



Rethink  
Mental  
Illness.

# Rethink Mental Illness Annual Report and Accounts

**Directors' report, Trustees' strategic report  
and consolidated financial statements**

For the year ended 31 March 2023

Rethink Mental Illness, a company limited by guarantee. Registered in England Number 1227970. Registered Charity Number 271028. Registered Office 28 Albert Embankment, London, SE1 7GR. Authorised and regulated by the Financial Conduct Authority (Firm Registration Number 624502).

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The trustees of Rethink Mental Illness present their Directors' report and their Trustees' strategic report, which together comprise the Trustees' Annual Report, and the Consolidated Financial Statements for the charity for the year ended 31 March 2023 as required under the Charities Act 2011 and the Companies Act 2006.

# Name and nature of the charity

Rethink Mental Illness was formerly known as the National Schizophrenia Fellowship. The charity was formed in 1972 and is registered with the Charity Commission of England and Wales. The charity is also a company limited by guarantee and is governed by its Articles of Association.

The term “charity” refers to Rethink Mental Illness and the term “Group” refers to Rethink Mental Illness together with its subsidiaries as set out in note 19.

## Our mission and vision

**Our mission** is to lead the way to a better quality of life for everyone severely affected by mental illness. This includes people with lived experience, their carers, families and friends.

**Our vision** is equality, rights, fair treatment, and the maximum quality of life for all those severely affected by mental illness.

## Our values

**Commitment.** We work tirelessly to provide support for everyone severely affected by mental illness.

**Equity.** We believe that in a world where discrimination and disadvantage exist, treating people with equity is critical to ensure justice and fairness for all.

**Expertise.** We constantly use our expertise to provide practical and personal support for people who are severely affected by mental illness.

**Hope.** We offer hope of a better quality of life for all those severely affected by mental illness.

**Openness.** We are open and transparent in all our work with beneficiaries, supporters, partners and the public to achieve change for people severely affected by mental illness.

**Passion.** We are passionate about leading the way to a better quality of life for everyone severely affected by mental illness.

**Understanding.** People who are severely affected by mental illness are at the heart of everything we do in our organisation – our membership, our governance and our workforce.



# Our year in numbers

23,000 ↑

In 2022/23, excluding our commissioned helplines and our advice and information service, we directly supported more than 22,000 people through our services. An increase of 16% on 2021/22.

4.2 million



We had more than 4.2 million visitors to our website.

45,000

795,000 ↑

By the end of March 2023, we had secured more than 795,000 followers across our social media channels (Facebook, Instagram, LinkedIn and Twitter) - an increase of 6% on 2021/22.

6,035



Our Advice and Information service (free and accessible to all) directly advised 6,035 people. Advice was given via 3,238 phone calls, 3,252 emails and 777 webchats.

Over 2,700





**Our commissioned helplines answered more than 45,000 calls.**

**14 contracts**

**We secured 14 new business contracts including Accommodation services in Somerset, Suicide Bereavement Support services in Surrey and the Black Country, Hackney Advocacy and Community Rehab services in Somerset.**



**Our work as a charity was mentioned over 2,700 times in the media.**

**15 provisions**



**Additionally, we expanded provision across 15 contracts, developing activity in services ranging from NE Prisons/Reconnect, Somerset Open Mental Health, Navigation and Carers services.**

## **Our members**

Our 2,291 members (as of March 2023) are central to our past and our future. We were formed by carers of people living with a diagnosis of schizophrenia and our first members laid the foundations for the charity that exists today, which now helps thousands of people severely affected by mental illness.

Our many thousands of campaigners, supporters and donors, along with our members, give Rethink Mental Illness its mandate. Members are an important source of volunteers for our governance and peer support groups. They help shape the direction of our work through our Annual General Meeting (AGM) and the work of the board of trustees and other committees. Membership also provides people with a sense of belonging to an organisation that helps them to cope with the demands of living with severe mental illness, whether they have direct experience, or are a carer, relative or friend.







# A message from our Chair of Trustees

When we were in the deepest throes of the COVID-19 pandemic no-one imagined how challenging the world would be when we were eventually freed from its grip. But our current social and economic climate is one of hardship for many. The basics of life - food, energy and housing - are expensive and our public services are stretched, perhaps more now than at any other time in living memory.

These hardships both increase the likelihood that people will experience poor mental health and make it harder for people already severely affected by mental illness to manage their symptoms. Combine this with increased awareness of mental health issues, and we find demand for mental health support has never been higher.

What gives me comfort in these difficult times, is that Rethink Mental Illness is well placed to both influence the wider mental health system to ensure people get the right care at the right time, and to provide more direct support to people through our services, information and advice and training; for three compelling reasons:

The first reason is our Communities that Care (CtC) model. The model we work to recognises the importance of timely access to clinical care and treatment, but also the need for financial stability, good housing, social connections and meaningful employment and volunteering opportunities. Put simply, someone can recover in an inpatient unit, but their recovery will be threatened if they return to live in poor housing, with limited financial resources, isolated from the community they live in.

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We tackle isolation by bringing people together through our support groups.

As a charity that provides a range of services, including supported accommodation, employment support, financial advice and peer support groups, we are adapting so that access to one creates an open door into others. So that, for example, residents in our supported Accommodation services are also given access to the employment and financial support delivered by our Community services. Furthermore, we are working in partnerships in places like Somerset, to ensure we collaborate with the NHS and other VCSEs in the area, again so that people living with mental illness have an open door into other services. Collaboration, not competition, is the key to better outcomes for people living with mental illness and their carers.

And we seek system change. In the past year we have vocally campaigned for long-promised reform of the Mental Health Act, a fairer benefits system and for a cross-government plan for mental health. We do not campaign for easy wins, but for the things we know will make a difference. Reform of the Mental Health Act is closer (with a draft Bill in place) but will not be achieved until the government allocates parliamentary time to enact change. Commitments to a cross-government plan for mental health have been secured from opposition parties but not from the government and a fairer benefits system is still some way off. But at the time of going to print we are encouraged by both a ministerial team that is more willing to listen and the potential impact of a new inquiry by the Work and Pensions Committee into safeguarding claimants. In 2023/24 we will continue to push for change.

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We tackle isolation by bringing people together through our support groups.

The second reason is that, as much as the quantity of services is a factor in meeting rising demand, of equal importance is the quality of those services. We are rightly seeing increased scrutiny on patient safety in clinical settings. Service user safety is of equal importance in community settings. Historically, under-resourced commissioners have been forced to focus on cost to the detriment of quality. This is not a game Rethink Mental Illness is willing to play. We will only deliver services if the necessary funding is in place to deliver first rate outcomes for service users. To this end, we have undertaken extensive work to identify the most important outcomes for service users and how we can objectively measure them. This has subsequently informed our new Impact Framework which will enable our services to effectively capture and learn from this evidence and make changes as needed.

