There is no new normal: Brexit and mental health in the UK since 2016

An important piece by Mark Brown, writer in residence for Centre for Mental Health
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Introduction: Brexit, mental health and ‘the new normal’

As I type this, crowds are gathering in Parliament Square to protest the proroguing of Parliament [https://www.instituteforgovernment.org.uk/explainers/proroguing-parliament](https://www.instituteforgovernment.org.uk/explainers/proroguing-parliament) which will leave a scant number of days for the passage of debates in the chamber before the deadline of October 31st 2019 when, unless something changes, the UK will leave the European Union. This is not business as usual.

Over the last three years since the UK voted on 23rd of June 2016 to leave the European Union, brexit has been both everything and nothing in public debate. People have argued that brexit is a distraction from the ‘real issues’ faced by people in the UK and that focusing upon it means ignoring issues facing people in the here and now. Living through the last three years in the wake of the EU referendum result has been like living on the back of a creature so big you can’t see it when standing on it. At once brexit been the justification for everything and the justification for nothing.

It’s tempting to see mental health as only being about mental health services, sticking to appeals to a new government to make sure that mental health services don’t lose out in future Spending Reviews while ignoring the conditions that brexit might create in people’s lives because ‘that’s politics, not mental health’. But mental health is not an island and mental illness does not exist in a vacuum. Keeping up the lobby for more and better mental health services is vital, but mental health does not stop there. If the current most likely brexit outcome occurs, the changes that it will bring about will touch and alter everything.

The question that needs to be asked now, and needed to be asked in 2016, is how will these possible changes reduce or increase the likelihood of people having good mental health and the potential for people who already experience mental health difficulties to have maximum wellbeing. The answer is not reassuring.

What follows will try to examine what brexit means for the everyday lives of people who experience mental health difficulties in England. While most of the following will be relevant across the UK as a whole, no attempt is made to generalise, especially in the case of health
and social care statistics or preparations. Each nation has a distinct set of institutions, devolved government and a set of challenges presented by brexit. In England, the Health and Social Care Act 2012 created NHS England and a number of other arm’s length bodies for health and social care and it will be these bodies which will be discussed. Northern Ireland, with the potential for brexit to conflict with law set out in the Good Friday Agreement and as the only part of the UK that shares a land border with the EU, has particular concerns. Scotland and Wales also have concerns different from the Westminster Government around Brexit.

It feels absurd to be writing about brexit and the ways that it might change the lives of people with mental health difficulties. It is like writing about an earthquake or a hurricane before it happens; trying to predict what will survive and what will be changed and what will stand steady. Perhaps it will pass by causing a few misplaced slates and an upended gazebo. Or it may level everything and leave next to nothing standing. But brexit is not a natural disaster. It is a policy decided by a referendum to withdraw a country from an economic and political union. Brexit is an idea, but it is also something that will happen unless something changes on or before the stroke of midnight on Halloween 2019. But that won't be the end of brexit because it isn't a single enactable policy but a process which will change the economic life of the UK.

The challenge of looking at what brexit or no-deal brexit will improve for people with mental health difficulties is that this is entirely contingent on events. Regaining UK sovereignty or opening up possible new trade deals have a status as ideas, but they are not policies or concrete deliverable effects. They will not, in themselves, remove uncertainty because what happens will not be decided by them but by the results of them. While withdrawal from the European Union is a strong and vibrant idea for some, we end up back at Theresa May's famous statement that 'brexit means brexit'. What brexit 'means' will be defined as a result of what happens because of it.

Nothing related to the process of the UK leaving the EU will just go away or ‘come out in the wash’. Whatever any of us chooses to focus on in the UK will be affected by what happens with brexit even when we do our best to make sure it isn't. The mistake is to treat brexit as if it was any other government policy. It isn't. Brexit isn't a single change of policy like a rise in VAT or banning smoking in pubs: it will be a fundamental change to the fabric of the UK, a novel historical event. In the same way that joining the EEC originally was something new, so leaving it will be. Brexit now underlies everything in UK's future. It's not possible to do anything that isn't impacted by brexit. You can't outflank it, you can't rise above it. It's a crisis not because it is massive and involves lots of work. It's a crisis because it's inescapable. The looming possibility of no-deal brexit has shifted discussion from how brexit might bring a dividend to the country to planning for ways to minimise the damage to the UK that brexit might cause.

Brexit isn't a single event to get out of the way so then everything can return to normal, it's a massive structural change to the UK economy which in the case of no deal will literally happen overnight. Brexit is a modifier in any calculation you could make related to the
future. The final value of this brexit modifier will change from sector to sector, event to event, but it will be present whether we like or not. Brexit won't make any issue 'go away': the foreseeable future will be about the repercussions of a massive structural change. NGOs and charities have held back from really exploring how brexit might affect their beneficiaries and causes because brexit is 'political', tending more to discuss what brexit will mean for their sector. That's a mistake. People need to know what effect brexit is likely to have in domains of their lives if they are to plan for the future. That's not political, that's practical. What people need to know, in this case, is will brexit make mental health in the UK worse or better?

Ten years of austerity has not treated people with mental health difficulties well. Given that we know there is a relationship between mental ill-health and poverty https://www.mentalhealth.org.uk/statistics/mental-health-statistics-poverty; although academics love to argue about cause and effect https://www.jrf.org.uk/report/psychological-perspectives-poverty, it is safe to say that those who experience mental health difficulties over a longer period of time are more likely to be poorer than those who do not. People with mental health difficulties have already been hurt by changes to eligibility for social security benefits, punitive sanctions regimes, cuts to local services, low wages and long waiting times for support and treatment.

The question, therefore, is: will brexit impact the living standards of people with mental health difficulties disproportionately and will it lead to an increase in the challenges people face around their mental health?

**Looking back on 2016 - “there is no new normal”**

In the week following the referendum in 2016, I grew concerned that little commentary existed addressing the potential effect of the result on the sector I work in and care about; so I sat down and wrote one myself. I called my piece 'Brexit and mental health: there is no new normal’ http://thenewmentalhealth.org/?p=251. I worried in the months that followed was this title was a little hysterical. No terrible disasters happened. The birds still sang. Everything continued as it had. My main worries in that week were the economy; the NHS; social care and charity sector workforce; research funding; widening divisions within society; and the insecurity of those from other EU countries living and working in the UK.

Trying to wrestle with what the effect of brexit might be I wrote: "If there’s one concrete fear that I have for mental health it’s that, despite all of our protestations, mental health will be at the back of the queue for the duration of the settling of the Brexit question. Something that might take years." On this I was only partly right. Mental health has risen up the list of public concerns like no other issue over the last three years. More people than ever refuse to accept that ‘there’s no money for mental health’ http://thenewmentalhealth.org/?p=90. People care about mental health https://medium.com/@MarkOneinFour/mental-health-is-waking-up-to-the-era-of-demand-bfdd2657f375 in a more direct way than ever before, but that hasn’t necessarily turned into
systemic change.

