



Unite submission to the Department of Health and Social Care Reforming the Mental Health Act consultation

Executive Summary

- **Unite broadly welcomes the Mental Health Act White Paper as a step in the right direction.**
- **Unite is particularly supportive of changes that will give those detained under the Act more rights, choices, advocacy, transparency and oversight.**
- **Unite also strongly supports the recognition and commitments to tackle institutional racism and discrimination against people with autism and learning disabilities.**
- **The recommendations in this White Paper must be backed by sustainable and sufficient extra funding otherwise they will not be successfully implemented.**
- **This includes support for recruitment and training of staff, access to tribunals and advocacy, and upgrading of the mental health estate.**
- **Funding must also be increased for preventative and support services within the community and reforms brought in to legal aid and the benefits system.**
- **Government should do more to improve mental health of people in the workplace.**

1. Introduction

- 1.1. This evidence is submitted by Unite the union - the largest trade union in Britain and Ireland. Unite's members work in a range of industries including manufacturing, transport, financial

services, print, media, construction and not-for-profit sectors, local government, education and health services.

- 1.2. Unite is the third largest trade union in the National Health Service and represents approximately 100,000 health sector workers. This includes seven professional associations – the Community Practitioners and Health Visitors’ Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health Care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services and ambulance services.
- 1.3. Unite has a significant interest in mental health both because we represent a large number of members who work in mental health services, and because our members and their families are service users or support those at work with mental health problems. These include a large membership in the NHS working in mental health nursing, clinical psychology and other related professions, as well as members in local authorities, social care and the not for profit sector that support people in the community.
- 1.4. Unite welcomes the publication of the Mental Health Act White Paper, and the acceptance of many of the recommendations of the 2018 review¹. It is only disappointing that it has taken two years to respond.

2. Mental Health Act

- 2.1. Unite believes that reform of the 1983 Mental Health Act is long overdue and that it is vital that it is modernised to provide those affected with stronger protections and rights. The grounds for detaining people have not changed for many years, despite radical changes to health care and attitudes towards mental health.

¹ <https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>

- 2.2. Mental health concerns are increasingly becoming one of the primary issues Unite reps have to deal with in the workplace when supporting members. During the Covid-19 pandemic it was highlighted as one of the primary concerns of our members² with stress, trauma, loneliness and isolation all on the increase. As a result of the growing epidemic of mental health problems in society we know that at its most serious some of our members will be affected by the Mental Health Act, either for themselves, their families or colleagues.
- 2.3. Given that the Mental Health Act can involve a substantial loss of liberty for individuals affected and long lasting impacts, it is crucial that the Act is fit for purpose and that sufficient protections are in place.
- 2.4. Unite is therefore supportive of many of the proposals in this consultation. They are an important step forward in many areas, and Unite urges the government to properly resource the changes in order for them to be effective.
- 2.5. In particular Unite welcomes the recognition of greater rights for people detained under the Act; facilities to give people greater say in their treatment and care; reform of advocacy and support processes giving patients greater choice in who advocates for them; stronger criteria for detention and greater oversight and transparency over the process. Unite also welcomes action to support those with autism and learning disabilities within the Act and the importance of challenging institutional racism within the mental health system.
- 2.6. Unite shares concerns from various mental health organisations³ that the government hasn't fully accepted some of the Review's recommendations, while on some areas that do not require legislation to be taken forward there has been a disappointing lack of progress.
- 2.7. Unite's Mental Health Nursing Association has been actively involved in supporting the Mental Health Units (Use of Force) Act 2018⁴ (often referred to as Sen's Law), which resulted from a Private Members' Bill requiring hospitals to reduce the use of force against patients and to train staff on how to de-escalate situations instead. Unite recently wrote to Minister Nadine Dorries

² <https://www.unitetheunion.org/news-events/news/2020/may/mental-health-issues-top-of-workers-lockdown-concerns/>

³ <https://www.mind.org.uk/media/6904/briefing-on-mha-white-paper.pdf>

⁴ <https://www.legislation.gov.uk/ukpga/2018/27/enacted>

MP asking about a commencement timetable⁵. The new legislation has been on the statute books since late 2018 and yet it still has not been commenced. New legislation requires re-training, education of staff and therefore resources to be implemented and again there has not been enough progress on delivering this.