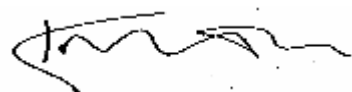


And the third reason is our people. It is a privilege to chair a charity that, across its many functions and services, is staffed by dedicated people who are passionate about improving the lives of people severely affected by mental illness. As Chair, and working with the Executive team, I have focused on ensuring our people have the resources they need to do their crucial work, including new ICT systems that maximise the potential to work across different sites. It also means paying and rewarding staff fairly. On which, I am delighted to say that in 2023 Rethink Mental Illness will introduce a new pay and rewards structure.

The combination of the above factors ensured that in 2022/23 we were able to support thousands of people directly through our services and (literally) millions through our online advice and information. Our campaigning and influencing are delivering long term benefits to all those severely affected by mental illness and on the ground our placed-based work has been recognised as a beacon of good practice for other areas to follow.

In recognising these achievements, I want to conclude by highlighting something that is vital to our work: co-production. We are a charity created by the carers of people living with a diagnosis of schizophrenia. As a membership charity, the practice of involving people with lived experience of mental illness and their carers in our work is part of our DNA. We benefit from both a Lived Experience Advisory Board and a separate Carers Advisory Board. In terms of practice, our growing Co-production team advise and facilitate co-production both within our services but also more widely in the mental health system. This is something of which I am especially proud.

In a challenging world, fraught with difficulties, I am proud to see Rethink Mental Illness remaining a steadfast foundation of support. This is only achievable because of the dedication of our staff, volunteers, members and supporters. Together we are providing hope, making a difference and improving lives.



**Kathryn Tyson**  
Chair of Trustees

# Who we are and what we do

Rethink Mental Illness is the charity for people severely affected by mental illness. They are at the heart of everything we do.



Online, over the phone and face-to-face, we provide services that support and empower people to live and thrive independently in their communities. Every day we help thousands of people to learn more about specific mental illnesses and treatments, understand their rights and access support that focuses on their wider physical health, financial, housing, work and volunteering needs.



We also provide local peer support groups across the country to help people living with mental illness and their carers support each other, grow in confidence and take greater control of their lives.



We campaign on a local and national level to ensure people severely affected by mental illness are listened to, treated fairly and have easy access to the health and social care services they need.



**And we work with a wide range of organisations, including other charities, private businesses, the NHS and local authorities, to create communities that genuinely care for the wide range of people we support.**

**Informing and shaping all our work are people severely affected by mental illness. They are the ones who know best what they need and what must change.**



# We won't stop until everyone severely affected by mental illness:



has a voice in how their care, support and treatment is delivered.



has a safe, secure and affordable place to call home, with the support they need to live there if required.



can work or volunteer in roles they love, with any support they may need, free from stigma and discrimination.



has access to networks, online and off, to develop friendships, new interests and receive peer support.



has their rights respected and enhanced.



can receive recommended care and treatment, close to home, when they need it.



has their physical health taken seriously, so that their mental illness does not "overshadow" or cause avoidable physical ill health, leading to decreased life expectancy.



has enough money to pay their bills and live a satisfying life, able to rely on and navigate a welfare system designed to support, not penalise.

# Communities that Care

When we laid out our blueprint for community support in our report 'Building Communities that Care' in 2019, our vision was for a whole system network of community support with no wrong door, giving people the opportunity to thrive, not just survive.

In Somerset, where we are the lead accountable body of an alliance of 18 voluntary sector organisations, acting within a wider network of over 90 community and grassroots organisations working strategically in partnership with the NHS and social care, we are seeing that vision become a reality. Our work in Somerset is receiving national recognition. In the past year it has:

- continued to grow, with a 400% expansion over three years.
- been cited as exemplary within NHS national guidance in the 'Building strong Integrated Care Systems Everywhere' document.
- been featured with its own episode on NHS England and NHS Improvement's (NHSEI) Integrated Care podcast.
- been featured in NHS Confederation and Centre for Mental Health's report 'No Wrong Door: vision for mental health, autism and learning disability services in ten years' time.'
- won a national NHSEI Big Conversation Award: 'Collaborating for Improvement.'

We are now beginning to see system level impact too, alongside the individual impact that we know this approach has. Between April 2019 and December 2022, Somerset has seen an approximate 15% decrease in Emergency Department presentations for adults presenting with mental health need. The difference is even more significant for older adults, for whom the decrease is around 24%. While it is not possible to definitively attribute these improvements to the introduction of Open Mental Health and the increase in crisis alternatives, it appears likely that this is a significant factor.

Building on this success and learning, we have expanded our place-based work to other areas and have established strategic relationships in:

- Coventry and Warwickshire
- Cheshire and Wirral
- Sheffield
- North-East Lincolnshire
- Tower Hamlets
- North-West London
- Norfolk and Waveney
- Devon.

Each place looks different, but our work is based on the foundations of co-production with people with lived experience, voluntary sector alliance development, deep community engagement, and strategic partnership with the NHS.



Although we are seeing success, we are acutely aware of the challenges faced across the country in establishing these new ways of working and commissioning. We continue to hold our own webinars and to speak nationally, sharing our learning with a wide range of organisations and stakeholders, to continue to strive to create communities that care, everywhere.

In September 2022, we published our report 'Getting started: Lessons from the first year of implementing the Community Mental Health Framework'. The research that the report was built on suggests that, although there are pockets of best practice and success, there is not yet a clear understanding of what successful transformation looks like. There is clearly much more work to do, and our focus on supporting the implementation of the Community Mental Health Framework, to develop communities that care, is as much needed now as it was four years ago.



As one of our voluntary sector partners based in Somerset said, this way of working feels like “a complete game changer”:

“I came into it having worked for the NHS previously, and other Voluntary, community and social enterprise (VCSE) partnerships and there was always this separation in the past. What was evident from day one is that it genuinely is a partnership here. There is an equality of voice and influence and participation in the discussions that take place. Whether it is someone that works for one of the VCSE partners, whether it's colleagues in the NHS, or one of our Experts by Experience, there's a recognition that everyone has something valuable to contribute.”

## Max's story

Max has been in and out of secondary care mental health services over the years. Sometimes getting support from his GP. Often escalating into crisis. Never really getting the support he needs to stay well.

One Monday morning a colleague working at a small local charity met Max who was in the street, in a state of distress and agitation. Max's benefits had been stopped and he was without money or food. His mental health was deteriorating, and he was escalating into crisis. Max was accompanied across the road to the local community mental health hub. Colleagues from the hub worked with Max to help him to ground himself and to de-escalate the situation.

Subsequently a range of support was arranged:

- a food parcel from a local food bank
- specialist citizen's advice casework
- Voluntary, Community and Social Enterprise (VCSE) community crisis safe space
- peer support.

