

This is a report by the All-Party Parliamentary Group on Mental Health, supported by the Royal College of Psychiatrists, Mind, Rethink and Stand to Reason. The report aims to give a picture of the degree of understanding in Parliament of mental health issues, the pressures faced by Parliamentarians and their staff, and what might be useful in terms of training and support.

The All-Party Parliamentary Group on Mental Health has three joint chairs from the main parties: Lynne Jones MP (Lab), Timothy Loughton MP (Con) and Sandra Gidley MP (LD). Its remit is to enable members of both Houses of Parliament and other interested parties to become better informed on issues surrounding mental health.



For better  
mental health

rethink

STAND<sup>to</sup>REASON

### Introduction

This report is based on the responses to a questionnaire sent out in February 2008 to all MPs in the Commons, all eligible members of the Lords (excluding Lords Spiritual and the Law Lords), and all associated staff members. Ninety-four MPs, 100 Lords and 151 staff members responded. They were not required to identify themselves. While this survey does not claim to be rigorously scientific, it does serve to highlight the issues and perceptions of those in Westminster.

Mental health, good or bad, is a part of everyone's life, including people working in Parliament. For the first time in our history, mental wellbeing is moving from the margins to the centre ground of political debate. The economic argument for this is compelling: at least 40 per cent of people who are workless have mental health conditions. And worklessness alone costs the UK economy £100 billion per year – approximately the entire GDP of Portugal.

But how well do legislators and their staff understand mental health? What impact does working in Parliament have on an individual's wellbeing? How many people in Parliament have direct or indirect experience of mental health problems? Why is it still so difficult for politicians to talk openly about their own experiences of mental ill health? And how would things change for the better if they did?

### Key findings

- **94 per cent** of all those who responded, had friends or family who had experienced a mental health problem. This is significantly higher than the **63 per cent** of the general public who answered a YouGov/Royal College of Psychiatrists poll in 2007, saying that they knew someone who had experienced a mental health problem.
- **One in five MPs** who responded had some personal experience of a mental health problem. Overall this rose to **27 per cent** of those who responded: MPs (19%), Peers (17%) and just under half of the staff (45%).
- **68 per cent** (two out of three MPs who responded to this question) believed the fact that an MP will automatically lose their seat if sectioned under the Mental Health Act is wrong.
- **One in three** MPs, Peers, and Parliamentary staff who responded saw work-based stigma and a hostile reaction from the media and general population as barriers to openness about mental health issues.
- MPs, Peers and Parliamentary staff were overwhelmingly in favour of increasing awareness of mental health issues and of public figures speaking out about their experiences (**75%**), but felt less able to do so themselves.
- Only **17 per cent** of all those who responded had received mental health awareness training and few MPs understood their responsibilities under the Disability Discrimination Act.

## Knowledge of, and interest in, mental health

Eighty per cent of MPs and Peers reported an interest in mental health. This fell to 50 per cent overall, when staff responses were included. Every MP who responded said that he or she had met people with mental health problems as a result of their parliamentary duties. Seventeen Peers said that they had not had any contact with people concerned with issues relating to mental health.

- 88 per cent of MPs and 72 per cent of Peers surveyed said they had voted on mental health-related bills in Parliament.
- 83 per cent of MPs, 48 per cent of Peers and 26 per cent of staff surveyed said they had supported campaigns on mental health issues.
- 56 per cent of MPs and 31 per cent of Peers surveyed said they had raised mental health issues in Parliament; 30 per cent of staff said they had supported MPs or Peers in doing this.
- 12 per cent of MPs, 16 per cent of Peers and 11 per cent of staff surveyed said they had done paid work relating to mental health outside Parliament, including work as an approved social worker, and a chair of the Mental Health Foundation Research Committee.