- 2.8. Unite members have also raised concerns around the review process, including the levels of engagement that took place of the existing workforce. Members report that, while much of the rhetoric is positive, there remains a significant level of cynicism that changes will take place in practice or whether the new principles would have much impact beyond Approved Mental Health Professional (AMHP) roles. Members have also highlighted the lack of progress in rolling out non-medical responsible clinician roles throughout the service despite provision being in place for over a decade.
- 2.9. Unite would be happy to support more work to involve the workforce in progressing improvements and making these changes meaningful.

3. Fair and equal treatment

- 3.1. While mental health issues may affect anyone in society, certain groups are more prone to have mental health related illness than others. For example, women are more likely than men to have a common mental health problem and are almost twice as likely to be diagnosed with anxiety disorders. People living in poverty or with chronic health conditions are also at higher risk. Minority groups such as members of the lesbian, gay, bisexual and trans (LGBT) community and members of certain ethnic groups are also known to be more at risk.
- 3.2. Unite strongly welcomes the recognition within the White Paper of the significant evidence of institutional racism within mental health services. Contradicting the flawed⁶ Commission on Race and Ethnic Disparities (CRED) report⁷ the White Paper's recognition of this issue is positive. This long standing and unacceptable reality must be comprehensively and robustly tackled and Unite urges the government to consider the strong criticisms of the CRED from the union

⁵ https://twitter.com/Unite_MHNA/status/1333503946678263809?s=20 and reply https://twitter.com/Unite_MHNA/status/1354440410597363713?s=20

⁶ <https://www.theguardian.com/uk-news/2021/apr/11/downing-street-rewrote-independent-report-on-race-experts-claim>

⁷ <https://www.gov.uk/government/publications/the-report-of-the-commission-on-race-and-ethnic-disparities>

movement⁸ and organisations like Centre for Mental Health⁹ which recently published their final report from their 'Commission for Equality in Mental Health¹⁰'.

- 3.3. The proposals under consultation are a step in the right direction, but as stressed above they must be backed up with resources and action for them to have any effect. Unite also agrees with the Race Equality Foundation¹¹ and others that have raised significant areas where more action is needed or the report is silent.

- 3.4. Unite also stresses that without more fundamental work to address inequality and discrimination throughout society the recommendations within the White Paper will not be enough. One of the worst aspects of this discrimination is that many Black, Asian and other ethnic minority people with mental health problems are finding themselves in the criminal justice system, police custody or prisons rather than being treated for mental health problems.

- 3.5. Mental health services are often dealing with the consequence of inequality and discrimination after the damage has already been done. There is therefore a need for a complete culture change across our emergency and health services with prevention at the forefront.

- 3.6. Regarding the recruitment and promotion of more staff from Black, Asian and minority ethnic backgrounds Unite would remind the government of the reports on tackling broader race discrimination within the NHS - *Snowy White Peaks of the NHS*,¹² 2014 and *Beyond the Snowy White peaks*¹³, 2019. Unite launched a national campaign across the health service to tackle racism and discrimination both amongst the staff and the care that is given to black and ethnic minority patients. The 'Beyond the Snowy White Peaks' campaign highlighted how race equality in the NHS has gone backwards over the last ten years, with less opportunities for black and minority ethnic staff and less black and minority ethnic staff in senior positions. Unite continues to support these recommendations and call for action to make the NHS better and fairer places to work.

⁸ <https://www.tuc.org.uk/news/trade-union-leaders-write-pm-calling-him-reject-insulting-report-and-act-race-equality-work>

⁹ <https://www.centreformentalhealth.org.uk/news/race-disparity-commission-report-falls-far-short-mental-health>

¹⁰ <https://www.centreformentalhealth.org.uk/commission-equality-mental-health>

¹¹ <https://raceequalityfoundation.org.uk/health-care/mental-health-act-white-paper/>

¹² <https://www.england.nhs.uk/wp-content/uploads/2014/08/edc7-0514.pdf>

¹³ <https://www.kingsfund.org.uk/blog/2019/06/race-inequalities-NHS-workforce>

3.7. Similarly, the stories of how autistic people and those with learning disabilities have been treated by the mental health system are heart breaking and change is urgently needed. Unite supports the social model of disability and therefore welcomes the greater recognition of these people's needs within the White Paper. It is crucial that these elements are not simply lip service but that they result in greater understanding throughout the service and far fewer autistic people or those with learning disabilities being detained in forensic settings.