Within a few days, Max's benefits had been reinstated and he was linked up with a multi-disciplinary team. A VCSE Recovery and Wellbeing Worker worked with Max's clinical team to create a single recovery plan. He was safe, his needs being met and on the path to recovery.



## Our commitment to involvement and coproduction

People with lived experience of mental illness and their carers are at the heart of everything we do. In 2022/23 we continued to work closely with our Lived Experience Advisory Board (LEAB) and Carers Advisory Board (CAB) to drive forward our co-production and involvement action plans.

Involvement and co-production are one of the five underpinning principles of our new five-year strategy, which was shaped with the support of people living with mental illness and carers. We also carried out a review into our involvement and coproduction work, identifying areas to grow and enhance this vital area of work, which will form a refreshed involvement action plan to be developed in 2023 in line with our new five-year strategy.

We invested in involvement and co-production with the recruitment of two new roles:

In February 2023 we appointed an internal Head of Involvement who will focus on developing and implementing these action plans.

And in July 2022 a Senior Involvement Officer joined the Business Development team to ensure that our service models proposed in tenders are routinely founded on involvement with Experts by Experience (EbEs). EbEs are people living with mental health needs over time and their carers, who understand how medical, clinical and social interventions fit in with their lives and needs – in a holistic way.

Throughout the remainder of 2022-23 co-production and EbE involvement was embedded in all tender submissions and the work of our Business Development team. This involvement enriched and complemented our existing processes and resulted in continuously high-quality bids informed by the unique insights and integrity EbEs enable. In 2022-23 this resulted in a 100% success rate on retenders and many new business successes. We look forward to developing our approach and processes more in 2023-24 and building on our successful foundations.

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... an excellent response which details innovative uses of Experts by Experience and people with lived experience to assist in designing the service.

**Commissioner**



## Embedding lived experience

We have developed our involvement and co-production practices both within the charity and through our commissioned facilitation in a further three Integrated Care Systems (eight in total).

Over 50 people whose lives have been severely affected by mental illness, including carers, have been supported in lived experience roles, to work as equal partners alongside system staff. The focus of lived experience input has remained on the joined-up community mental health service transformation and extended across the NHS Long Term Plan into prevention, wellbeing and suicide prevention strategies, and urgent and emergency care.

We have developed our community listening approach to connect with a wider range of people with lived experience in diverse communities. We have established flows of lived experience insight into influence and action, with new lived experience roles and staff roles to support this. We have started to facilitate the co-production of whole system co-production strategies and frameworks, across Integrated Care Systems and Provider Collaboratives, such as in the North East and North Cumbria.

We have been commissioned to engage and collaborate with Trusts, Provider Collaboratives and VCSE partners in the community to work with them to co-produce their strategies on mental health.

We are working with Trusts who provide inpatient services to develop their co-production and involvement strategies and support them to turn them into practice. Building on our experience of facilitating involvement and co-production in secure mental health services, we now work with the Greater Manchester, PROSPECT (Merseyside and Cheshire & Wirral), Lancashire & South Cumbria, South West, South London Partnership and For Me (Thames Valley & Wessex) Provider Collaboratives.

This work includes working with people in secure care, perinatal, learning disability and autism, CAMHS, and adult eating disorders, and for Lancashire and South Cumbria includes work on health inequalities. We also work with the North-West London Inner Cluster to support the development and implementation of a co-production strategy and framework for young people's mental wellbeing. We are working with Experts by Experience in Tower Hamlets and North-East Lincolnshire to develop physical activity programmes for people living with severe mental illness and we collaborate with Experts by Experience as part of Equally Well UK.



# Our commitment to becoming an anti-racist organisation

We are making tangible progress on our commitment to becoming a truly anti-racist organisation since we published our Race Equality Action Plan in May 2022 and anti-racist statement in June 2022. Our Race Equality Action Plan contains recommendations, supported by financial investment and appropriate governance, to support our drive to become an anti-racist organisation.

Since publishing the plan:

- We have increased the ethnic diversity of our board of trustees and Leadership team, and we will seek to strengthen ethnic minority representation in our Executive team through inclusive, open, and fair recruitment.
- We launched our flagship Mutual Mentoring Programme in January 2023. This programme pairs our Executive team and Associate Directors with members of our Race Equality Action Leaders staff network. The aim is to strengthen the cultural competence of our senior leaders and provide career mentoring for some of our ethnic minority staff. We will evaluate the impact and outcomes from the programme and use the learning to shape and embed anti-racism in our workplace practices.
- On Windrush Day 2022 (22 June), we launched our Race Equality Action Leaders staff network to represent and elevate the voices of our ethnic minority staff across the charity. The network is thriving and meets regularly to share experiences and discuss issues on race equality. Its two co-chairs are both members of the charity's Race Equality Programme Board (chaired by the CEO) and the Race Equality Delivery Group (chaired by the Associate Director for Diversity, Equity, Inclusion and Race Equality) and are helping to drive the implementation of our Race Equality Action Plan.
- We have delivered training on anti-racism, allyship, privilege, unconscious bias and what it means to be anti-racist to the charity's board of trustees, Executive team and Associate Directors. Our management development training now includes anti-racism sessions, to create a collective awareness and understanding of what we are doing to become a truly anti-racist organisation.



In autumn 2022 we made recommendations to the Parliamentary Joint Committee to include our proposals on tackling mental health inequalities in their pre-legislative report on the draft legislation. These were accepted and include:

- A statutory right to culturally appropriate advocacy.
- A statutory right to an advance statement, which we know from evidence particularly supports people from minoritised communities.
- Abolishing Community Treatment Orders.

We proactively and publicly commented on cases where there is a clear intersection between racial injustice and severe mental illness. We are working with key stakeholders such as the Independent Office for Police Conduct to explore how we can work together to support the police to better manage situations where mental health is a key factor.

We are researching the causes of why Black men are more likely to be detained under the Mental Health Act through focus groups and desk-based research. Our first report on inequity in accessing mental health services will be used as a springboard for influencing the health and care system.

As part of our approach to financial growth, we will only partner with investment firms whose organisational values on diversity, equity and inclusion align with our own values as a charity.

And we have continued to invest in resource to take forward our anti-racism and DEI strategies. We have recruited a Diversity, Equity and Inclusion Manager and a Racial Justice and Equity Manager.

# Diversity, Equity and Inclusion

We have made good progress with our diversity, equity and inclusion (DEI) work to provide a diverse and inclusive environment for our staff and volunteers. In addition to our Race Equality Action Leaders staff network, we have launched our Pride and Progress (LGBTQIA+) network, a Gender Equality Network and will be launching a network to represent disabled and neurodiverse colleagues. Our staff networks are thriving and contributing to making Rethink Mental Illness an inclusive and welcoming organisation.