**“We have seen huge change in attitudes towards homosexuality and transgender since people became more open about being gay or transgendered. A similar transformation could take place if more people touched by mental illness talked about their experiences.”**

MP

**“All disabilities should be treated equally; mental ill health is not something we choose to suffer from.”**

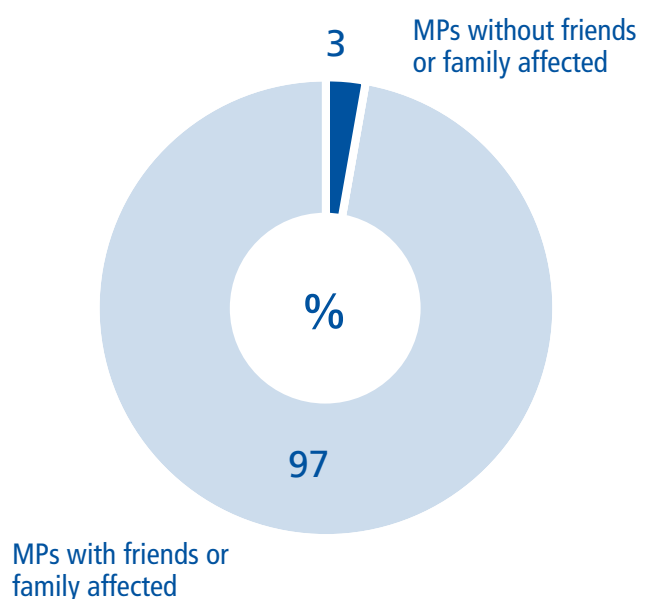
MP

## Personal experience of mental health problems

Twenty-seven per cent of those who responded said that they had either been concerned about their own mental health or had actively sought help for a mental health problem. This is line with estimates of the prevalence of mental distress in Britain, which have varied from 17 per cent to 25 per cent (ONS, 2001; WHO, 2001).

Almost one in five MPs and Peers said that they had personal experience of a mental health problem (19% and 17%, respectively). For MPs, this is eight per cent higher than the most recent survey on MPs' personal experiences of mental health problems, carried out by Rethink (2007). Almost half (45%) of the staff members who responded had a personal experience of a mental health problem.

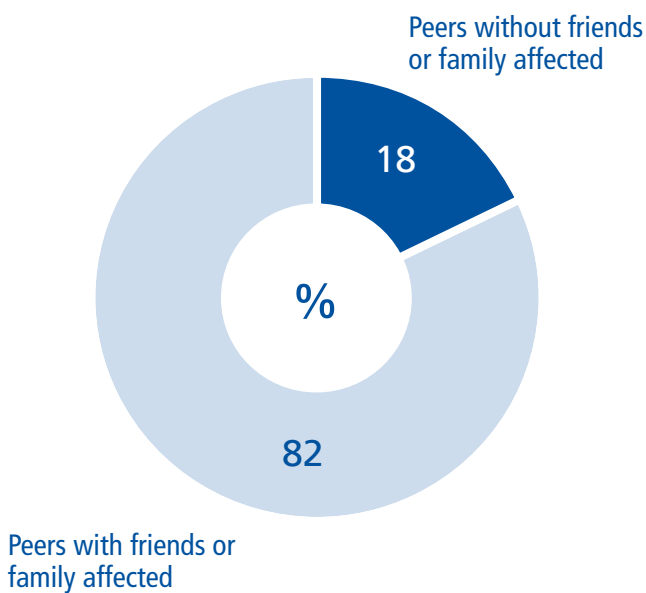
Fig. 1: MPs with family or friends affected by mental health issues.



## 4 Mental health in Parliament

Ninety-four per cent of MPs, Peers and staff who responded said that a family member or friend had experienced mental health problems. In 2007, a YouGov survey commissioned by the Royal College of Psychiatrists showed that 63 per cent of the population knew someone with a mental health issue. For MPs alone, the figure rises to 97 per cent, some 34 per cent higher than a national average.

Fig. 2: Peers with family or friends affected by mental health issues.