4. Funding

- 4.1. Unite is concerned that the proposals within the White Paper are not being adequately funded in order to deliver the changes that are needed and recommended. A number of important reforms explicitly refer to being subject to future funding including improvements to wards, access to advocacy, and tribunals. Many of these elements are key to making other reforms meaningful.
- 4.2. The government does not appear to be following through with the resources needed. According to the Health Foundation's projections¹⁴ total mental health funding still faces a deficit of up to £900 million despite the additional £500 million confirmed last November for 2021/22 in the Budget.
- 4.3. Similarly in the Spending Review, £260 million was allocated for staff training and education but again the Health Foundation points to a deficit of between £320 million and £640 million to address the long-standing workforce shortages across the NHS.
- 4.4. The White Paper also points to capital spending needed to upgrade the Mental Health estate and bring wards up to the standards urgently recommended by the Review. In the Spending Review, £9.4 billion was allocated for new hospitals and other health infrastructure, largely in the acute sector. For example, of the 40 'new' hospitals announced by the Prime Minister, only two of the proposed had a 'specific mental health element'¹⁵. This is despite improvements

¹⁴ Report here: <https://www.nhsconfed.org/resources/2021/03/budget-march-2021-member-briefing>

¹⁵ <https://www.mind.org.uk/news-campaigns/news/mind-responds-to-governments-hospital-build-plans-amid-growing-mental-health-crisis/>

being needed to provide adequate safe environments for those people detained, for example in providing same sex accommodation. Health Foundation modelling, shows a shortfall of £1.1 billion and the Budget omitted additional capital spending for continuing infection control measures and there is no mention of investment in primary care, community and mental health estate where it is also urgently required.

- 4.5. Unite urges the government to provide this funding as a matter of urgency. An under-resourced system will not be able to reform itself nor respond to the needs of mental health patients, including in what should be considered an absolute basic necessity, keeping people who are detained safe. Without sufficient funds the proposals will fail to deliver.

5. Workforce

- 5.1. Unite believes that achieving safe, sustainable and productive staffing in mental health services is of paramount importance.
- 5.2. Unite has been calling for a comprehensive and well-funded workforce strategy and additional funding for staff for many years now. That means recruiting and retaining the staff numbers that are needed and also action to improve the treatment of those staff, with decent pay, terms and conditions, support and wellbeing. These elements are crucial especially if the health and social care system is to have a chance at recovery following the pandemic.
- 5.3. Unite members raised the need for major programmes of training, including train the trainer sessions, to help staff get up to speed on the reforms. They have raised concerns about how training will be rolled out and the impact this will have on the currently over-stretched workforce.
- 5.4. Members have also raised concerns around the extra demands that will be placed on mental health professionals, for example from extra tribunals, a concern that has been echoed in the Nursing Times¹⁶. Such concerns include the potential for extra responsibilities being placed on staff, including supporting more people to access services in the community who under current

¹⁶ <https://www.nursingtimes.net/news/mental-health/analysis-how-mental-health-law-reforms-could-affect-nurses-01-02-2021/>

rules may have been detained. Given that community services have been significantly cut in recent years due to government austerity this could mean an increase in unmet need or people entering more acute mental health crisis before getting the support they need.

- 5.5. Government must follow up welcome aims to reduce detention of patients with the support and resources needed to prevent people needing such extreme levels of interventions.
- 5.6. Related to the funding deficits highlighted above, Unite believes there is still not enough action being taken to resolve the staffing crisis within the NHS, particularly within mental health settings.
- 5.7. Unite has been calling for legislation that enshrines minimum safe staffing levels in mental health services. While organisations should have flexibility to ensure they can meet patient demand, Unite believes that without minimum levels set, organisations in financial hardship will continue to cut staffing budgets to achieve financial balance at the detriment to patient care.
- 5.8. Safer staffing would make a fundamental difference in how to build therapeutic relationships. Relying on consistency and having staff sufficiently trained. Such a system has been legislated for in other countries, yet England continues to refuse.
- 5.9. Urgent steps must be taken to increase the number of registered mental health nurses, and allied health professionals, including psychologists.
- 5.10. For example, the total number of mental health nurses in England's NHS (ESR whole time equivalent) was 38,682 (in December 2020). This represents a 4.8% cut (-1,948) since May 2010. While there has been some progress since August 2017 when the lowest recorded number was 35,196 or a 13.4% (-5,434) cut. Since this low point we have seen a 9.9% (3,486) increase. Those figures are heavily skewed however with '004_Community Mental Health' staff increasing by 23.3% (3,610) between 2010 and 2020, whilst '005_Other Mental Health' saw a 22.1% (5,559) cut.
- 5.11. Similarly Health Education England (HEE) provided Unite with figures on clinical psychology vacancies in 2019 which were 12.8%, representing 949 WTE vacant posts according to ESR.