The mistake I made in those hot days of June 2016 was assuming that the challenges that brexit would present would be met by detailed, rigorous policy and plans by a government with a functioning majority to make and enact law. I expected to be making the kinds of arguments for better funding or increased provision that had been made previously. From that perspective, it seemed that brexit would be a set of policy changes that might advantage or disadvantage mental health which would be open to lobbying and case making as they were formulated. This would have been business as usual for the NHS, for mental health charities and for other bodies concerned with mental health. What has happened is anything but.

The triggering of Article 50 directly after the referendum before preparations were in place; the general election of 2017 which reduced the Government's majority rather than increasing it; the protracted battle to either pass or halt brexit legislation in Parliament; three different Prime Ministers and cabinets – all meant that rather than an orderly process of policy formulation in pursuit of a set of particular aims, brexit became something in itself, where policy is being developed quickly in response to events that brexit itself set in motion.

Why are we doing this again?

Given the potentially serious repercussions of brexit, it would be reassuring to think that the UK was united in going forward with enthusiastic informed consent. The reality is that like most momentous periods of history, living through brexit is for many people a terrible, uncomfortable combination of anxiety and boredom. The brexit story, so clear during the referendum campaign, now twists and turns and refuses to stay still long enough to be made sense of. Keeping up feels like a full time job. Miss a couple of episodes and then there’s no chance to catch up and binge watch. Historic times are great in retrospect because they are finished.

In April and May 2019, The Joseph Rowntree Foundation (JRF) and UK in a Changing Europe commissioned research consultancy ComRes to carry out 18 workshops with low-income voters in nine deprived areas across the UK https://www.comresglobal.com/wp-content/uploads/2019/07/ComRes_JRF-and-UKandEU_What-People-Want-From-Brexit-Report.pdf to "understand the priorities for low-income voters as the UK looks to leave the European Union." They found that while people had strong ideas about what they wanted to happen; such as sorting out towns and cities, better jobs and training, building or rebuilding communities; people were less clear as to how brexit would interact with any of these things.

"Despite the dominance of Brexit in public debate," the authors remark, "when considering the priorities for their local area and improving the wealth of people, low-income voters did not see the significance of Brexit. Following the first two sets of workshops, the time dedicated to this section was cut down as participants did not have a lot to contribute. Many
feel confused and tired of debating Brexit and do not see how it will impact their local areas. For others, Brexit provokes a divisive debate that triggered strong emotions and heated conversation between participants. Low-income voters feel very unsure about what effect Brexit will have on them individually, their local economy, the nation or where the UK sits on the world stage. Many express a frustration that if politicians have no idea what Brexit means, they simply cannot be expected to have a comprehensive understanding."

The report quotes one participant as saying "I think the problem is, because we haven’t got a clear idea of what it’s going to look like, it’s hard for us, for anybody in this room, I think, but for me personally, to answer if it’s going to improve or hinder society, because we don’t know." It quotes another as saying: "They need to clarify what leaving actually means to the working class, and what effect it will have on us at the bottom level.”

And, at that bottom level, what will Brexit mean for mental health? What might it look like?

Immediate effects

There are three separate ways to look at the looming possibility of no-deal Brexit. The first is to look at what such a Brexit on October 31st might make better for mental health. The second is to look at what effect potential problems caused directly by a no-deal Brexit will have on mental health. The third is to incorporate the possibility of no deal Brexit into looking at the ways in which Brexit as a whole will influence the lives of people with mental health difficulties and the wider society in which we live.

The most obvious positive effect of a no deal Brexit on October 31st will be that it has happened and we don’t need to worry about the potential for it happening anymore. A YouGov poll commissioned by The Mental Health Foundation in March 2019 https://www.mentalhealth.org.uk/news/millions-have-felt-powerless-angry-or-worried-because-brexit-results-our-new-poll found that around four in ten UK adults said that in the last year, Brexit had made them feel powerless (43 per cent), angry (39 per cent) or worried (38 per cent). It also found that over one quarter (26 per cent) of the poll of 1,800 UK adults said Brexit had not caused them to feel any particular emotions in the last 12 months. If extended to the whole population, the poll estimates that just over 22 million people have felt powerless over Brexit.

As a no-deal looms, it has been easier to focus upon potential hazards that such an exit might cause. That’s the bit that people like to imagine: the chill or thrill of an adverse event that they might themselves be able to overcome by planning, preparation, cunning or guile or the application of British grit, determination, bulldog spirit and keeping calm and carrying on. While it instills a sense of panic in some, these possible challenges create in others a kind of grim fascination. It places into the present actions people feel they can take and gives a human sized complexion to the issue of Brexit.

At the beginning of August 2019 'reasonable worst case scenarios' shown to The Guardian
https://www.theguardian.com/politics/2019/aug/01/uk-less-able-to-cope-with-hard-brexit-than-in-spring-say-officials suggested that Whitehall viewed the UK as less prepared than it had been for a no-deal brexit on the 31st of March, the previous date of planned departure from the EU. The papers said that a reasonable worst case scenario is that medicine and medical supplies "will be impacted by reduced flow rates across the Dover Straits"; that food supply chain will be disrupted, leading to an increase in prices of certain fresh produce "which could impact on vulnerable groups"; that demonstrations may take place across the UK and that public disorder and community tensions may rise; and that "low income groups may be disproportionately affected by price rises in utilities and services" and by "price rises...including food and fuel".

On Sunday 18th August, a dossier leaked to the Sunday Times https://www.thetimes.co.uk/edition/news/operation-chaos-whitehalls-secret-no-deal-brexit-plan-leaked-j6ntwvhl endorsed this view. Compiled by the Civil Contingencies Secretariat of the Cabinet Office for Operation Yellowhammer https://www.bbc.co.uk/news/uk-politics-47652280, the dossier predicted at least three months of disruption at UK ports; a hard Irish border and shortages of foods and medicines. A senior Whitehall source told the Sunday Times: "This is not Project Fear, this is the most realistic assessment of what the public face with no deal. These are likely, basic, reasonable scenarios – not the worst case.” The Government claimed that the predictions were out of date and did not reflect current levels of preparedness.

With these brexit scenarios, many with mental health difficulties will feel cornered, not by being unable to stockpile food (although foodbank charity The Trussell Trust report "Between 1 April 2018 and 31 March 2019, the Trussell Trust’s food bank network distributed 1.6 million three-day emergency food supplies to people in crisis, a 19% increase on the previous year." https://www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats/ ) but by not being able to prepare for financial, economic and political change that may erode their wellbeing further. To be poorer is to have less protection from greater economic forces and the effects of market conditions. It reduces choices, but it also removes the possibility of insulating yourself and your family from extra expenses or loss of earnings, income or benefits.

What creates good mental health?

