sign up for your benefits.”*

*“Actually let's invest in people.”*

*“If we're thinking about a narrative of the welfare system it would be beyond just a welfare system. It would be jobs, education, housing, all of these things like need to be transformed.”*

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### Briefing 3: Accessible transport systems are mental health care

#### Introduction

This is the final of three briefings by NSUN, focussing on issues of precarity and access for those experiencing mental ill-health, distress, or trauma. It explores the question; **What barriers do people who live with mental ill-health, distress, or trauma experience when moving around their local area?** We see how those experiencing distress face significant barriers moving around their local areas. What we learn is that transport systems too should be and are considered mental healthcare — not just to enable people to access healthcare such as appointments, but also leisure and joy.

Collectively, the briefings highlight the need to consider mental healthcare far beyond medical interventions; and instead call us to reimagine the material, including the systems and structures that create and exacerbate distress.

#### Learnings

* Many experiencing mental ill-health, distress, or trauma find it difficult to move around their local areas, finding transport networks expensive, and inaccessibly designed.
* People experiencing mental ill-health, distress, or trauma have differing access needs when it comes to using transport systems; often these are not considered by providers. Often, this exclusion happens by omission.
* The transport system is experienced as exclusionary for those living with multiple minoritisations. For example, racialised groups are impacted by ‘See it, Say it, Sorted’ campaigns that encourage passengers to treat each other with suspicion.

#### Background

Getting around your local area — being able to meet people, attend appointments, get shopping, access outdoor space, and more — is an important part of day-to-day life. Many people’s access needs are not considered by transport systems and sources.

Many people living with long term mental ill-health or distress also live with other forms of chronic ill-health, which means individual experiences of what is accessible differ. It also means that approaches to accessibility need nuance, and to address factors like cost as an access issue. Whilst there was some attention drawn to people described as having ‘invisible disabilities’ during the Covid-19 pandemic, for many, having access needs that are not immediately clear to others can mean that they experience exclusion through omission. Such exclusions can mean people cannot get to the places they want to be or access the support they need.

When it comes to accessing support, there are significant barriers in being deemed eligible for the mobility element of PIP or a scheme like the Disabled Persons Freedom Pass. The latest statistics show [69% of PIP or Personal Independence Payment rejections are overturned on appeal](https://www.benefitsandwork.co.uk/news/appeals-backlog-rises-as-success-rates-fall-for-all-but-pip#social-security-and-child-support). The difficulty in getting the right decision at the initial stage can be especially present when your primary condition is related to mental ill-health. The barriers within these systems are symptomatic of wider exclusion of people living with chronic mental ill-health, and a serious underestimation of who has access needs and what they might look like.

We spoke to Londoners about their experiences of managing distress, disability, and moving around their city. Together we explored:

1. what the barriers are
2. how they have changed over time, and
3. what can be done to make meaningful changes

**What are the barriers?**

Living with anxiety, claustrophobia, agoraphobia, and having sensory needs can mean that navigating transport systems and getting out of the house are a challenge. Diversions, suspensions, and other changes that are unanticipated or unexpected can disrupt a journey, create discomfort or overwhelm, and make the process of travelling difficult.

People may avoid journeys altogether or take significantly longer ones to avoid the challenges faced by using some public transport systems, like the tube:

*“I prefer to like just get out of the station even if that means having to take a couple of buses or taking longer but yeah the whole experience leaves me very drained and, and now as I'm getting older I just it just feels like I need- like I need bit a little bit more time to recover from the experiences.”*

Racism and ableism in public spaces affect people’s ability to move around with comfort as well as their wellbeing:

*“Having this type of, you know, having these very kind of negative experiences, whether it's institutional, you know, like, you know, stereotypes, racism, it obviously affects, it can affect you, mentally as well as physically as well.”*

We heard a lot about cost: even a short journey can have significant cost, and for some of our participants, being on a small income due to living with long term mental-ill health meant that their access to travel both within and outside of London was restricted.

*“I guess the cost of everything. In terms of I think a lot of public spaces and local community space areas. More and more things cost money to access… the majority of things- to even be in that space you have to spend money which inherently is excluding a lot of people within the local community.”*

*“I guess the barriers to these changes being made is capitalism, probably profit driven development and just also lack of understanding of what people need in terms of accessibility.”*

*“I don't have an income. All throughout my life I didn't have an income apart from benefits and now I'm older I have a state pension but because I was ill for a lot of my life I didn’t ‘work’ so I didn't have an institutional pension so my income is low. At this time of year people can't afford to go on holiday and we say that a holiday is really important. But if you can't go on holiday you don't get that chance to get away from London to the sea to the hills wherever and to get a change, you’re just continually stuck in London.”*

**How have experiences of local travel changed over time?**

Some participants spoke of a process of becoming aware of their access needs over time. Whereas before they may have been more tolerant of the challenges, with time and sometimes with diagnoses that to some explained their experiences, they felt more empowered to adopt behaviours that avoided stimuli and triggers that would lead to overwhelm.

One participant spoke of being subjected to suspicion whilst using public transport, linked to racism and surveillance culture that has emerged in the aftermath of 9/11 and 7/7 and a culture on public transport systems where we are encouraged to observe the behaviour of others and notify the relevant authorities if we see something ‘suspicious’: *‘see it, say it, sort i*t’.

*“And so for example, you know, as someone who's- who's from a South Asian diaspora, with a beard, straight away using the underground if I've got like a sometimes if I've got like a backpack or something people come to certain conclusions and I can actually see people's reactions and that's not just passengers, but also it's also staff members as well. Quite a few times because I'm lost or I don't really know where I'm going. Rather than always having to ask people which in itself is quite exhausting as well, sometimes there's no one there and if there are like this, you know, it's just difficult, you know, it's just difficult to always go up to people depending on how they are.”*

**What do we want to see?**

* Frame cost as an access issue, making sure people can afford to travel where they live.
* Treat people’s access to leisure as a fundamental right.
* Train staff members on neurodiversity and mental ill-health.
* Adopt universal design approaches across transport systems.
* Walk in people’s shoes: work in partnership with a range of experiences when designing systems and continually reflect and improve.
* Expand access to Disabled Persons Freedom Passes for individuals living with mental ill-health or distress.

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### Conclusion

Good quality, meaningful policy recommendations are abundant, but this doesn’t always mean they lead to change or are taken on by those who develop and action policy change. Acknowledging this inertia, and the ongoing cycle of recommendations and little change for the better feels like an important feature of our current times.

Some of the recommendations from the briefings are grand, such as reforming the welfare system or attending to the cost of living crisis. But others are simple; increasing signage on transport systems, a text update service for welfare claims, or changing funding agendas to allow grassroots groups to offer financial support. Of course, these do not go far enough, but they would make a start, and improve the lives of so many who experience mental ill-health, distress, or trauma.

Minimum income standards and guarantees often don’t go far enough to address inequity and marginalisation. There can be focus on behavioural change and an emphasis on ‘idealised’ behaviour, for example, excluding alcohol from budgets. Within these decisions are moral judgements about how people who experience poverty and deprivation should live their lives, and where the responsibility lies. Often, the conversation doesn’t move on from poverty being a consequence of individual decisions. This approach has caused significant harm to individuals living with mental distress and communities, and in reckoning with that, we need new responses to these social harms that have become entrenched.

Fundamentally, we want to see the policy conversation change: **Let’s ask ‘what do people need to thrive?’ instead of ‘what’s the bare minimum?’**. We must reject productivity-based arguments for better mental health support and better welfare systems. We must show value for the lives of people who experience multiple marginalisation, including those of us who live with long term mental ill-health, distress, or trauma.