- 5.12. These figures show that there is substantial investment still needed to bring staff numbers up to a sustainable level. Short term cyclical trends of cuts followed by periods of recruitment and catch up add unnecessary stresses, costs and instability to the system and Unite strongly advocates for a comprehensive long-term workforce strategy for the service. As one Unite member recently remarked: *'We have the biggest vacancy gap in MH nursing. I can't see a plan that addresses that- a 14% vacancy gap. I don't think we'll feel the increase for a few years. They think we've done really well with the MH nurse apprenticeship. We're still breaking even with those going and coming. The expansion of services. For the first time money isn't the issue it's that we don't have the nurses.'*
- 5.13. A further concern expressed by our members is that on top of cuts to their number, where staff are being replaced this will be primarily with newly qualified professionals. This means that services have a large 'drain' of expertise that takes even longer to recover from. This also has a negative impact on the ability of employers to attract new staff and to retain the ones they have.
- 5.14. Although not covered by this consultation, action that needs to be taken includes reinstating the NHS student bursary, a significant real term pay rise for all staff and action to tackle the issues identified in repeated staff surveys including areas like staff stress and bullying.
- 5.15. The White Paper also envisions putting in place new requirements for retraining, procedures and systems of regulation in order for the recommendations to be implemented. Again this will need to be properly resourced to become a reality. Whilst a limited amount of funding has been directed at providing training for staff who work in NHS employers, this funding has not been similarly directed at other public sector employers, third sector organisations or private companies. All of these will have similar needs to train staff in new responsibilities in any subsequent Act.
- 5.16. As highlighted above, Unite has been supporting the Seni's Law campaign and it is crucial that more is done to train all workers within the mental health system. That includes health service staff such as Ambulance and A&E staff, mental health nurses and care assistants, medical staff and psychologists, but also those within communities and social service teams, those providing

supported housing, advice and activities as well as the police service and 999 call handlers who are sadly often the first people that those facing a mental health crisis are faced with.

- 5.17. Unite also endorses moves to make the workforce more representative of the communities they are supporting. Unite has been involved in national work to promote this within clinical psychology via Health Education England (HEE) and it is welcome that HEE have now announced¹⁷ 25% more clinical psychology in 2020 following negotiations with Unite¹⁸ which included demands on improved diversity of appointees.

6. Community services

- 6.1. Unite is under no illusions that reform of the Mental Health Act alone will tackle the growing epidemic of mental ill-health in the UK. A long-term vision for a gold standard in mental health care, needs to recognise that tackling mental illness goes far beyond the NHS and necessitates good housing, employment and financial support, physical health as well as good support networks and social care.
- 6.2. The growing problem of mental ill-health is a symptom of modern society and economics. Unite has done substantial work and campaigning on the growing use of precarious, insecure and exploitative work across the UK economy and the impact such contracts are having on mental health should not be understated. The UK also works some of the longest hours in Europe (when full-time work is considered) with some of the highest levels of inequality, while UK incomes and living standards have declined in real terms significantly since 2008. In addition, the effects that job cuts and industry closures have on the population can have a devastating effect on a community's mental health. All this is undoubtedly contributing to increased mental health problems in the UK and Unite stresses that any solutions to that crisis must look at the problem holistically. The government should therefore to tackle these huge drivers of insecurity in life as part of its broader strategy to prevent mental illness.
- 6.3. Mental health professionals should have a major role around prevention, however too often the services are over-stretched and understaffed. The experience of service users during COVID-19

¹⁷ <https://www.hee.nhs.uk/news-blogs-events/news/increase-25-key-training-psychological-care-announced>

¹⁸ <https://www.hee.nhs.uk/news-blogs-events/news/clinical-psychologist-education-funding-review>

shows how important it is to have good outreach to support clients. Even in normal times large numbers of those being sectioned under the mental health act are 'repeat cases'. Currently the system does not do enough to address this, with patients discharged into the community where the support they receive is inadequate.