In 2013 The World Health Organisation (WHO) published a paper ‘Investing in mental health: Evidence for action’ https://www.who.int/mental_health/publications/financing/investing_in_mh_2013/en/, examining the case for governments across the world to invest in mental health by acting upon avoidable risks, providing essential care and enforcing fundamental rights. Its authors were struck by the “apparent contradiction between cherished human values and observed social actions” when it came to mental health where governments said one thing but did another. As the report states, there are a “number of barriers that continue to influence collective values and decision-making – including negative cultural attitudes towards mental
illness and a predominant emphasis on the creation or retention of wealth (rather than the promotion of societal well-being)."

The UK, even with our historic under-investment and even immediately after brexit, still has one of the best funded systems of social support for people with mental health difficulties in the world. The WHO feel there are a number of key actions, not limited to treatment, requiring state intervention to promote mental health:

- provide better information, awareness and education about mental health and illness;
- provide better (and more) health and social care services for currently underserved populations with unmet needs;
- provide better social and financial protection for persons with mental disorders, particularly those in socially disadvantaged groups;
- provide better legislative protection and social support for persons, families and communities adversely affected by mental disorders.

Over the period of Coalition Government and through premierships of David Cameron and Theresa May, mental health information was promoted and made available in volumes never before seen, but at a time when benefits eligibility and value was reduced and where austerity policies led to many cuts to services and supports.

The question is not whether brexit will affect wider social determinants and the broader political culture of the UK but how much it will affect them. Will mental health still be on the agenda if other more pressing issues threaten the stability of the UK? Time will tell, although mental health remains a strong draw for politicians who wish to carry out obviously good actions https://medium.com/@MarkOneinFour/in-uk-politics-people-with-mental-health-difficulties-are-the-new-worthy-victims-51daf425a11d.

Empty pockets

Far and away the largest threat to mental health presented by brexit is the threat of recession. When the economy contracts, jobs are lost, wages cut. If there is less money moving around, there is less money in taxes. Less money in taxes? Less money for public services, social security benefits, the upkeep of infrastructure.

People with mental health difficulties are at risk from any negative changes in the overall economy. The toxic interaction between debt, cuts to benefits, cuts to services and rising living costs means that once someone falls into a precarious financial situation it is likely their mental health will worsen.

As the Financial Times reported on August 9th 2019, the threat of recession hangs over the UK economy https://www.ft.com/content/5e12351e-baaf-11e9-96bd-8e884d3ea203, with the Bank of England predicting a one in three chance of a recession post-brexit.
https://www.itv.com/news/2019-08-01/bank-of-england-predicts-one-in-three-chance-of-recession-as-brexit-uncertainty-hurts-business/. While it's possible to argue that employment is growing and consumer spending is remaining high, people with mental health difficulties may not be currently benefiting from this.

In research carried out in 2016, 'Exploring the Disability Pay Gap', The Equality and Human Rights Commission found that people with mental health difficulties earned significantly less over their lifetime than peers without mental health difficulties https://www.equalityhumanrights.com/sites/default/files/research-report-107-the-disability-pay-gap.pdf. The Guardian reported that https://www.theguardian.com/society/2016/aug/06/mental-health-pay-gap-depression-panic-attacks: "For every pound that a non-disabled man earns, men who have conditions such as phobias or panic attacks earn only 58p. Similarly, men with anxiety or depression are paid only 74p for every pound earned by their contemporaries those who have no such troubles... The commission has found a similar but less pronounced pattern with women: those suffering from anxiety or depression earn 10p less for every pound earned by their non-disabled peers... Commission analysis of men who suffer from mental impairment, including learning difficulties and mental health problems, has concluded that they are more likely to earn less as a result of working part-time, being in low-paid jobs or having few educational qualifications."

Debate rages about whether living standards in the UK have improved or not since the Global Financial Crisis of 2009 https://www.ifs.org.uk/publications/14193 and the extent to which poverty blights the lives of people in the UK. In 2018, UN Special Rapporteur on extreme poverty and human rights Philip Alston visited the UK, publishing his findings in June 2019 https://srpovertyorg.files.wordpress.com/2019/05/uk-final-report.pdf reporting that one fifth of the UK population (14 million people) live in poverty. Summarising his findings, Alston wrote: "The bottom line is that much of the glue that has held British society together since the Second World War has been deliberately removed and replaced with a harsh and uncaring ethos. A booming economy, high employment and a budget surplus have not reversed austerity." Unsurprisingly, the UK Government refused to accept this appraisal of life in the United Kingdom. https://www.independent.co.uk/voices/austerity-tory-government-theresa-may-philip-alston-un-rapporteur-a8977251.html

The Joseph Rowntree Foundation found that 1.5 million people in the UK were destitute at some point in 2017 https://www.jrf.org.uk/report/destitution-uk-2018. For JRF destitute means:

"People who have lacked two or more of six essentials over the past month, because they cannot afford them:

- Shelter (have slept rough for one or more nights),
- Food (have had fewer than two meals a day for two or more days),
- Heating their home (have been unable to do this for five or more days),
- Lighting their home (have been unable to do this for five or more days),
- Clothing and footwear (appropriate for weather) and
• Basic toiletries (soap, shampoo, toothpaste, toothbrush), or
• Had an income that was so low, and no savings, so that they would be likely to lack these essentials in the immediate future."

People are generally pushed from severe poverty into absolute destitution, says the JRF, by a combination of factors: debt, benefit and health problems; and almost all people experiencing destitution live in rented, temporary or shared accommodation. JRF state that lack of low-cost rented housing and gaps between rent and housing benefit levels "push people over the brink." Single men under 35 years old are at highest risk of destitution. Three-quarters of those in destitution were born in the UK.

JRF found that the amount of people experiencing destitution had reduced by 25 per cent between 2015 and 2017, and that "benefit sanctions changes appear to be the most significant factor behind this. The high sanction rate within the Universal Credit system could lead to an increase in levels of destitution in the future."

As authors of the JRF report remark: "There was qualitative evidence of physical health and social relationships being adversely affected by destitution, but the predominant impact seemed to be on mental health. Depression, severe stress and anxiety were commonly reported, with a few interviewees admitting to having suicidal thoughts. Being forced into destitution by events such as debt, job loss, or benefit delays and sanctions were often highly stressful in themselves. The resulting lack of essentials and inability to maintain a sense of personal dignity further undermined mental health and well-being. Destitution undermined people's confidence, leaving them dispirited and resigned."

In March 2019, NHS Providers, a body representing leaders in NHS services, surveyed chairs and chief executives of all NHS mental health trusts https://nhsproviders.org/news-blogs/news/benefit-changes-and-loneliness-behind-the-growing-deficit-of-mental-health-care. They received responses from 32 trusts, 59 per cent of the total number. Of these more than nine out of ten (92 per cent) said changes to benefits including universal credit are increasing demand for mental health services in their area. A similar proportion (97 per cent) pointed to increased loneliness and isolation. 95 per cent indicated that homelessness was a factor, 98 per cent cited financial hardship, and 91 per cent pointed to cuts in local services. Saffron Cordery, Deputy Chief Executive of NHS Providers, said; "Mental health leaders are clear that social and economic pressures are translating into higher demand for services. This demand is outstripping supply."