We celebrated or marked several key religious and cultural events, including Ramadan (2/3 April to 2/3 May) and Eid (1 May to 2 May), the anniversary of the murder of George Floyd (25 May), Windrush Day (22 June), Pride Month (June) and Black History Month (October) and LGBT+ History Month (February) with various activities, including blogs and vlogs shared internally to encourage staff engagement. These events were also highlighted externally through social media posts.



Rethink Mental Illness Staff Networks



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Each individual has different needs, different experiences and the support we offer has to be tailored specifically.

**Rethink Mental Illness, Service Manager**





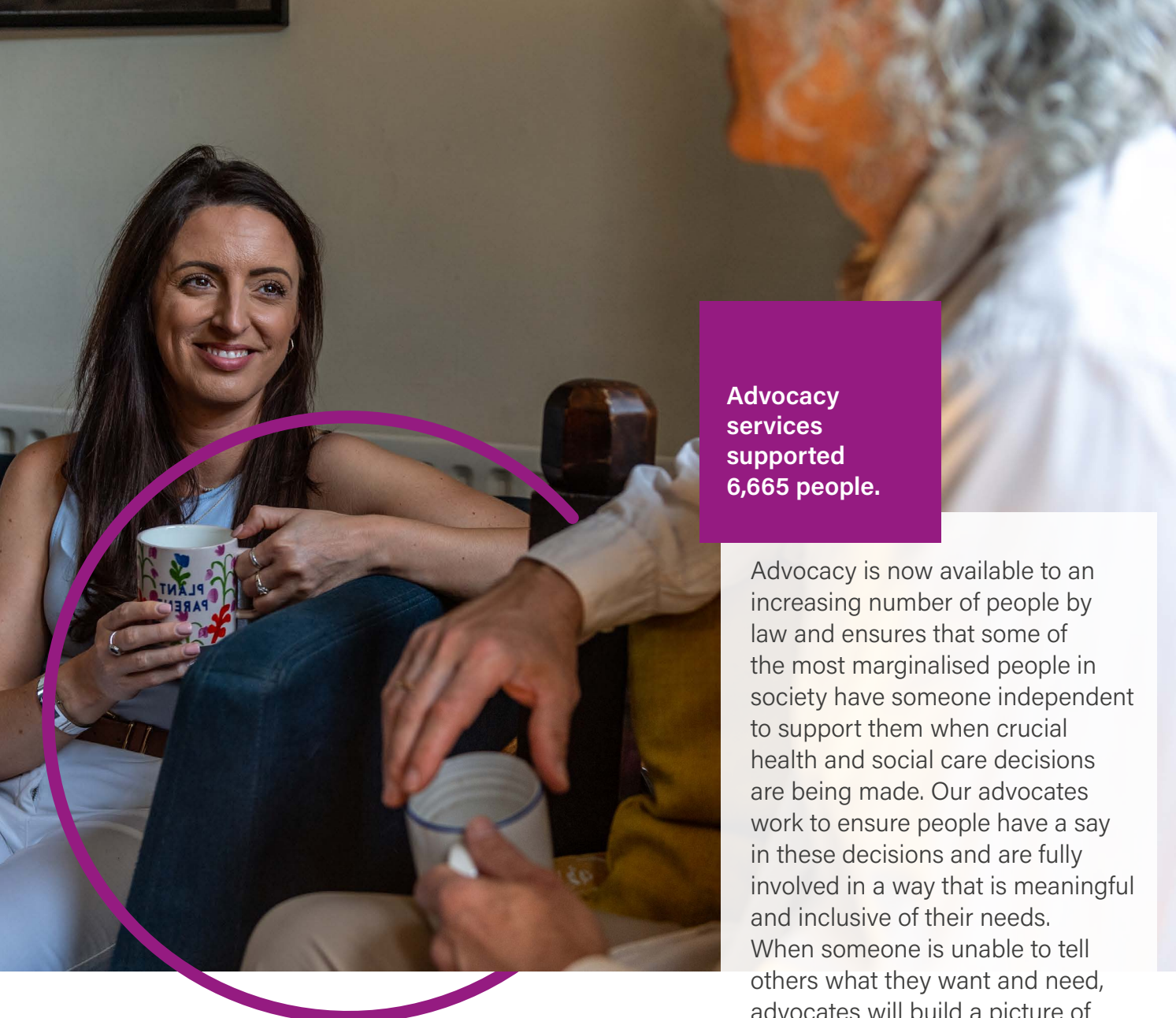
## Changing lives through our services

In 2023/23, we retained 78% of contracts at risk of retender (seven out of nine) including Advocacy services in London, Employment services in Coventry and Warwickshire, Helpline services in Gloucestershire and Community services in Derbyshire and Kent.

We secured 14 new business contracts including Accommodation services in Somerset, Suicide Bereavement Support services in Surrey and the Black Country, Hackney Advocacy and Community Rehab services in Somerset.

Additionally, we expanded provision across 15 contracts, developing activity in services ranging from NE Prisons/Reconnect, Somerset Open Mental Health, Navigation and Carers services.





Advocacy services supported 6,665 people.

Advocacy is now available to an increasing number of people by law and ensures that some of the most marginalised people in society have someone independent to support them when crucial health and social care decisions are being made. Our advocates work to ensure people have a say in these decisions and are fully involved in a way that is meaningful and inclusive of their needs. When someone is unable to tell others what they want and need, advocates will build a picture of that individual to fully understand their likes, preferences and possible choices so that decision-makers factor the individual into every decision being made about them. In many ways an advocate's primary responsibility is to ensure that all people are offered the same rights and choices that many of us take for granted: preference, choice, individuality, and control.

Across the year our services supported more than **23,000 people in 22/23.**

To help us better understand how our services are changing lives, we have progressed work to implement our new outcomes measures in our services. This has meant that we have been able to start measuring the difference that our services make to the lives of people we support. In turn we can use this information to understand the impact that our services have in local areas in which we are providing care and support.

*"In the past year our Advocacy services have begun to embark on an exciting model of co-delivery and partnerships with local organisations. We know that advocacy has a crucial role to play in ensuring equality, access to support and equitable outcomes are a fundamental part of everyone's experience of the health and social care system. However, we also now recognise that we cannot do this alone. In order to build trust across communities in the role that advocates can play, whilst ensuring that all local people (especially those who have been marginalised through disability, culture or race) can access advocacy support, we now train and provide funding in a number of our advocacy services to local faith, disability and race organisations to deliver advocacy alongside us. This is very much in keeping with our principle of generous leadership while ensuring everyone can access support that reflects their background, upbringing, culture and beliefs."*

**Associate Director of Advocacy**

*"It was clear from talking with the full range of stakeholders that Rethink Mental Illness excels itself with regards to clarity of purpose, person-led empowerment, independence and confidentiality consistently across its services. Advocates have an excellent understanding, and it is evident that they are passionate, committed, skilled and knowledgeable. They are dedicated and effective in supporting people to develop self-advocacy skills and in supporting them to make informed decisions about their lives. People that have used their services described them as excellent, confidential, independent and vital."*

**National Development Team for Inclusion – Advocacy Quality Performance Mark Assessment Report**

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I like the fact I felt emotionally supported and properly understood. I felt that (the advocate) went the extra mile to understand my situation and took a great deal of time and effort to ensure that I felt safe and secure.