- 6.4. Sadly, over the last decade government policy has been doing the opposite. Unite believes that in order to build prevention and decent levels of community support outside of hospitals there must be a complete reversal of the cuts brought in by the government over the last decade. They must rebuild our social support networks and community organisations increasing funding to properly support NHS, council and voluntary sector services that have been lost.
- 6.5. This means properly resourcing our social care system, ending the poverty pay and fragmented dysfunctional services that people with mental health problems have to contend with.
- 6.6. The cuts to local government funding have had a huge impact on the voluntary sector that many people turn to for support (e.g. youth and play work organisations, after school clubs, refuges, community centres, housing associations, mental health support groups, drug and alcohol support, help into work, Law Centres/advice agencies, food banks etc). It is appalling that many of these organisations themselves are now fighting for survival, particularly small local community organisations, which provide the local support that many people depend on.
- 6.7. Similarly the government's cuts agenda and stigmatising welfare policies are making many people with mental health problems worse¹⁹. The attacks on welfare brought in over the last decade have had a disproportionate effect on disabled people in general, particularly those with mental health problems.
- 6.8. There is evidence to show that one in six jobseekers have been hit by benefit sanctions²⁰, while many disabled people with legitimate claims are seeing their benefits removed or substantially cut back. Government figures have shown significant numbers of people dying after losing their

¹⁹ MHN Special: 12/2013 'Austerity and mental health':

<http://www.unitetheunion.org/uploaded/documents/MHN%20Dec%20201311-14762.pdf>

²⁰ <http://www.theguardian.com/society/2015/aug/05/jobseekers-dole-guardian-research-government-welfare>

benefits²¹ many of which have been suicides. This terrible situation has led the United Nations to launch a major investigation into human rights abuses caused by the UK's treatment of disabled people²². Unite MHNA²³ and Unite Community²⁴ (which represents members outside the workplace) have both raised these concerns and called for major changes to the benefits system and community support following discharge from the Mental Health Act. Unite has also signed up to campaigns led by the Money and Mental Health Policy Institute²⁵ on this issue.

6.9. Lastly, the drastic cuts to the legal aid system through the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO)²⁶ have had a significant impact on the ability of mentally ill people to challenge decisions they face both under the Mental Health Act, their benefits and the services they are receiving.

6.10. There is evidence that access to justice has been severely undermined by this legislation and many people are getting sick as a result²⁷. In 2018 Mind²⁸ released research that showed that people with mental health problems are more likely to have experienced legal problems and are significantly more likely to have more legal problems than those without. It also found that just under 50% of financially eligible people whose legal problem was removed from scope by LASPO had a mental health problem. In other words, the cuts to legal aid have disproportionately hit people with mental health problems.

6.11. Access to justice is a core pillar of our democracy and for those people suffering from acute mental health problems it can be crucial to protect them from unjust decisions, destitution or detention. People with mental health issues need access to legal advice including on social security, debt, housing and immigration where support has been withdrawn. It is also a major

²¹ <http://www.dailymail.co.uk/news/article-3213051/Almost-2-400-people-declared-fit-work-taken-benefits-controversial-government-crackdown-dead-TWO-WEEKS.html>

²² <http://www.independent.co.uk/news/uk/politics/un-to-investigate-uk-over-human-rights-abuses-against-disabled-people-caused-by-welfare-reform-10478536.html>

²³ https://twitter.com/Unite_MHNA/status/1049589426849017856?s=20

²⁴ <https://www.unitetheunion.org/news-events/news/2020/july/benefit-sanctions-particularly-cruel-amidst-widespread-jobs-destruction/>

²⁵ <https://www.moneyandmentalhealth.org/>

²⁶ <https://www.legislation.gov.uk/ukpga/2012/10/contents/enacted>

²⁷ <https://www.lag.org.uk/article/202800/legal-aid-cuts-are-making-clients-sick>

²⁸ <https://www.mind.org.uk/news-campaigns/legal-news/legal-newsletter-march-2018/mind-research-the-impact-of-legal-aid-cuts-on-people-with-mental-health-problems/>

false economy for society as dealing with the failures of justice is always more costly than providing the preventative advice and support people need.

