

# Blog for NDTi

By Peter Bates

NDTi is celebrating its 25<sup>th</sup> birthday since becoming an independent non-profit organisation, and, like an unexpected scent, this has jogged my memory. Where was I that summer, and what was going on in mental health services? Looking back evokes nostalgia mixed with pride in what we have achieved together, and regret that we didn't make more of our opportunities. Just like life, really. I catch a whiff of those half-forgotten days and a few memories emerge.

In 1992, my friend Marion and I were trying to find support for a new mental health employment service that would offer rapid jobmatching and onsite support to both employer and employee. For a few years in the 1970s, our local JobCentre had seconded Danny Rowthorne to work fulltime at the psychiatric hospital, while Nancy Wansborough and Philip Cooper had surveyed 1200 people across England who had used mental health services and were now in fulltime employment. Together, we had the evidence that people with mental health issues could contribute to the economy, yet the local service system seemed unwilling to make it happen.

In the 25 years since those visionary days, NDTi has consistently championed the employment agenda for people who need support. We have evaluated services, facilitated discussions about performance indicators, shown how personal budgets can support job ambitions and set out the economic case. And this week, as I watch yet another local mental health employment project close prematurely, NDTi stands alongside the visionaries as we nurse our collective frustration.

In 1992, as the National Development Team began to work out how to survive without financial support from Government, the 'service user' movement in mental health was also working out what independence might mean. That was the year that Survivors Speak Out and the National Advocacy Network published training materials on user involvement in mental health services. The first meeting of the Nottingham City Wide Patients' Council took place, building on the foundations of the Alleged Lunatics' Friend Society that began in 1845, and informed by more recent Dutch pioneers such as Wouter van der Graaf. It was the year I began to trawl mental health services around England to find examples where people using services were involved in recruiting staff and holding keys to the mental health building, office, filing cabinet and safe.

Since its inception, NDTi has grown, wobbled, then stabilised under Rob Greig's leadership, now turning over in excess of £1.5m per annum in consultancy, service development, evaluation and training. The conviction that people who use services should occupy a respected role alongside professionals to coproduce the community and its services has become commonplace. With the help of Steve Dowson's prodigious knowledge of the international evidence base, NDTi has championed the use of personal budgets, while others have prompted services to listen more carefully to people and demonstrated that those with mental health issues can and should guide research, speak at conferences, evaluate service quality and employ their own staff. The underpinning values championed by NDTi, that the person is an expert in their own life, that restoring control and choice to the person themselves is almost always the best thing to do, and that people make a meaningful life in the context of an asset-rich community, has provided a rich soil for the growth of the Recovery movement.

In 1992, I was looking for ways to turn a day centre inside out, so that it became a safe place from which to launch out into a life 'beyond the service' - contributing and networking with other citizens; being included in all the affairs of the community; navigating and defeating stigma and

discrimination at every level. My search led me to the NDT, where I joined a learning set run by Anne O'Brien. Admittedly, the focus was learning disability, rather than mental health, but the processes of exclusion and their solutions looked portable, so I excitedly carried off the intellectual and ethical booty.

In consequence, the NDTi was at the heart of the action when the inclusion agenda peaked in mental health following publication of a report by the Social Exclusion Unit. Since then, our efforts to transform day services into dedicated teams of inclusion champions has faded, squeezed by budget restrictions and austerity politics. Yet even here, I can see some survivors pushing up through the hard and lifeless slabs of workload pressures, cuts and despair. An inclusive life is part of numerous recovery plans and many teams pursue these skills and practices. Asset-based approaches to community recognise that people are citizens first and service users second; coproduction demonstrates that people are not passive, cavernous mouths of hunger waiting to be fed, but rather, they are resourceful inventors. Again and again, NDTi has harnessed the wisdom of people with mental health issues to shape communities and improve services.

In 1992, the task of closing the Victorian long-stay asylums was incomplete and we had no Care Quality Commission, no Equalities Act, no Direct Payments provision, no Green Light Toolkit, no statutory advocates, no peer support workers, no Recovery movement, no commitment to parity of esteem. While we might very well ask to what extent the promise of these things has been fulfilled, we can also track each of these streams back to their source. Every time, it is clear that good things have their beginnings in committed, passionate people who insist that their neighbours who live with mental health issues are whole people, valuable citizens, and resourceful contributors.

Looking forward, we picture the population growing older, the UK slipping out from the harbour of Europe into uncharted waters, and those who wish to lock down our fortress nation denying hospitality to our guests. We shall need to grip our beliefs ever tighter. For 25 years, it has been the privilege of NDTi to hold fast to a driving conviction, to promote an unshakeable belief that every neighbourhood, every family, every workplace, every friendship network, every public service has the potential to lay down stigma and treat all its people with common courtesy and dignity.