**Rethink Advocacy client**





Care home  
services  
supported 244.

Our 24/7 care home and specialist nursing services provide a safe, stable environment for people facing a mental health crisis or who have left hospital after being an inpatient. These services provide in-depth support that involves experienced and dedicated staff building up a detailed understanding of a person's needs, including those relating to their physical health, which in many cases is neglected.

*I feel very safe and secure here, the staff are lovely to me, and the food is great!*

**Rethink Mental Illness care home service user**

*"Since living at [the home], I have become more sociable, I have friends and I take pride in myself. Staff help me, offer me advice and provide good dinners. I'm happy here, this is my home."*

**Rethink Mental Illness care home service user**

**Carers services supported 1242 people.**

Our carers services support people from a wide range of backgrounds who care for a loved one living with a mental illness. Unpaid mental health carers often do not focus on their own wellbeing due to their caring role, but we place them at the centre of what we do. We deliver personalised support with tailored information about how to access the resources that are available to them and the person they care for. This can include access to carer's assessments from their local authorities, signposting, onward referral, emotional support around all aspects of being a carer, support on how to have their voice heard by mental health services, support with respite and practical support around benefits and finance. This is complemented by courses for carers covering topics including carers' rights and wellbeing. We also host peer support groups that connect carers with other people who share similar experiences and who understand their day-to-day challenges.

While there has continued to be a reduction in the commissioning of specialist mental health carers' services over recent years – with generic carers services now becoming more common – we did not see a reduction in our own carers services in 2022/23. We are continuing to develop relationships with other carers organisations to help recognise the vital and more dedicated specialist support often required by mental health carers.

*"We believe that carers have an invaluable role in supporting people with severe mental illness. The service is countywide and delivers locality support from six carer hubs, to directly align and allow integration of Carers Support Workers within Adult Social Care teams, Primary Care Networks and Children and Family Services across Oxfordshire. Our referral and assessment rates have doubled over the last 12 months as we continue to reach more hidden care givers throughout the county."*

**Rethink Mental Illness, Carers Service Manager**

*"Our carers service is working to full capacity to support unpaid carers of those with a mental illness in Dorset. Our small and friendly team is very proud of our success which has attracted extra funding to support young carers as well as to roll out cancer awareness training for carers across Dorset. We enjoy working with our Dorset partners in the NHS, Dorset Council as well as our Dorset colleagues in the voluntary and charity sectors."*

**Rethink Mental Illness, Carers Service Manager**

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We believe that carers have an invaluable role in supporting people with severe mental illness.

**Rethink Mental Illness, Carers Service Manager**



**Crisis services supported 862 people.**

We provide 24/7 crisis services in various locations across the country. These provide a safe space, empathetic staff and intensive one-to-one support. Staff in these services work closely with individuals to offer support, with the aim of avoiding hospital admissions.

*"Staying [at the crisis service] is very peaceful and tranquil. I'm sleeping well at night and being well looked after."*

**Rethink Mental Illness crisis service user**



In 2022/23 our **community support services** supported 6,913 people.

Our community support services give people severely affected by mental illness access to personalised support to rebuild their lives and improve their social connectedness. Community services are often in high demand, and we are always looking for new and innovative ways that we can reach more people in their local communities.

Our diverse range of community services include Crisis cafés, which provide out-of-hours support as an alternative to visiting A&E or contacting a statutory crisis services, befriending support services, emotional and practical support services, group-based support services providing short and longer term groups which might be condition specific or be activity based, peer support worker services and mentoring services, Black and minority ethnic communities' support services, recovery college education support services and suicide prevention services.

Over the last year, we have delivered our community services alongside an increasing number of partner organisations from the voluntary and statutory sectors as part of community mental health transformation.

*"Our project is a Community Wellbeing Garden project in Leek, Staffordshire. We offer a wide range of activities based around wellbeing, and improved mental health, such as horticulture, planning/ planting and growing your own plants and lots of gardening information sessions. We are a community project currently supported by Rethink Mental Illness. Our vision is to become self-funding through support from our local community, and to independently serve the people of Leek and surrounding areas."*

**Rethink Mental Illness, Community Service Manager**

*"Our Community Rehabilitation team in Cornwall is now integrated into the statutory rehabilitation service working directly alongside our NHS colleagues. The teams are working extremely well together and the work that we will be carrying out will have a huge impact on those accessing our services. We hope that this will provide transformation and a much broader offer across Cornwall."*

**Rethink Mental Illness, Community Service Manager**



In 2022/23 our **employment services** supported 1,022 people.

Our employment services include Individual Placement Support (IPS) employment services. These services provide intensive support to assist people living with mental illness into paid work. The services work on no exclusions, no matter what the person's diagnosis or point in their recovery, the support is rapid with job searching starting within four weeks of using the service and the support continues for as long as the person needs it. This support includes help with writing a CV and cover letter, job searching, job applications, mock interviews including how to discuss gaps in work history or criminal convictions, discussion with employers around reasonable adjustments and support once in work to retain the role.

Our employment services also undertake employer engagement where they collaborate with local employers to give them mental health awareness training and information and in return employers keep us updated about vacancies and let us place the people we support into interviews or work trials.

“

It was lovely to hear from her about how the support we had been giving her had helped her to get employment.

*“I find the role very rewarding helping service users and supporting my teams. For example, a service user who we support, recently advised me she's gained work through an organisation we had linked her in with. This young lady is deaf and has two young autistic children and so life is challenging for her. I'd seen the change in how her confidence had grown and how she is much more outgoing now. It was lovely to hear from her about how the support we had been giving her had helped her to get employment and now having done her training, she's looking forward to starting her job”.*

**Rethink Mental Illness, Employment Service Manager**

*“Over the last year we have increased the number of paid Employment and Peer Specialists joining the service across the three teams, actively supporting individuals considered to be furthest away from the labour market to find a role based on their individual preferences, and offered time-unlimited support to each person prior to and when in their paid role. We have been through two Fidelity Reviews and seen improvements in many areas. This continual improvement is now a part of our One Service Culture.”*

**Rethink Mental Illness, Employment Service Manager**

In 2022/23 our commissioned **helpline services** took 45,723 calls.