It’s the economy

One of the ways in which the enormity of brexit escapes us when we try to focus upon it is the way in which many of its potential results or consequences seem distant and intangible. The issue of trade and economic stability is one such area. Optimism and pessimism collide here and, for most people, become a kind of vague background hum better left to experts or beyond our individual agency to influence.
Trade might seem a marginal concern to mental health, given we don't import or export mentally ill-people and you can't order wellbeing by the tonne to be delivered in shipping containers, but the implications of brexit for economic wellbeing are huge. When the UK under Conservative Prime Minister Edward Heath joined what was then the European Economic Community in January 1973 it joined a customs union. This meant that tariffs, taxes on imports and exports, and non-tariff barriers, measures to restrict imports or exports were removed with other member states of the EEC. Membership meant that goods and services could be imported and exported between the UK and other member states without additional cost or control. Membership also meant observing a common external tariff on all goods entering the EU, negotiated by the European Commission.

Since 1973, the UK economy has been shaped by the customs union, especially in the use of supply chain and logistics, moving parts and goods around easily between member states. This often involves less creation of finished products ready to directly sell to the public and more creation of parts of goods bought and sold to create the final product.

Taken as a bloc, the EU is the UK's largest trading partner. In 2018 the EU accounted for 46% of UK exports and 54% imports. This means that of things bought from outside of the UK, just over half are bought from companies based in countries within the EU. Just under half of things sold from the UK are sold to companies or entities based in EU countries. An April 2019 House of Commons Library briefing paper 'Statistics on UK-EU Trade' https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7851 states: "In 2018, the UK recorded an overall trade deficit with the EU of -£64 billion. A surplus of £29 billion on trade in services was outweighed by a deficit of -£93 billion on trade in goods. The UK recorded an overall trade surplus with non-EU countries - a surplus in trade in services outweighed a deficit in trade in goods."

Services - "legal, accounting, advertising, research and development, architectural, engineering and other professional and technical services." - are more portable than products, especially in a post-internet world. Financial services, according to House of Commons Library briefing paper published in July 2019 https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06193#fullreport, accounted for 1.1 million jobs in the UK in the first quarter of 2019, 3.1 per cent of all jobs and was 7 per cent of the total UK economy in 2018. In 2017, exports of services to the EU amounted to nearly half of the overall total of the UK's exports of services. Over half of overall UK imports in 2017 were services bought from other EU member states. The sector contributed £29 billion in tax in the UK in 2017/18.

In a worst case scenario, what happens if the UK leaves the EU without a deal is that on the day it leaves, any goods exported to the EU or any goods imported from the EU will be without a trade agreement. Also any goods exported from the UK or imported into the UK from other countries will no longer be covered by trade agreements with the EU. This means that tariffs will come into play, making goods and services more expensive to purchasers if the cost of the tariff is passed on, or more expensive to sellers if they absorb the additional
The picture, then, is that upon a no deal brexit, companies either buying or selling, or a combination of both, to EU countries will lose their tariff free situation. This is bad news for a number of reasons. As Paul Johnson, director of economic research institute The Institute for Fiscal Studies, wrote in 2018: "when you think of trade you probably are thinking of firms in one country selling cars or wine or fridges to consumers in another. In fact, the majority of the UK’s imports and exports are not like that at all. They are transactions between, or even within, companies... Car assembly tends to involve components being exported from one country to be assembled in another. The same components may cross borders several times before the car rolls off the production line..." Everything from food to clothing to pharmaceuticals to services works in a similar way. The final product relies on elements that have moved across national borders. "Both distance and the minimisation of customs and other delays are important determinants of whether companies form cross-national supply relationships... And while it has always been true that we can’t have imports without exporting stuff to pay for them, it is increasingly the case that we can’t have the exports without importing stuff to make them."

It isn’t easy for companies to completely redefine their business models, and when they do so they will do so to safeguard their profits. It’s tempting to think of the disruption of lorries and ships at the borders of a non-EU UK as being like a World War II blockade with lorries full of bananas and corned beef, but that’s not quite right.

It’s true that a no-deal brexit would interrupt physically the supply of things like food and the import and export of materials, so sorting out a way of quickly allowing in and out lorries and ships will be vital. But the real danger is that the increased cost will either make companies relocate to a place where tariffs and non trade barriers do not incur additional costs, or that companies will not be able to function cut off from the imports and exports they need to continue and end up closing. Financial services and other knowledge economy services find it far easier to just ‘move the office to another country’. Some may argue this is a good thing, and that the UK has been too reliant on financial services to prop up the economy. Businesses fail when they cannot make enough doing the things they do to pay for the cost of doing them, pay those who do them, service their debts or satisfy their shareholders. Economies can change direction, but as they do, individuals and companies tend to be the casualties. Keeping going can mean lower wages, worse conditions or no wages at all. And any loss of businesses and jobs removes money that would have been paid to government through taxation. Less money from taxes means either fewer public services or higher borrowing.

While this isn’t a place for the discussion of the Irish backstop it seems clear that the UK can’t leave the EU without creating borders. For some who support brexit, this is desirable. But, as thinktank the Institute for Government says:
"The UK can’t escape a fundamental choice: the more access it has to the Single Market, the more obligations it must accept." The same is true of other trade deals, all of which will make demands upon the UK as well as offering opportunities. Given the course of brexit negotiations, this does not paint a particularly rosy picture.

Job losses or contractions of the economy may just sound like numbers, but lost jobs happen to people, to communities, and to regions. More people with less money does not make for better mental health and less business meaning less tax meaning few public services is something that affects us all, not just those of us with briefcases and spreadsheets.

A hostile environment

At the moment of writing, until the UK leaves the EU, people born in the UK are EU citizens with the right to live, work, and travel to any other EU country without sanction. Even if you think of yourself as British through and through and have no interest in the rest of Europe this is true. People from other EU countries are also EU citizens. But in the early hours of 24th June 2016, over three million people living in the UK suddenly found that their status in the UK had changed overnight. What will happen to these EU citizens if the UK leaves without a deal is not as clear as it should be. The Guardian reported on 20th August that one million EU nationals resident in the UK have already applied for settled status, but that at least a further 2.6 million have yet to apply. Settled status is not the same as the rights available as an EU citizen currently.

Policy and politics around brexit has tended to marginalise EU nationals from other countries, reducing them, their lives and their entitlements to numbers. According to the Kings Fund's 'Brexit: the implications for health and social care'

NHS and social care workers who are nationals of other EU countries are "nearly 62,000 (5.2 per cent) of the English NHS’s 1.2 million workforce and an estimated 104,000 (around 8 per cent) of the 1.3 million workers in England’s adult social care sector."