- 6.12. Unite is calling for legal aid provision to be restored the pre-2010 levels, and support put into rebuild the sector as those currently delivering legal are unable to cope with the scale of need.

7. Tackling mental ill-health at work

- 7.1. Government must also recognise that prevention of mental ill-health can be driven through improvements in the workplace.
- 7.2. There is wide evidence to suggest that our working and social environments have a large impact on our mental health. There is a whole raft of documentation on the social determinants of mental health problems from the WHO²⁹ and others that highlight how poverty and social exclusion causes distress. There is also well documented literature on how the gap between rich and poor causes mental health problems³⁰. Prolonged workplace stress has been strongly associated with mental health problems, as have discrimination, bullying and harassment at work³¹.
- 7.3. Millions of days are lost from work each year due to mental ill health³² (i.e. anxiety, depression and stress related conditions), making it the leading cause of sickness absence. Despite mental health issues being one of the most common impairments recognised by law hundreds of thousands of people at work face discrimination, prejudice and stigma due to mental health problems. Disabled workers with mental ill health are more likely to face barriers in recruitment and retention and people who are using mental health services or have used these services in the past are often discriminated against in the workplace.

²⁹ WHO (2007). Breaking the vicious cycle between mental ill-health and poverty. Geneva: WHO. doi:

http://www.who.int/mental_health/policy/development/en/index.html

WHO (2008). Improving maternal mental health. Geneva: WHO. doi:

http://www.who.int/mental_health/prevention/suicide/mmh_jan08_meeting_report.pdf.

WHO (2008). Mental health gap action programme (mhGAP): Scaling up Care for Mental, Neurological and Substance Abuse Disorders. Geneva: WHO.

WHO (2010). mhGAP intervention guide. Geneva: WHO.

WHO. (2011) Mental health atlas. Geneva: WHO.

WHO (2013). Comprehensive mental health action plan 2013-2020. Geneva: WHO.

WHO & Calouste Gulbenkian Foundation (2014). Social determinants of mental health. Geneva: WHO.

³⁰ Wilkinson, R.G. & Pickett, K. (2009). *The spirit level: why more equal societies almost always do better*. London: Penguin.

³¹ <http://www.hse.gov.uk/stress/furtheradvice/bullyingindividuals.htm>

³² <https://fullfact.org/health/seventy-million-sick-days-due-mental-illness-2007-not-last-year/>

- 7.4. As the 2016 mental health task force report in England³³ highlighted *“the employment rate for adults with mental health problems remains unacceptably low: 43 per cent of all people with mental health problems are in employment, compared to 74 per cent of the general population and 65 per cent of people with other health conditions. Of people with ‘mental and behavioural disorders’ supported by the Work Programme, only 9.5 per cent have been supported into employment, a lower proportion than for some proven programmes. There is a 65 per cent point gap between the employment rates of people being supported by specialist mental health services who have more severe health problems and the general population. Employment and health form a virtuous circle: suitable work can be good for your health, and good health means that you are more likely to be employed.”*
- 7.5. Unite would therefore like to see more support for those people who suffer from severe mental ill health to return to work should they wish. This needs to include making sure that employers do more to tackle the causes of work-related mental ill health using the HSE stress management standards and conduct proper return to work processes and risk assessments to support their staff with recognised mental health problems including those that have been discharged under the Mental Health Act.
- 7.6. It should also include greater support for trade union. Many trade union workplace representatives across all sectors represent members with some form of mental health problem on a regular basis and these problems are often caused by bullying and harassment in the workplace. Trade union reps play a key role in supporting people to return to and remain in work where mental ill health is an issue and tackling issues that are causing mental problems at work. Unite believes that this role needs greater recognition and support including repeal of anti-Trade Union Act legislation which is making it more difficult for employees to get support.

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This evidence was submitted on behalf of Unite the Union by:

Jackie Williams
National officer for Health, Unite the Union

³³ <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

For further information, please contact:

Dave Munday

Lead Professional Officer for Mental Health, Unite the Union

Dave.Munday@unitetheunion.org

James Lazou

Research Officer, Unite the Union,

James.Lazou@unitetheunion.org

Unite House, 128 Theobalds Road, Holborn, London, WC1X 8TN