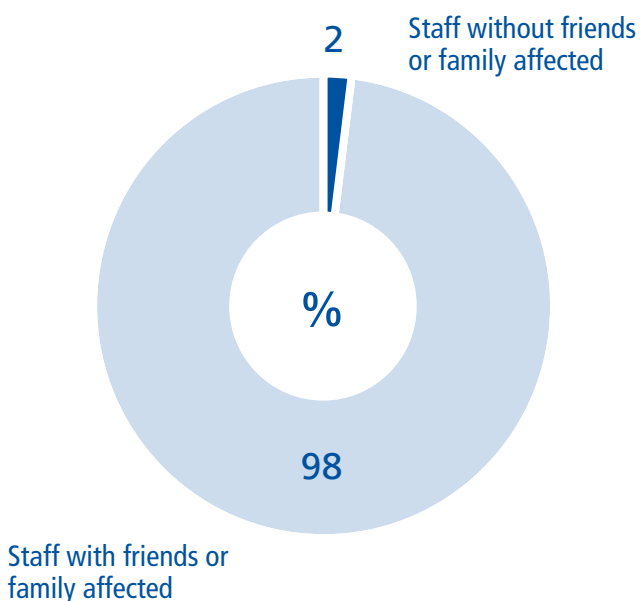
**"I believe very strongly that I have no more control over whether I suffer from depression or bipolar disorder than I do if I catch a cold – I would like more people to understand this."**

Staff

**"Just as openly gay MPs broke the taboos and allowed more to be elected, and just as disabled MPs like Jack Ashley, David Blunkett, and Anne Begg showed that disability is no bar to office, MPs being open about mental health would help better understanding."**

MP

Fig. 3: Staff with family or friends affected by mental health issues.



## Perceptions of how common mental health problems are

The graph below shows that MPs have a realistic grasp of the percentage of the population who will suffer from some sort of mental health illness in their lifetime:

It has been estimated that one in four people will experience mental health problems at some point in their lives (ONS, 2001; WHO, 2001). Forty per cent of MPs and 27 per cent of staff estimated the prevalence of mental ill health at between 21 and 30 per cent of the population. There were wild variations in the answer to this question, from zero to 90 per cent, but it is encouraging that a significant number gave an estimate in line with available statistical data.

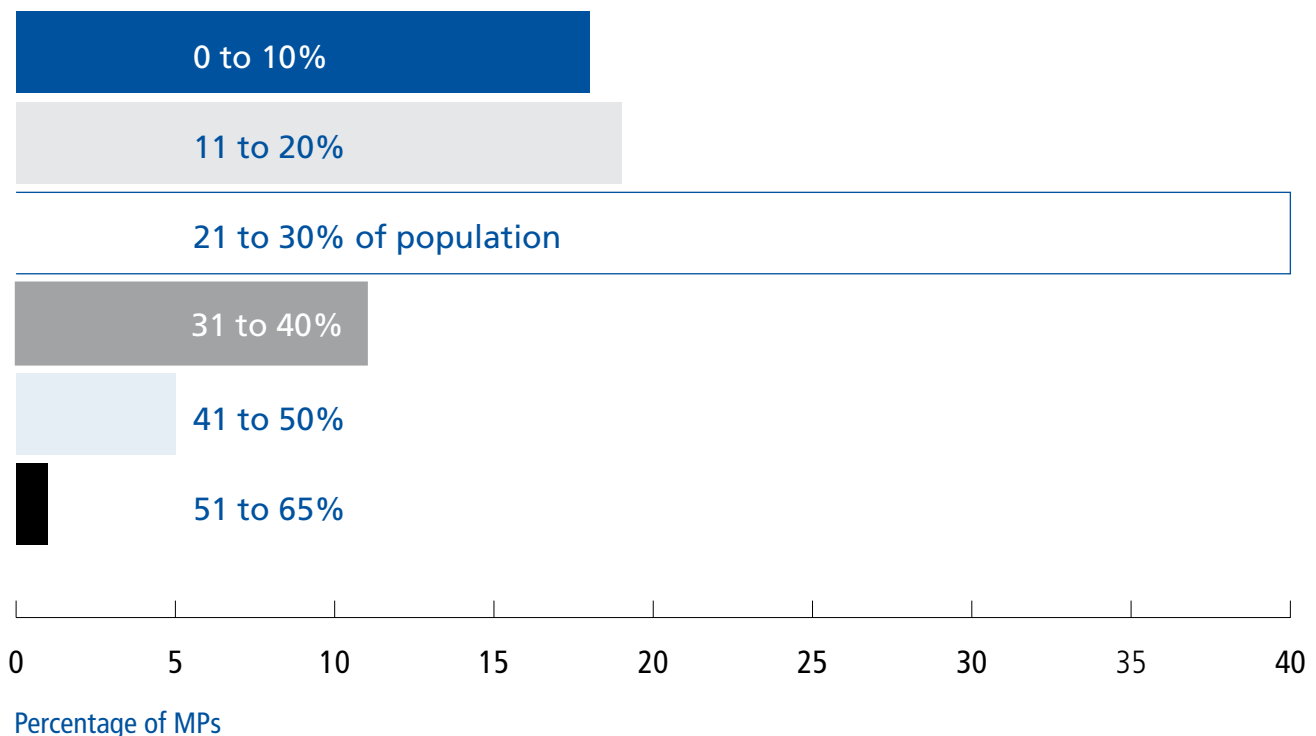
**“To let people in the wider community know that mental health issues affect all, not just those lower down the social scales – if more influential people speak out, hopefully it will become less stigmatised and more socially acceptable.”**