At the start of 2017 I interviewed EU nationals about how their mental health was being affected by the EU referendum result and people told me of their shock, their insecurity and the sense of having their future in the UK erased. Research published in June 2019 by
Robert Gordon University [https://www.rgu.ac.uk/news/news-2019/2046-the-impact-of-brexit-on-the-mental-health-of-eu-citizens-revealed](https://www.rgu.ac.uk/news/news-2019/2046-the-impact-of-brexit-on-the-mental-health-of-eu-citizens-revealed) into the mental health of EU citizens from other EU countries in Scotland found similar: "the Brexit campaign, referendum, and subsequent political discourse have impacted the mental health and wellbeing of EU citizens, primarily in relation to their integration into Scottish society. Anxiety around the uncertainty of the future relationship between the EU and the UK, and the legal status of EU citizens was one of the themes. Participants expressed that they felt unable to make informed decisions about their future, such as starting their studies or buying a house. Some noted that they had considered moving outside of the UK but were concerned that they may not be able to return."

Piotr Teodorowski, an early career researcher involved in the study said: "From the results, it is clear that the perception of the UK as a warm and welcoming country has shifted and this change has had a negative impact on the mental health of EU citizens. Many EU citizens now feel unwelcome and rejected, with some reporting experiences of discrimination. This, coupled with feelings of being marked out as different, disenfranchised, and disempowered, express the anxiety felt by EU citizens in Scotland as a result of Brexit."

Brexit will affect the NHS but they’re not allowed to tell us how

In March 2019, Health Service Journal broke the story that NHS organisations in England had been told by the Department of Health and Social Care to withhold their self assessments of impact of Brexit [https://www.hsj.co.uk/policy-and-regulation/revealed-government-instructs-trusts-to-withhold-brexit-impact-assessments-/7024705.article](https://www.hsj.co.uk/policy-and-regulation/revealed-government-instructs-trusts-to-withhold-brexit-impact-assessments-/7024705.article) on their non-clinical goods and services and on their EU workforce from the public. DHSC guidance said these details could cause trusts “premature financial harm, and so possibly put public wellbeing at risk”. On 21st August 2019 HSJ reported that NHS arm’s length bodies, which include include the Care Quality Commission, NHS England, NHS Improvement, Public Health England, and the National Institute for Health and Care Excellence, must align all of their communications with Downing Street’s "top lines from the core EU exit script" [https://www.hsj.co.uk/policy-and-regulation/nhs-told-to-follow-government-line-on-brexit/7025790.article](https://www.hsj.co.uk/policy-and-regulation/nhs-told-to-follow-government-line-on-brexit/7025790.article). In February HSJ also revealed that the arm’s length bodies were told to "submit every text, tweet, email, phone call and press release which touched on Brexit to the DHSC for clearance" [https://www.hsj.co.uk/dhsc-slaps-down-quangos-over-brexit-messages/7024378.article](https://www.hsj.co.uk/dhsc-slaps-down-quangos-over-brexit-messages/7024378.article).

As HSJ’s James Illman wrote on 22nd August, this puts "the vast majority of NHS leaders in the depressing position of perceiving Brexit – and especially a no-deal Brexit – to be really bad news for the NHS but being effectively banned from saying so and having to appear supportive of it." Illman reports a senior NHS source informing him "ministers were underestimating the pain coming the NHS’ way under a no-deal scenario and that health had been sidelined in negotiations." The source told HSJ: "Since the referendum, health has not been regarded as a central to informing the government strategy on Brexit, despite the very significant potential risks that various Brexit scenarios post [sic]."
On 21st August, the heads of 17 Royal Colleges and health charities wrote to the Prime Minister [https://www.bbc.co.uk/news/amp/health-49420841?__twitter_impression=true] to suggest that Secretary of State for Health and Social Care Matt Hancock be added to the EU exit strategy committee. The letter told Prime Minister Johnson [https://www.rcplondon.ac.uk/news/rcp-and-16-other-signatories-send-open-letter-pm-calling-health-be-heart-brexit-negotiations]: “The implications of a no-deal exit from the EU for the NHS and wider health and care system must be considered at the highest levels of your government’s decision making... If not properly planned for, even the smallest of problems could have huge consequences for the lives and wellbeing of millions of people and our economy. The public rightly expects candour from us, and we are simply unable to reassure patients that their health and care won’t be negatively impacted by the UK’s exit from the EU.”

Local authorities

Local authorities are struggling. Few have really paid attention to this but it underpins where we live and how we feel about it. Demand for social care is rising. According to the National Audit Office [https://www.nao.org.uk/naoblog/local-government-in-2019/], there has been a real terms reduction of government funding for local authorities of 49.1 per cent since 2010. This has meant a 29 per cent reduction in their spending power in the period 2010/11 to 2017/18. This has also brought an overall 33 per cent reduction on spending on non-social care services. That’s bin collections; parks; street cleaning; leisure facilities; the built environment, local advice services adult learning and, most probably, any mental-health related things you used to like. Local authorities are dipping into their reserves, planning further cuts and wondering where the money will come from to do what they are legally obligated to do, never mind what they want to do to make where we live the best place it can be. As the NAO states: "there is the real prospect that we will see another local authority join Northamptonshire County Council in issuing a Section 114 notice, which gives warning that it may not meet its legal obligation to ensure its revenues cover its spending."

Writing for *The Times* in February 2019, Paul Johnson of the Institute for Fiscal Studies [https://www.ifs.org.uk/publications/13911] outlined the dire challenges ahead for local authorities: "Local councils have been squeezed harder than many of the other big public services — health, schools and defence, for example. 80 per cent of councils say they are not confident in the sustainability of local government finance. Literally none said that they were "very confident". Part of the reason for the concern is the scale of cuts. But this isn’t only a story of cuts. Funding changes have reshaped local government... It is the councils most dependent on central government support — typically those in poorer and more urban areas — that have suffered much the biggest spending cuts. We have stopped redistributing so much from better-off to less-well-off areas. That said, it does seem to be some of the shire counties, which have suffered smaller cuts but started with less in the first place, that are struggling most... You are supposed to be entitled to the same provision wherever you live. At the same time, councils are becoming
more dependent on their own tax-raising powers. Not only have government grants been cut, making locally raised council tax more important, but part of business rates revenue is now also devolved. A council’s resources now depend in part on local growth in business rates. But there is no correlation between growth in business rates and the need for social care spending."

Much of what people think is the responsibility of government is actually the responsibility of local authorities. The lower the tax base in your area; that is, the fewer businesses and people earning enough to pay council tax; the less money your local authority has to take steps that will bring in jobs. Any alteration in the economic situation, such as the withdrawal of big employers or the collapse of smaller ones due to brexit or any other reason, will have big local impacts on everyday life. EU structural funds had provided some of the funds required for the stimulation or regeneration of local economies.

