

Someone on twitter said: "The truth about my recovery from schizophrenia is that a lot of it had to do with no longer being in extreme poverty".

That cannot always happen by acquiring a decently paid job.

There are more unemployed than vacancies, large numbers of the population are in temporary, zero hours, poor conditioned & paid shift work, struggling with Working Tax Credits and losing supports to be in work. That's before we even get to employer discrimination and the reality that some people may never get back into work because of the market and benefits system, and some gaps in the CV are just too big.

The welfare system has rendered much part-time & self-employment potential that much harder, almost impossible for single people where PIP is crucial to its viability when assessment is biased against mental health.

The minister said, "Being at work is a good health outcome particularly people with mental health problems".

MH has been singled out with unemployment being reconstructed as individual failing and responsibility, and even implied to be a personality disorder.

Employment viewed as treatment and outcome by the use of psychocompulsion in Jobcentres and GP surgeries.

Psychocompulsion is the imposition of psychological explanations for unemployment such as the wrong attitude, together with mandatory activity to change your disposition.

Even sectioned pts have been made to go through ESA reviews, which does raise the question, why on earth didn't the consultants stop it. This govnt views MH as individual character flaw and weakness and MH claimants are the low hanging fruit.

Prof bodies especially the BPS need to be robust in resisting reforms, workfare and psychocompulsion. The tools of psychology will be used, you have to say *not in my name, not in my professions name*, because if you don't it has the potential to be more powerful and far reaching than the MHA.

The ever corporate charities have been neutered and one is in alliance with an unlawful US insurance company which have been highly influential advisors in the development of welfare policies.

The latest guidance to assessors tells them that they should consider factors that might "mitigate" the chance that someone could harm themselves or others, including "the benefits of employment weighed against any potential risk". Risk of SH and suicide could be disregarded.

Yet the Household Study which occurs every seven yrs, indicates as many as half of people on ESA have made a suicide attempt. 2.5 million people are on ESA, so govnt is ok with 1.25 million being at high risk of death due to their policy.

Psychologist Jay Watts has commented on twitter how she has seen SUs who have been sectioned, forcibly injected, had ECT, who have said how the WCA has made them feel worse. Her experience echo's mine as an activist. Never have I listened to more current and discharged SU's speak of their wish to die because of these policies. There is no greater indictment of grievous state harm than that. Let that sink in – there are people who find the welfare system worse than forced psychiatric treatment, and some who would rather die.

Media and govnt messages have got right into the very fabric of people's experiences and mental distress. People are hearing their voices telling them they are useless scroungers. They are literally talking back at people in paranoia and depression alongside the letterbox phobia. SU groups online spend a lot of time supporting each other with letterboxes and post. We have talked people off of rail tracks. This is compounded by neoliberal recovery rhetoric which positions employment as recovery.

The Holocaust didn't start with gas chambers it started with years of propaganda and policies slowly taking away people's rights. Current neoliberalism (extreme capitalism) has turned into fascism. Sick, disabled, unemployed & low paid have been directly targeted with thousands of deaths, and lined up as fodder for the workfare industry.

Redefining "being in work" as a "health outcome" is a grotesque distortion of the patient and healthcare relationship and it's cruel given MH and LD claimants historically have the highest rates of unemployment.

There isn't a single charity or prof body which has ever truly sought SU/survivor thinking regarding a different welfare system which really would facilitate inconsistent working ability which UC never will.

Which would even respect chosen voluntary work as an additional outcome which as embarrassing as that is to services and policy makers in an era of the illusion of full-time employment as outcome, has always been an unspoken reality for many MH SUs.

Trusts, universities, charities and prof bodies benefit from the voluntary work of MH SUs, and now that is a risk. Vol work has been used against claimants in reviews which has driven people underground, afraid to do anything, it's blocking people from being able to live meaningful lives and connect. You can appeal a section, you can't appeal having no money to live so easily.

This isn't solely about discrimination, having the 'right' support and geeing up employers. Likewise as optimistic as alternative service provision is growing in following such as Open Dialogue, and debates around the validity & utility of dx, the fact remains that no one accesses any support or disability benefits in or out of work without a dx. We're a long way from a dx free world, that would require massive structural and political change. Structural changes are primary.

The recovery poster people the MH system always refers to, the regulated recovery story narratives, have become the equivalent to tampax ads rollerblading in white hot pants on

your period because we no longer hear stories of enduring experience and lives *without* socially valued normative recovery.

Every time I see the “what's happened to you?” referenced, I keep referring to Lynne Friedli’s response “What configurations of power & privilege map our fates?”

Just as the ‘personal is the political’ should be about social justice and speaking of it, not a nice slogan repeatedly stated without context.

It’s events like this which need to be happening in every city, become CPD, become part of core curriculum. It’s suggestions like having an organised register of MH pros prepared to help and accompany people to assessments which will more immediately help. And wider social activism with trade unions, disability groups. This is everyone’s business.

We have to speak truth to power and today is about how we practically assist people to stay alive.