When people call one of our commissioned helplines they might receive emotional support, signposting, crisis management, information, onward referral, or support to find new ways of managing their diagnosis or symptoms.

We respond to a vast range of different needs and are proud that the quality of response we provide is recognised by the fact that our helplines are accredited to the Helplines Partnership Quality Standard – demonstrating the highest quality support to our callers. Our helplines all provide freephone telephone calls and some of them also provide text message, webchat and email support on the helpline.

The helplines either open 24-hours a day or they are open evenings and weekends. All of our helplines are open on bank holidays and they provide an alternative source of support for people at times when traditional mental health and social care services are not available. All our helplines are direct access so people just contact them without the need for a referral.



*"This new contract for the helpline in Gloucestershire is a first in terms of offering an open access general mental wellbeing service and I feel very privileged to be given the opportunity to lead on this service. It has been really great to work with the commissioner, who is equally excited about the opportunities for positive impact and just how much of a difference we can make in Gloucestershire. We are working with Experts by Experience to ensure the helpline really does provide the sort of mental health support that the people of Gloucestershire need and want."*

**Rethink Mental Illness, Helpline Contract Manager**



In 2022/23 our **suicide bereavement services** supported 360 people.

“  
Those who are suicide bereaved often find themselves needing to navigate a range of practical tasks

Our suicide bereavement services are often 'all age' services and provide one-to-one emotional support to help people through their traumatic grief. People bereaved by suicide are more likely to experience their own suicidal thoughts or develop PTSD or other mental health issues as a result of this traumatic loss. We provide practical support which is particularly needed by people in the early stages of loss, such as help with notifying companies of the death, support to prepare for and attend inquests, support with police interviews or NHS serious case reviews, support with funeral arrangements, and to talk to employers or schools / colleges about bereavement leave or adjustments to support people back to work.

Some of our suicide bereavement services also provide bereavement support groups and bereavement counselling.

We accept self-referrals and referrals from other organisations but the highest referrer for suicide bereavement services is Real Time Surveillance referrals from the police. They pass us details of the deceased's bereaved next of kin so we can make contact and offer our support soon after the loss has occurred.

*“Those who are suicide bereaved often find themselves needing to navigate a range of practical tasks. From inquests and managing media attention to dealing with financial implications and death notifications. This, on top of the emotional and often traumatic aftermath of losing a loved one in this way, leaves many confused and floundering, unsure of where to access support. Each individual has different needs, different experiences and the support we offer has to be tailored specifically.”*

*Service users often say that the consistency and regularity of the support that they are offered makes such a difference to them. It's a pleasure to be part of a team so dedicated to walking those who are suicide bereaved through their journey with us.”*

**Rethink Mental Illness, Service Manager**





In 2022/23 our **supported housing services** supported 575 people.

Our supported housing services are provided in two formats: shared living spaces where staff are always on site, and self-contained flats that staff regularly visit. In both environments, our trained staff worked with people living with mental illness to identify their individual goals and aspirations and the support they need to make these ambitions a reality.

*“The service has helped me to enjoy new skills like baking.”*

**Rethink Mental Illness supported housing service user**

In 2022/23 our **mental health services in prisons services** supported 5,537 people.

We deliver primary mental health services in prisons across England that are based on expertise, the preferences of prisoners, and the best available evidence. These services are provided to individuals and groups of prisoners and are aimed at those who experience less severe mental illnesses such as mild or moderate anxiety or depression.

*“Overall, my experience has been positive, proactive, and all staff working in the service have given me a positive experience, I have never regretted getting help and really enjoy the work I am doing with Reconnect. This service is something I would be recommending to anyone being released from prison”*

**Rethink Mental Illness service user**



“  
My mental health has improved through the service.”

**Rethink Mental Illness supported housing service user**

## Case study: a navigator shares an experience

### Changing lives through Mental Health Navigation

Mental Health Navigation has been designed to improve community support for people severely affected by mental illness. We support marginalised groups in ways that consider all of their needs, reducing health inequalities and reconnecting people to services that can support them. Our Navigation services currently cover an Immigration Removal Centre, Prisons, and Primary Care Networks. Mental Health Navigation is a non-clinical role, which supports both clinical staff and service users. We developed the Mental Health Navigation model, an evidence-based model which has been designed to support service users and bridge the gaps between services in the community. The model is informed by therapeutic approaches such as Interpersonal Psychotherapy and Cognitive Behavioural Therapy and was further enhanced by providing staff with accredited wellbeing coach training.

In order to measure the impact Mental Health Navigation makes, we have gathered both qualitative and quantitative data using patient feedback questionnaires and standardised mental wellbeing scales. These show an improvement in mental wellbeing to all who were successfully engaged with a Navigator. Navigation has also improved continuity of care and reduced missed appointments and wait times.

“On assessment at the service users’ home, it was identified that they had not been leaving the house. Following further assessment, it was disclosed that they had been staying indoors for the past six years since the age of 12. The service user’s father stated that both were living on the father’s benefits, and they were struggling financially which was impacting their mental health. Their GP had refused to provide a fit note due to the patient not attending the surgery for assessment, I was able to liaise with the GP and explain that the patient is unable to attend the surgery due to severe anxiety and physically experiencing fainting fits when approaching the door. We were able to agree that a telephone appointment could be offered to arrange a fit note and agreed that a referral to NHS talking therapies would also be helpful. The service user did express some anxiety at the thought of this. However, I explained that this could also be done virtually and they would be able to agree achievable goals to work towards at a manageable pace.

“While supporting this service user I identified that the home did not have a washing machine and all washing was being carried out by the father in the bath. I was able to arrange a grant for a washing machine from the Gardiner Hill foundation, and also received vouchers to support the service user with a new set of clothing. I arranged for an autism assessment and will be attending with the service user to help support the management of their anxiety and for moral support. Over this period of time I have built a great relationship with service user, his father has acknowledged that this has eased the service user’s anxiety around engaging with others and trusting services.





"In terms of the service user's financial wellbeing, I have been able to support them to claim both Universal Credit and PIP, both are now in place giving the service user greater personal financial independence. I have also spent some time discussing graded exposure with the patient, encouraging them to sit in the garden during the summer months as this is also something the patient has been unable to do over the last six years."

“

I have been able to support them to claim both Universal Credit and PIP, both are now in place giving the service user greater personal financial independence.

**Navigator**



## Changing lives through our groups and peer support

In 2022/23 we established and registered nine new groups bringing an end of year total in March 2023 to 110 groups, of which:

28

are for **people living with mental illness.**

39

are for **carers.**

41

are for **carers and people living with mental illness.**

2

are for **siblings.**

**Two of our new groups share their experience:**

“

Positiveness is like a virus – it can spread.