Local authorities are often derided for poor financial decisions and inefficiency. They draw increasingly angry shouts of ‘just what do I pay my council tax for?’ complaints but they’re vital to where we live being a place that looks after us and our wellbeing.

**Brexit and NHS mental health services**

People who experience mental health difficulties have long complained of underfunding of mental health and social care services. While there has been a debatable increase in some areas of public services related directly to mental health, the wider system was creaking before the global financial crisis and the imposition of austerity policies. Health and social care workforces will be affected by brexit. It's not easy to replace trained staff, or quick.

The NHS Confederation's compilation of no-deal guidance for NHS organisations [https://www.nhsconfed.org/regions-and-eu/nhs-european-office/brexit-and-the-nhs/planning-for-no-deal-scenario](https://www.nhsconfed.org/regions-and-eu/nhs-european-office/brexit-and-the-nhs/planning-for-no-deal-scenario) runs to thousands of words, but there still remains uncertainty about what a no-deal brexit would actually mean for the NHS. With the NHS forming a key element of the UK's sense of itself (and a disputed key claim about the benefits of brexit [https://www.bbc.co.uk/news/uk-politics-48554853](https://www.bbc.co.uk/news/uk-politics-48554853)); it is unlikely that the NHS as a whole will disappear post-brexit, but it's not clear what, if any, plans are in place to safeguard the current and future treatment, support and care of people with mental health needs if disruption from brexit is significant.

In September 2018 *The Observer* [https://www.theguardian.com/society/2018/sep/15/nhs-mental-health-crisis-staff-quit](https://www.theguardian.com/society/2018/sep/15/nhs-mental-health-crisis-staff-quit) reported that two thousand mental health staff are leaving their posts each month in England, with a total of 23,686 leaving the NHS between June 2017 and the end of May 2018. According to written answers provided by Jackie Doyle-Price, then Parliamentary Under Secretary of State at the Department of Health, one in 10 mental health posts were unfilled at that point, with a total of 187,215 whole-time-equivalent staff when the total at that point should have been 209,233. In July 2017, the then Secretary of State for Health had promised to increase the mental health workforce by
21,000 staff by 2021. *The Guardian* reported that by March of 2018, the workforce had only increased by 915 extra staff, 0.5 per cent of the promised posts. 

Even a fast track into social care or any mental health profession will make the interval between someone leaving a post, say to move to another EU country, and a replacement being recruited and trained a matter of years. The effect of local authority finances on social care funding will be impacted directly by brexit. And all recruitment and maintenance of services will depend on central government funding, which at this point cannot be guaranteed.

In May 2019, independent advisory body the Migration Advisory Committee (MAC) carried out its first full review of the shortage occupation list since 2013 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806331/28_05_2019_Full_Review_SOL_Final_Report_1159.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806331/28_05_2019_Full_Review_SOL_Final_Report_1159.pdf). The shortage occupation list is the official list of occupations for which there are not enough resident workers to fill vacancies and where employers can sponsor the visa of a worker recruited from overseas. The MAC review remarks "The Royal College of Psychiatrists say that 83 per cent of trusts stated they had experienced recruitment difficulties for these types of roles and were forced to advertise posts multiple times to fill roles. In Child and Adolescent Mental Health Services around half of vacancies are unfilled which has meant that in some parts of England up to three quarters of children and young people are denied access to treatment." It advises that psychologists be added to the shortage occupation list, stating "On balance, there is sufficient evidence to suggest a nationwide shortage." It also recommends the addition of occupational therapists and all social workers to shortage occupation list and the retention of nurses on the list, although nursing jobs need to be advertised in the UK first. MAC recognised that migration may not be the "sole or long-term solution" for medical workforce shortages, but that it could "alleviate some difficulties."

Research

Mental health related research has never been a large slice of the UK's research activity. In a 2018 report 'UK Mental Health Research Funding 2014–2017' [https://www.mqmentalhealth.org/articles/research-funding-landscape](https://www.mqmentalhealth.org/articles/research-funding-landscape), mental health research funder MQ found that £9 is spent on research in mental illness per person who experiences it in the UK, 25 times less than is spent on research into cancer per person who experiences it. Exit from the EU makes it more difficult for researchers to move to and from UK institutions and projects and reduces the attractiveness of the UK as a home for research funded by international funds. The discussion of the effect of brexit on UK universities and on investment in mental health-related research, design and thinking is beyond the scope of this piece, but it's clear that it does not begin from a high bar, so any losses will be felt disproportionately.

research agenda through EU collaboration, as a result of access to European research talent and to important sources of funding. For example, between 2007 and 2013 the UK received 8.8 billion euros for research, development and innovation activities while contributing only 5.4 billion euros to EU research and development (The Royal Society 2015). NHS organisations benefit from a range of EU funding schemes including Horizon 2020 and the European Structural Investment Fund (ESIF)."

It's easy to focus upon direct EU funding and to get tied up in whether the UK is 'gives more than it gets' to the EU [https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7847]. The reality is that some areas of the UK and of UK life have benefited greatly from EU funding which has paid for projects which central government may have neglected to fund while others have seen little of such funding. Your view of the UK's "EU membership fee" [https://fullfact.org/europe/our-eu-membership-fee-55-million/] comes down to your own personal judgement of both the value of direct EU funding but also your assessment of the benefits of membership. Those who voted for leaving the EU and those who support this departure as a political project view membership as being of less value than just keeping the money.

The Government has guaranteed to support "UK organisations, such as charities, businesses and universities, [to] continue to receive funding over a project’s lifetime if they successfully bid into EU-funded programmes before the end of 2020. [https://www.gov.uk/government/publications/the-governments-guarantee-for-eu-funded-programmes-if-theres-no-brexit-deal/the-governments-guarantee-for-eu-funded-programmes-if-theres-no-brexit-deal] This will lessen some of the impact of brexit immediately on projects across research, charities and local authorities. But it will fall far short of solving the challenges faced by such organisations should a recession occur.

Charities

People who experience mental health difficulties often find themselves relying upon various services provided by charities. Should a brexit recession occur, the outlook for charities looks bleak. When many of us think of mental health charities we think of peer support and people with experience of mental health difficulties supporting each other. The mental health charities we think of tend to be small, local, human sized. The National Council for Voluntary Organisations (NCVO) [https://data.ncvo.org.uk/] found that in 2016/17, more than half (£26.8bn) of charity income was generated by major and super-major voluntary organisations – those with income over £10m. Their share of the sector’s income has almost continuously grown from 38 per cent in 2000/01 to 53 per cent in 2016/17. During that year, 47 per cent of UK charities had an income of less than £10,000, and 35 per cent had an income of less than £100,000.