Staff

**“I think we need to lift the veil of ignorance and stigmatisation. Mental and emotional ill health are all too common byproducts of working long hours in a high profile job which is increasingly held in low public esteem.”**

MP

Fig. 4: MPs' predictions on the percentage of the population who will have a mental illness.



## 6 | Mental health in Parliament

Fig. 5: Staff predictions about the percentage of the population who will have a mental health problem:

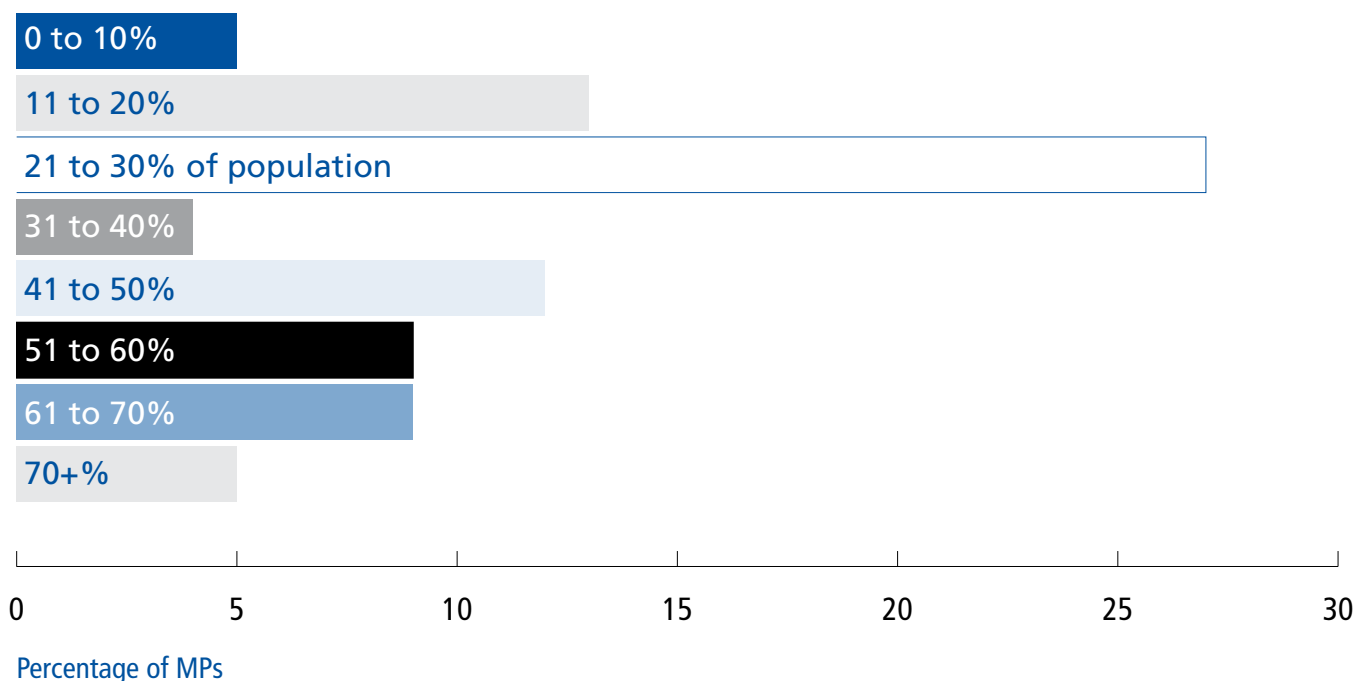


Figure 5 demonstrates the greater range of numbers of people which staff thought would have mental health problems, with some very high estimates.