**Maroofi Music Group in Harrow, London:**

Maroofi Music Group in Harrow welcomes people living with mental illness to take part in performing and enjoying Asian music - the name is Persian and means famous. The group was launched at the end of June 2022 by siblings Priti and Mukesh. The group is all about inclusiveness, bringing people together to sing and play instruments, Priti assures us that you do not need to have any prior experience but just be willing to have a go and engage with the sessions. The umbrella of Asian music can cover anything from Arabic music, Chinese music to Bollywood and the group aim to use music to bring people together to build confidence and promote wellbeing in a safe space. Priti, who is also a member of the Rethink Mental Illness group More Than Just A Choir in Harrow says that music has always been a passion but there will not be any formal teaching during the sessions – just the power of sharing music together and through that, peer support.

Mukesh says lockdown had an effect on people, and the group aims to spread some joy, “positiveness is like a virus – it can spread” he said. The hope is that the group can go a little way towards breaking down the stigma that can surround mental illness, especially present in Asian communities and challenge attitudes that can leave people feeling ostracised.



“

It's been a privilege.

**The Support Squad in St. Mabyn, Cornwall:**

The Support Squad is a group for the residents of St. Mabyn and the surrounding local communities in Cornwall. The group launched at the end of January 2023 and aims to offer emotional support to adults experiencing mental health issues, whether directly, or as caregivers, friends, or family. The group provides members with the practical help needed to access local and national services alongside information, peer support and signposting. It also provides a space to share experiences, make new friends, and try new things, with the aim that those attending the group may feel less isolated, more informed, and better able to cope.

The group is managed and led by a committee of five co-ordinators and is an example of a community working together. Stephen Williams, the main coordinator, reports:

*“We started the group because after the local church engaged in a community consultation it was obvious that there was a need for mental health support in the village and the surrounding area - with four suicides locally in the space of 18 months. The group, while starting off on a small scale, has been of great benefit already to those who have attended, and people have been greatly appreciative of the support and signposting it has offered.”*



## Changing lives through our advice, information and training

Our Advice and Information service gives free practical advice to adults living in England who are severely affected by mental illness. We advise people living with mental illness, their friends, families and carers. We also advise professionals who may want to know more about mental illness and how they can support the person they are working with. Advice is delivered in a number of ways, either over the phone via our freephone number, or by email and webchat.

Recognising the range of issues that impact people affected by mental illness, the Advice and Information service is expertly trained to provide up-to-date information on mental health conditions, access to care and treatment, different medications, welfare benefits, plus individual rights under the Mental Health Act, Care Act and Mental Capacity Act. When further support is needed around welfare and/or debt issues, we refer people directly to the Mental Health & Money Advice service. We also give advice to carers about their rights and how they can support the person they care for.

In 2022/23 the service directly advised 6,035 people. Advice was given via 3,238 phone calls, 3,252 emails and 777 webchats.

The top five topics of enquiry for 2022/23 were:

- 1 Rights and laws: **1,422 instances of advice**
- 2 Mental health care: **1,337 instances of advice**
- 3 Living with mental illness: **1,163 instances of advice**
- 4 Carers and relatives: **883 instances of advice**
- 5 Conditions: **602 instances of advice.**

“

If you're struggling, or worried about someone else, please contact our Advice and Information team. We will ensure you are treated with respect and compassion. We will offer practical advice on steps you can take to find a way forward.

**Head of Advice and Training, Rethink Mental Illness**



Satisfaction scores from people who contacted our advice and information service improved further in 2022/23. After taking advice from us, 95% of respondents said that they had a better understanding of their situation and 95% felt more able to act. We take pride in treating people as individuals: respondents scored us 98% when asked if the service treated them with dignity and respect and 97% when asked if they had felt listened to.

The advice service also provides and regularly updates a range of information resources on our website, which are accredited with the PIF TICK, the UK-wide quality mark for health information. Topics covered include living with mental illness, rights and restrictions, and a Carers hub.

Demand for our information resources remained high with over 4.5 million views of our webpages in 2022/23. 70% of respondents who accessed information on our website stated they (or someone they know) will now be able to manage their mental health better.

We took significant steps forward in making our resources more accessible. In September 2022, we produced our first easy-read factsheet "Worried about your mental health?" and throughout the year we been working with the Royal Association for Deaf People to make some of our information resources available in British Sign Language.

*"The staff member I spoke to today was extremely compassionate, she allowed me a lot of time to talk in complex detail and I know she was actively listening and she was really thinking hard about what range of support would be available to me and the sort of difficulties I am experiencing. I really felt respected and valued and I feel like I will have a way forward and so thank you."*

*"Thank you so much for your response. I feel out of all the organisations I have contacted the information you have given me is the most relevant and useful. I actually feel like I can get a handle on this situation now and whilst we still have a long way to go, I feel more confident I can give and get her the care she needs. Thanks."*

*"I just wanted to say that the lady who helped me has taken me out of a very, very dark place. I was in a very worrying situation and the fact that she listened, and she treated me with respect and she understood what I was going through made me feel a million times better. So, thank you, thank you very much." Rethink Mental Illness Advice and Information Service client*



## Embedding change through training in the community and workplace

In 2022/23 we delivered training to 4,729 people through 303 sessions.

Mental health training is an important way of changing the experience of people affected by poor mental health. Through our external training team, we strive to help people feel more comfortable and confident to talk about mental health, and to know more about how to respond when problems arise.

In response to the pandemic we delivered all training courses online in 2021/22 but in 2022/23 we returned to some face-to-face delivery with 15% of our courses (46) being delivered in person. Our overall satisfaction rate was 88%.

We trained over 1,500 people as part of our commissioned contracts in Camden and Islington and North-West London, offering access to free training for those living, working and volunteering within certain areas. This included delivering suicide awareness training to some traditionally underserved community groups as part of our wider suicide prevention programme.

We continued to deliver training to Lloyds Banking Group, training over 600 staff across 30 courses and maintaining the ratio of 1 in 30 staff trained as mental health champions within the organisation.

We took on new work for energy construction company Omexom, delivering 22 Mental Health Awareness courses in person across the UK and Ireland, often with predominantly male delegate groups.

*"Ideally pitched course (content, pace). Applicable to anyone in any setting, workplace or otherwise. Immensely helpful, particularly for having supportive conversations with colleagues but also outside of work. Trainer was very approachable. Highly recommend this course."*

*"I enjoyed the opportunity to take time to think more about mental health and what it means, the stigma and misunderstandings around it and it'll impact the way I think and behave in my workplace and outside. I'm really keen to look at, and potentially use the Wellbeing plan for our induction process for new staff and for our wider team. Thank you for this resource!"*

*"I can honestly say this is the best training course I've been on. The trainer was brilliant and shared personal stories, which made things much easier to understand. He also got me to think about my own behaviour - about not saying anything just to fill an awkward silence."*

**Training client**

## Making a difference through delivering Breathing Space

'Breathing space' is a debt scheme introduced by HM Treasury in 2021 which allows clients with problem debt to get legal protection or a 'breathing space' from their creditors. A mental health crisis breathing space is a debt-respite scheme for people currently receiving mental health crisis treatment certified by an Approved Mental Health Professional (AMHP) for as long as that crisis lasts.