In an October 2018 briefing prepared by NCVO "Brexit and the Voluntary Sector: preparing for change" [https://www.ncvo.org.uk/images/documents/policy_and_research/europe/NCVO-Brexit-]
factsheet.pdf painted a less than rosy picture for the future of charities: "In times of economic uncertainty, need increases. Voluntary sector organisations must remain financially robust in order to maintain the ability to cope with the needs of beneficiaries and support our communities... When planning for the future, organisations should consider the current decline in the value of the pound and the increase in inflation – trends which could affect investments, overseas operations and value for money."

The briefing also remarks that according to research conducted by the Institute for Public Policy Research (IPPR) "over 80 per cent of EU nationals currently working in the charity sector would be ineligible to work in the UK post-Brexit under current migration proposals. This figure rises to 87 per cent in social and residential care jobs." It is unclear whether this position has changed.

NCVO also flag up the reduction in EU funds (£250m annually from the EU, according to 2017 research from the Directory of Social Change https://www.dsc.org.uk/wp-content/uploads/2017/11/here.pdf) and that the Government has promised to maintain or replace such funds. This, of course, is subject to future events.

In a speech on 18th October 2018 to the voluntary sector of the North East of England, NCVO's Karl Wilding painted a gloomy picture for the charity sector https://www.ncvo.org.uk/about-us/media-centre/press-releases/2395-brexit-and-the-voluntary-sector-preparing-for-change: "The Charity Finance Group has recently published a 'cost benefit analysis of Brexit for charities'. I’d like to share the conclusion of that report with you. They say that: 'Based on what we know so far, there is a very high risk that charities are going to be saddled with all the costs of Brexit, and none of the potential benefits. There is a huge risk that instead of healing the divisions in society for those who feel left behind, Brexit is about business and the wealthy and not about ordinary people and the disadvantaged. If this is the case, what do we as a sector need to be thinking about? Well, before I go any further, I will say this. The voluntary sector is not on the government’s agenda. I don’t think we are on the opposition’s either. That’s not likely to change in the foreseeable future."

Speaking about the same report https://www.cfg.org.uk/userfiles/documents/Policy%20documents/Brexit%202018/Cost_benefit%20analysis%20of%20Brexit%20for%20charities.pdf Caron Bradshaw, Chief Executive of Charity Finance Group said: “It’s not for CFG to say whether Government should continue with commitments to leave the EU but it needs to take action now if the UK is to avoid Brexit being a disaster for charities. There is still time - but Government is running out of road. With a no-deal scenario looking increasingly likely, we're deeply concerned that charities and their beneficiaries won't benefit in any way from Brexit.”

It's hard to know the potential financial impact of brexit upon mental health charities specifically but we can make some guesses. NCVO's Civil Society Almanac <https://data.ncvo.org.uk/> doesn't divide mental health charities from other charities, and mental health charities themselves deliver a range of services. In 2016/17, the largest
source of income for charities as a whole in the UK was the public (45 per cent), with the second largest source being the government (31 per cent). In 2014 nfpsynergy <https://nfpsynergy.net/a-healthy-audience> found that leading mental health charity Mind received £2.35 in income per person in England and Wales that experiences mental health difficulties. For comparison, Cancer Research UK received £246.31 per person with cancer.

At the end of 2016, NSUN, a national network representing small, user-led mental health organisations conducted a review of its member groups and found that over 150 had closed that year. By July 2017 the total had risen to 158 closures. In comparison, their previous review found that 20 groups had closed and about the same amount joined. The 158 closures over an approximate 18-month period included user-led groups and non-user-led groups and smaller to medium-sized organisations. 74 per cent of the closures were of user-led groups.

Smaller charities are often supported by grant making charitable trusts rather than through doing work for contracts or through public donations. Grant making charities, like Comic Relief, rely upon public donations and investments to make money to then distribute. Other charitable grant makers rely on the return of their investments to maintain their level of grants. In an economic downturn both of these will be affected.

Social care

In a September 2018 report on European Economic Area migration for work, the Migration Advisory Council highlighted social care as an area of particular concern post-brexit <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741926/Final_EEA_report.PDF>. About 8 per cent of social care workers are EU nationals from countries other that the UK. Respondents to the MAC review from the residential and social care sector were "overwhelmingly more likely to report difficulties in recruiting and retaining staff, this is coupled with a growing demand for the sector and a tight labour market." According to Skills for Care, https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx 25 per cent of social care workers in England are on zero hours contracts. MAC comments that the root cause of the crisis in the social care workforce is funding problems across the sector. Commenting on the first Shortage Occupations review MAC carried out in 2008: "we had been told that 'increasing pay to reduce vacancies was not currently an option, as the expenditure of care providers is partially limited by local authority funding... budgets are not set for all time. To the extent that any shortage turns on low pay and these services are a genuine priority, it is necessary for budgets to be larger so that the workers in the sector can be paid more.’ This remains our view some 10 years later.”

Social care is a devolved matter. North Ireland has significant issues across health and care regarding unfilled vacancies. In March 2017 the Conservative Government announced it would publish a Green Paper on social care. This has yet to be published, with the Financial
*Times* reporting in July that the new Prime Minister may decide on a white paper setting out the Government’s policies instead.

According to a House of Commons Library briefing paper published in August 2019 [https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8002]: "The ongoing issue of Brexit... appears, it might be fair to speculate, to be hindering the capacity of the Government, including at the highest levels, to resolve such key issues as the inclusion of the cap [on individual contributions to care costs]. Indeed, on 29 April 2019 the *Daily Mail* reported that, according to a “Whitehall insider”, there was “no prospect” of a social care Green Paper’s publication happening “until Brexit is resolved... A senior Tory source admitted: ‘I’m not aware of any fixed point for its publication. It won’t be any time soon.’ Another Whitehall insider confirmed there was no prospect of it being brought back until Brexit is resolved, adding: ‘Social care is high on the list of issues that are just too difficult at the moment. Nothing is going to happen while Brexit is up in the air, and even then it is hard to see how we’d do it. You’d need consensus on the way ahead and a parliamentary majority to push it through – and we are a long way from either’.”

**Paralysis, frenzy and spending - Government, brexit and initiativitus**

The social care green paper is one of a number of examples of paralysis that has come with the addition of brexit to the jobs of government. Brexit has meant a lot of work for a lot of people. Work that, arguably, could have been put to another use if a similar 'big idea' had been assigned such prominence.

In March 2018 The Institute for Government issued a report 'Costing Brexit: what is Whitehall spending on exiting the EU?' [https://www.instituteforgovernment.org.uk/publications/costing-brexit-what-whitehall-spending-exiting-eu]. It concluded that government preparations for brexit cost around £400million in 2017/18 and estimated that the cost would be £900million in 2018/19, concluding that "the total amount spent over the years leading up to formal exit could be as high as £2bn" while conceding "the true scale of those costs will not be clear until the future relationship starts to take shape. Details still to be determined, like the UK’s relationship with EU regulators or its access to EU-wide customs systems, will affect the scale of the task in Whitehall – and the size of the bill for delivering it. If the UK fails to negotiate the access to EU regulators that the Prime Minister wants, the costs are likely to grow – new arm’s-length bodies and new border functions will need to be operational... The Treasury has put aside a further £1.5bn for 2019/20. That could prove to be a fairly comprehensive slush fund, or just the beginning." And that's just the cost to government.