### Mental health awareness training

Only 17 per cent of MPs, 22 per cent of Peers and 13 per cent of staff said they had had any mental health awareness training. However, 60 per cent of MPs, 14 per cent of Peers and 64 per cent of staff said they would find such training useful. Of MPs, Peers and staff who answered our question on employing someone with a mental health problem, a significant proportion did not know if they had or not.

#### Have you employed someone with a mental health issue?

%	MPs (93)	Peers (86)	Staff (75)
Yes	43	36	16
No	37	49	48
Don't know	20	15	36

This is worrying as it suggests that employers in Parliament may be employing people with mental health problems but failing to offer appropriate workplace support.

These concerns are compounded by the low level of awareness of the Disability Discrimination Act (DDA). Of those who answered, 54 per cent of MPs, 58 per cent of Peers and 82 per cent of staff did not think they had sufficient understanding of the DDA to be able to make reasonable adjustments for a staff member with mental health problems. Three MPs said it was not their responsibility to make adjustments for a member of staff, and that the person should deal with the problem themselves.

More encouragingly, those who did feel they had sufficient understanding also displayed a good understanding of the sorts of adjustments that could be useful: flexible working patterns; time off for appointments; regular supervision; and a more understanding working environment.

## Stress

Eighty-six per cent of MPs, 37 per cent of Peers and 82 per cent of staff who answered said their job was stressful.

The fear that a mental health problem would be perceived to compromise their ability was a strong contributing factor to stress among Parliamentarians.

### How stressful is your job?

%	MPs	Peers	Staff
Largely stress free	14	63	18
Quite stressful	53	36	55
Very stressful	33	1	27

## Stigma

Forty-five per cent of MPs, 20 per cent of Peers and 58 per cent of staff said they would not feel comfortable with other people at work knowing about any mental health problems they might have. The reasons given included stigma, fear of being seen as weak or inefficient, potential career damage, and a hostile media. Four MPs, one Peer and six staff, reported that mental illness is seen as a weakness, by them or by employers.

## Being open about mental health problems

Of those who responded the overwhelming majority thought that MPs being more honest and willing to talk about mental health problems would be a good thing.

### Should MPs be more open?

%	MPs	Peers	Staff
Yes	68	79	77
No	32	21	23

Such openness carries risks, however, and respondents raised four particular factors:

- 1) negative media coverage
- 2) political opportunism by opposition politicians and own colleagues
- 3) fear of being seen as weak or incompetent
- 4) the negative health consequences of having to deal with a mental health problem while under the public glare.

**“In our competitive environment, MPs are not able to display weakness.”**

MP

**“With the press we have there would be no chance of being re-elected – they would be bullied, scapegoated and ridiculed by the media.”**

Staff

**“I would not like them to know about any health problems, if I could avoid it. I’d hate to be suspected of incompetence and my opinions discounted.”**

Peer

### Time to change

The fact that under section 141 of the Mental Health Act 1983 an MP will automatically lose their seat if sectioned for six months, but not if they are unable to perform their duties due to suffering a serious physical illness (eg, a stroke) was seen as wrong by a majority of all those polled: 54 per cent of MPs thought such action was discriminatory and needed to be changed with only 26 per cent in favour of exclusion.

Fig. 6: Should MPs lose their seat if sectioned for six months while those who suffer a physical disability (eg, a stroke) retain theirs? MPs' responses.

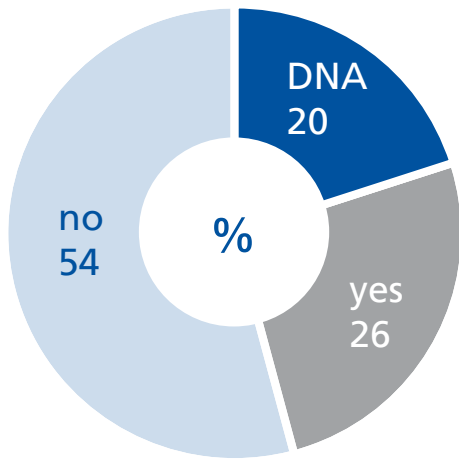


Fig. 7: Should MPs lose their seat if sectioned for six months while those who suffer a physical disability (eg, a stroke) retain theirs? Peers' responses.

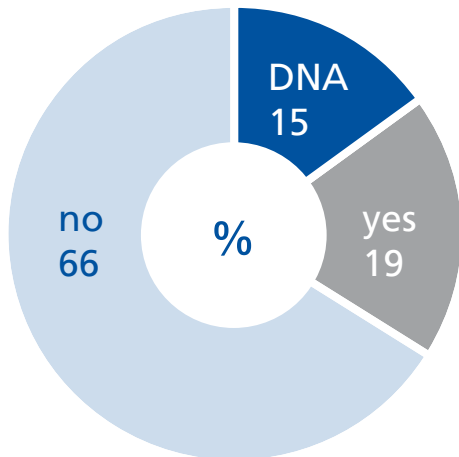
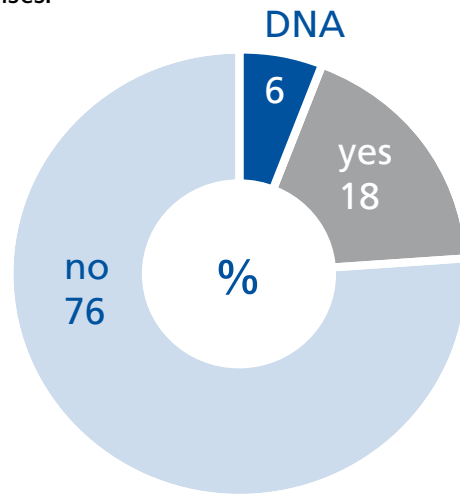


Fig. 8: Should MPs lose their seat if sectioned for six months while those who suffer a physical disability (eg, a stroke) retain theirs? Staff responses.



The majority of Peers also felt that such discrimination was wrong and outdated with only 19 per cent of those polled responding that such exclusion was right.

Staff were the most concerned about issues of discrimination with 76 per cent responding that such discrimination was unfair and only 18 per cent in favour of an MP losing their seat if sectioned.

However, some deeply ingrained prejudices were revealed by those who thought it was right for an MP being treated under the Mental Health Act to be treated less favourably than an MP with a comparably debilitating physical illness.

Of those who thought that it was right that an MP should lose their seat if sectioned for six months the majority felt that such a mental illness would render the MP incapable of representing their constituents in a way that a severe physical disability would not. There was also a minority of responses that indicated any illness, physical or mental, was grounds for dismissal on the basis of equality and that any impediment to an MP's ability was liable to impact negatively on their ability to work effectively for their constituents.

## Discussion

One in five MPs who responded to our survey declared some personal experience of a mental health problem, in line with levels of mental distress in the general population.\* It demonstrates that MPs, just like all members of society, are subject to mental ill health.

It is interesting that almost half of the staff members who responded said they had experienced a mental health problem. This high percentage may be down to the fact that people with mental health problems were more likely to respond to our survey, however, it could also reflect the extent to which staff members are the group in Parliament who are most able to be open about mental health problems. It also further emphasises the importance of mental health awareness training in Parliament.

The questionnaire on which this report is based was launched when Kjell Magne Bondevik the former Norwegian Prime Minister was invited by Stand to Reason to come to Parliament to address an audience of MPs and Lords alongside people who have experienced mental illness.

Mr Bondevik spoke candidly about his depression, its causes and how it had changed him for the better both as a human being and as a politician. Who better than a prime minister to point out that people with mental illness can and do recover and carry on doing challenging work. And that work is key to what keeps us healthy. Mr Bondevik went on to be re-elected for a second term.