In March 2019, prior to the resignation of Prime Minister Theresa May, in a paper called "The Brexit Effect: How government has changed since the EU referendum" [https://www.instituteforgovernment.org.uk/publications/brexit-effect], the Institute for Government found that while Parliament had continued its non-brexit work, with an estimated one sixth of time devoted to brexit, government departments had 'repurposed'
civil servants to Brexit-related tasks. While Parliament makes the decisions, it's the civil service that makes them happen. "The full consequences of this reprioritisation will not be clear for some time, but it has already had a visible impact on the Government's ability to deliver non-Brexit work. Flagship pieces of domestic policy such as the NHS Reform Plan, social care Green Paper and Domestic Abuse Bill have suffered significant delays. And the situation is not going to improve any time soon: If there is no deal, the foreseeable future will be a case of all hands on deck to minimise disruption and mitigate any impacts to the UK's security and economy."

The tiny majority of the Government in the House of Commons, the reduced capacity of the civil service, and an increasing fractious political scene have led to what might be called 'initiativitus'; the launching of eye-catching, headline-grabbing spending commitments for short-term, relatively low-cost activities which fulfil the need to be doing something, please some lobbies but do not change underlying problems or challenges. Such initiatives tend to back individual projects https://www.wired.gov.net/wg/news.nsf/articles/Millions+in+local+investment+to+support+children+and+young+people+mental+health+20082019142000?open rather than structural change https://medium.com/@MarkOneinFour/social-prescribing-is-the-good-life-all-it-seems-4a4851c03f9b and tend to end up without lasting legacies. It's possible that the Independent Review of the Mental Health Act https://www.nsun.org.uk/news/what-does-the-mental-health-act-review-actually-recommend, still waiting for a response, may have been consigned to that category, although the current position is that a white paper will be published by the end of the year,

The Institute for Government is unsure whether things will return to the way they were before Brexit once the issue of EU withdrawal is concluded, saying "we find that the challenge of negotiating, legislating and implementing Brexit has called into question how government works in the UK. The roles of the Prime Minister and her Cabinet, of civil servants and their departments (and those departments' arm's-length bodies), and of parliamentarians and the devolved administrations have all been thrown into a state of upheaval. Norms have been challenged, conventions upended, and a series of crises narrowly averted (for now)... Brexit is not the only cause. Many of the issues... are not new. The unprecedented pressures of Brexit, though, have brought these issues into dramatic focus. And those pressures continue to grow, with MPs yet to unite around a way forward in the Brexit process. While it remains to be seen whether the changes so far are 'Brexit exceptions' or if they will endure, what is clear is that these issues remain unresolved. With the UK's future relationship with the EU and the road to get there still uncertain, there is more change ahead."

Conclusion: The impact assessment the referendum didn’t do

Mental health lends itself to totalising thinking, forever suspended between crisis and salvation. Is the nation's mental health better or worse? Is there more funding available or less? We always want to see mental health as one field, one experience, one narrative. The reality is that at any time some things are better for some people, worse for other people.
Some events or situations affect some people more and some people less.

The language of mental health often swings between two extremes. The first is that mental health care and support is in a perpetual situation of crisis, with every new month bringing another apocalyptic warning of collapse, decay and escalating challenges.

The second is a vision of capability, progress and taking the right steps, where every new month brings new announcements of steps forward; of problems solved and plans for the future that will deliver the change people need.

For everything positive that happens it’s possible to show what hasn't been sorted out. Likewise for every clear statement of need, curtailment of provision or worsening of the circumstances of communities or organisations, it’s possible to find an example of something going well or being funded better or which gains positive column inches. This makes any kind of totalising assessment of the current situation difficult, never mind an assessment of a possible and unfolding future.

The effect of brexit on the UK is most likely to be felt in the way a community experiences flooding. It will affect those on the lowest ground first. Some will never be directly affected. Some will feel safe behind a flood defence but then find themselves engulfed when that defence is not maintained. There will always be some people who are unaffected, others who lose everything. The best preparation would be planning the defences first and building our towns and cities so they are not at risk. Brexit brings a strong risk of weakening the things in society that people with mental health difficulties need to have the best life possible and also of bringing more people into the experience of mental ill-health.

There has been no mental health impact assessment for brexit. If this piece had been written in 2016 it would have been derided as 'Project Fear'. To some it will probably seem so now. The referendum itself may have turned out differently if the question had been whether 'the UK should withdraw from the European Union despite the potential costs to the mental health of its residents'.

If the question is 'will brexit improve the mental health of the UK?' the answer must be probably not. If the question is 'will brexit make life for people with mental health difficulties better?' then the conclusion on current evidence must be no. This piece, as long as it is, can do no more than ask some of the questions about the impact of brexit on mental health. There are many, many more to be asked and quickly. The job of getting answers and finding ways to mitigate or avoid the negative impact of brexit is for people with far more influence and knowledge than me.

It will be tempting to bunker down and to see mental health as a tiny corner of the overall picture, to fall back into appeals for more funds and research into unmet need, treating the new government under Boris Johnson as just another new government with its fresh focus and agenda. But it isn't. Brexit is woven through every calculation and every decision. Brexit is policy and politics combined. To have a policy position is to have a brexit position and vice
versa.

It is not clear what this new government will do or will be able to do. It is not clear what the eventual effect of brexit will be. What is clear is that the UK has changed path irrevocably. There is no return to 'before the referendum' or to 'before austerity'. What we are seeing now is 'the new normal'. There is the effect of brexit on the country and then there is the effect of the country that brexit itself creates.

Those who voted for brexit and those who continue to champion it want brexit to bring change. Brexit disruption isn’t an accident. Brexit is intended to alter things. The question is whether brexit will alter things in a way that will benefit people with mental health difficulties or further disadvantage them. If it were up to me, I wouldn't undertake right now brexit if I wanted to improve the nation's mental health and the lives of people with mental health difficulties, but that isn't down to me. It's down to the people of the UK.

So use this piece as you see fit. Centre the discussion of brexit on whether it will improve or degrade the lives of people who experience mental health difficulties or who are at risk of them. Ask the questions and keep asking the questions. Refuse to treat mental health as marginal. Even if you believe that the overall net effect of brexit on mental health will be positive, there is still the chance of it being sidelined. Brexit isn't a distraction from the story of mental health in the UK. It’s the future of the UK which we all, those of us with mental health difficulties included, will have to find ways of living through.

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