“It happened one Sunday in August 1998. I was not able to get out of my bed. I did not have any energy left in me. I stand here today because I became more aware and had a strong experience that day. I hit the wall. That did something to me – as a

human being and as a politician. The three weeks that followed were the worst in my life. But I am still not sure whether I would like to be without those three weeks.”

Yet an archaic common law banning anyone who has ever been detained under the Mental Health Act remains in force, such that Mr Bondevik, or someone like him could be forced out of office or prevented from standing for Parliament.

Law that derives from cases in the reign of Elizabeth I is still the current authority and provides that “Idiots” (those born without reason and therefore “incapable by law of gaining reason”) and “lunatics” who are “capable of periods of lucidity” cannot stand. Who knows how many people have been discouraged from standing as an MP for fear of being “outed” during or after an election? The bases on which people are restricted from standing for election to the House of Commons are described in a paper from the House of Commons Information Office (Parliament and Constitution Centre, 2004):

“The main purpose of disqualification is to ensure that Members are fit and proper to sit in the House, and are able to carry out their duties and responsibilities free from undue pressures from other sources.

“There are two main ‘House-based’ objectives. The first is that a Member should be free from possible conflicts of interest...

“The second ‘House-based’ objective is perhaps more concerned with the personal qualities and circumstances of a potential Member than with outside influences upon him. The concepts of ‘fitness’ and ‘propriety’ lie behind the restriction of minors, the mentally ill, the dishonest, criminals and bankrupts.”

\* One in four people will experience a mental health problem according to statistics from the Office for National Statistics (ONS, 2001).

## Is it appropriate to bracket mental ill health with crime and bankruptcy?

Under section 141 of the 1983 Mental Health Act an MP can be removed from their seat if they are detained under the powers of the Act for six months or more. The Mental Health Bill 2006, which was passed by Parliament last year, becoming the 2007 Mental Health Act, reformed and repealed large parts of the 1983 Act. Its passage provided an ideal opportunity to remove this section. Although an amendment was tabled in the Lords it was not successful and no time was found to discuss the issue during the Commons stages.

Section 141 powers have never been used. However, they carry huge symbolic weight. Under these powers, if an MP were to be detained under the Mental Health Act, a psychiatric report about the MP would be laid before the Speaker without any consideration or debate by the House. After six months' detention a further psychiatric report would be laid, at which point the MP would be removed from their seat. There is no provision for any hearing and no locus for the MP to represent themselves. This procedure therefore breaches Article 6 of the European Convention on Human Rights, as incorporated in the Human Rights Act 1998.

Interestingly, no equivalent provisions deal with members of the House of Lords, and there are no provisions for an MP to be removed on the basis of physical ill health. When the Mental Health Bill was debated in the House of Lords, it was proposed that this arrangement be discontinued. As Earl Howe put it:

“Section 141 is about the most blatant piece of discrimination against mental illness as it is possible to imagine in statute. What message would be sent out if it were ever invoked? The message would be that mental illness is equivalent to gross misconduct, on which the Speaker would have no alternative but to take drastic disciplinary action. It would be equivalent to saying that being mentally ill makes you unfit to work and unfit to

represent your constituency. I cannot believe that that is what we want the law to require the Speaker in the other place to do, so I very much hope that the Government will think again about Section 141.”

What is the mischief that the section attempts to deal with? If an MP's constituents must not be left without representation for more than six months, how is it that for centuries Parliament has managed without any equivalent provision for physical incapacity to protect constituents from a member suffering from a stroke or actually in a coma? The fair approach would be to welcome the person back once well and make reasonable adjustments, if any are required.

## The impact of greater openness

In November 2007, The Secretary of State for Work and Pensions said:

“...We know that being in work is usually good for people with all types of mental health problems and so there is a clear need to support people with mental health conditions to overcome or manage their problems, helping them to find or remain in work.

“I am therefore announcing, in partnership with the Secretary of State for Health, our intention to develop a National Strategy for Mental Health and Work, to ensure a co-ordinated response across government to the challenges faced by people of working age with mental health conditions and improve their employment chances.

“The Strategy will look at issues like stigma and discrimination that often prevent people with mental health problems from seeking help in the first place, let alone trying to find employment.”

As a first step, greater openness at Westminster about mental illness could have a highly significant impact on moving the national debate forward. It would also make it untenable to retain discriminatory provisions in our legislation.

## Recommendations and conclusions

1. Repeal of s.141 of the Mental Health Act to remove the current ban on people with experience of mental ill health standing for Parliament would send an important and powerful message to society.

The restrictions on MPs under common law and s.141 of the Mental Health Act symbolically undermine both the Government's initiative to tackle worklessness and reinforce the workplace stigma that if you have a mental health problem you are unable to perform your job, even after you have recovered from the illness. The laws are discriminatory and should be repealed.

2. There should be a review of all laws that make discriminatory provisions against people with mental ill health with a view to their removal.

Notwithstanding the symbolic value of MPs in Parliament, this is just one of a series of discriminating provisions that still exist. Company directors – both public and private; partnership deeds; magistrates, jurors; and insolvency practitioners are all subject to restrictions that do not apply to people with physical disabilities, conditions or impairments. If they did, would it not be extraordinary if we had provisions so a director with a physical impairment could be removed without the right to come back when they recovered?

3. Parliament should extend the public authority duty protecting disabled people to cover all those who work in the Palace of Westminster.

Parliament saw fit under The Disability Discrimination (Public Authorities) (Statutory Duties) Regulations 2005, to create a “public authority duty” to

ensure that protections for disabled employees enshrined under the DDA are extended to public authorities under section 3A “[a public authority] directly discriminates against a disabled person if, on the ground of the disabled person's disability, he treats the disabled person less favourably than he treats a person not having that particular disability...” Since the House of Commons remains sovereign unto itself, this protection does not extend to MPs. Nonetheless the legislation clearly demonstrates that the House believes that disabled people entrusted with important public responsibilities should be entitled to protection under the law. Parliament should move now to ensure that disabled people in the Palace of Westminster are similarly protected.

4. We call upon MPs and Peers to be more open about their experiences of mental ill health.

MPs, Peers and Parliamentary staff were overwhelmingly in favour of increasing awareness of mental health issues and of public figures speaking out about their experiences. Despite the high levels of respondents who disclosed experience of mental ill health – one in five MPs – clearly, with only the occasional notable exception, we are not doing this ourselves.

The enormous cost to society of stigma and discrimination in both financial and human terms requires action now. We have already seen how greater openness from some of our politicians and leading people within public life about their sexual orientation has changed society and brought about important changes in the law. Discrimination and stigma against any single group in society undermines all of us.

If more MPs felt able to disclose their experience of mental illness without fear of damaging their careers, there is a fair chance that mental health would move further up the political agenda. Mr Bondevik made mental health a priority when he returned to power.

5. To assist this process, Parliamentarians from all sides need to agree a protocol that would support anyone being open about a mental health problem.

An overwhelming theme that emerged from the responses of MPs, Peers, and staff, was that being open about mental health problems was dangerous and left the person open to attack from opponents and the media.

In an online poll conducted by Stand to Reason and the *Guardian* newspaper, 96 per cent of people stated they would support a politician who discussed their mental health status. Notwithstanding this public support, stigma and discrimination are clearly a problem in Westminster. Just as it needs to be addressed in the boardrooms of the UK's leading companies, it needs to be tackled within Parliament.

One example of a similar cross-party agreement was when the Commission for Racial Equality (CRE) produced an election compact during the 2001 general election to keep the issue of race out of the election debate.

6. Provision of mental health awareness training.

It is important that MPs, Peers and staff have the necessary support available to them if they experience mental distress. Moreover, in their roles as employers, it is crucial that training is available to help them support staff members.

Only 17 per cent of MPs said they had had any mental health awareness training. However, 60 per cent of MPs said they would find such training useful.

We will commit the All-Party Parliamentary Group, in consultation with relevant experts, to draw up proposals to put to the House Authorities.

This training should also cover the duties that MPs and Peers have as employers under the Disability Discrimination Act.

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