We were awarded the contract to deliver the Mental Health Access Mechanism applications.

Mental Health Crisis Breathing Space is now embarking on its third and final year of funding from the Money and Pensions Service (MaPS). Between years one and two, Mental Health Crisis Breathing Space saw a significant increase of 48.6% in referrals, with 75.6% of clients being eligible for a breathing space and an impressive increase of 107.7% in opened debt cases, meaning more people have accessed our free, confidential, and impartial debt advice service.

The increase in client outcomes over the past two years is due to the hard work and dedication of our Mental Health Crisis Breathing Space team. They have promoted the service via monthly webinars, individual sessions with healthcare professionals, the creation of accessible assets such as digital guides, posters and videos, as well as through well-known debt advice channels such as the Money Advice Liaison Group (MALG).

*"THANK YOU SO MUCH. My life would have been in a very difficult place if you didn't step in to help. I know in the beginning you never gave up on me trying me to take your calls, but you never left me or stopped or gave up on me and my boys."*

### Client

*"I found the process straightforward and easy to follow. Particularly as I wasn't aware of any of the process beforehand. The instructions clearly led me through the process. Chatting with yourself afterwards also made it better, giving me a practical understanding of what I was doing and this being okay."*

### Approved Mental Health Professional

**“**THANK YOU SO MUCH. My life would have been in a very difficult place.



## Changing lives through our influencing and campaigns

2022/23 has been a busy time in our policy influencing and campaigning work. Key features of the policy environment this year included significant changes in government, economic instability and inflation, post-COVID-19 fallout and huge pressures on the NHS. We took a highly adaptive approach across the year to ensure we spoke out on the right issues, calling for the most impactful policy improvements for people severely affected by mental illness, including those from minoritised communities.



## Our influencing

### Reform of the Mental Health Act

Reform of the Mental Health Act represents one of the greatest opportunities to make improvements for people severely affected by mental illness. We have continually been calling for reform and working closely with Experts by Experience to identify the improvements needed for many years. In 2022, an overhaul of the act was finally announced in the Queen's Speech.

The DHSC released the draft Mental Health Bill in mid-2022 and we worked alongside Experts by Experience, carers, support workers and other experts to inform our response to it. We drafted a submission and gave oral evidence to a parliamentary committee tasked with scrutinising the draft legislation. The parliamentary committee took on all our recommendations in their final report, including:

- Strengthening the use of Advanced Choice Documents (ACDs).
- A statutory right to culturally appropriate advocacy.
- A statutory right to an advance statement, which we know from evidence particularly supports racially minoritised people.
- Abolishing Community Treatment Orders which we know Black people are 11 times more likely to be placed on when they're discharged from hospital.

We will maintain pressure in 2023/24 to ensure parliamentary time is allocated to now enact reform.

## Shaping the future of mental health care

The country has been grappling with significant questions about growing mental health need and the future of health and care. One area of innovation that the pandemic accelerated is the use of technology in healthcare. This brought both hope for new improved ways to access services as well as fears that technologies might not work well for everyone. We were keen to ensure that people affected by mental illness benefit from and are not harmed by these developments. In April 2022, we published findings from lived experience research commissioned by the Nuffield Council on Bioethics, setting out views on the use of technology in health care that people with lived experience (including carers) articulated to us in a series of workshops. Findings from this work have been incorporated into a wider briefing on this topic by the Nuffield Council on Bioethics.

This year, the rollout of the community mental health transformation gathered pace. This represents the biggest reorganisation of community mental health services in decades. In the autumn we launched a new report aimed at Integrated Care Boards, examining progress in realising the ambitions of NHS England's landmark Community Mental Health Framework. We found some outstanding examples of good practice and an encouraging picture of effort and determination to make things happen, as well as clear challenges that would be necessary to overcome to guarantee radical change in the quality of care. The report has been shared with national and local NHS leaders to shape and support the next two years of community mental health transformation.

Integrated Care Systems now represent the future of decision-making about planning and prioritisation of health and care in local populations. Alongside the Mental Health Policy Group, we made the case for mental health to Patricia Hewitt's Independent Review of Integrated Care Systems. The Hewitt Review subsequently recognised mental health as a priority for the public, Integrated Care Boards, NHS England and central government, and recognised the particular need for national policy direction on mental health to ensure parity of esteem.

## Patient safety

Improving safety and care in inpatient settings emerged as a key area of focus for us this year. Vital exposés by BBC Panorama and Channel 4's Dispatches shone a light on shocking levels of abuse and neglect which can take place and bolstered our calls for change.

We worked closely with the Care Quality Commission (CQC) to understand what safety means to people with lived experience of severe mental illness, as well as their carers and families.

We also worked closely alongside the DHSC in their rapid review into mental health inpatient data, ensuring that recommendations from the review are led by the voice of Experts by Experience.

These conversations with Experts by Experience have informed our calls for government to bring forward the reform of the Mental Health Act and the expected NHS workforce plan. We are calling for a specific mental health inpatient workforce plan which would include peer support and ensure a focus on improving patient safety is a clear result of NHS workforce development.

## Our campaigning

### Chancellor's autumn statement and Turn the Tide on Mental Health campaign

During the summer of 2022 it became clear that the Chancellor's autumn budget statement would be a particularly significant event and that essential funding could be threatened with cuts. We worked closely with our sector partners in the Mental Health Policy Group to make the most of influencing opportunities to counter this threat. This included writing to the Chancellor, urging him to protect mental health in the budget by protecting NHS funding and uprating benefits in line with inflation.

As we emerged from the pandemic, we entered the cost-of-living crisis. People severely affected by mental illness found themselves simultaneously dealing with both rising inflation and a crisis in NHS and social care services, struggling to deliver the support they need. We launched a new campaign called 'Turn the Tide on Mental Health.' Hundreds of people emailed their MP to demand action and campaigners also took action on Twitter, calling on the government to provide greater financial support for the millions of people in need of benefits, including those severely affected by mental illness. Following this, the government raised social security benefits in-line with inflation and provided some additional funding for health and social care services. There is still much more to do, so we will be keeping up the pressure on decision makers in the next financial year.

### Cross-government planning and Keep Your Promise campaign

Following years of influencing, in April 2022 the government announced it was developing a 10-year cross government plan for mental health and wellbeing. The Department of Health and Social Care (DHSC) published a call for evidence, and we provided them with the details of what different government departments needed to do to improve the nation's mental health, as well as encouraging others to do the same. We held workshops for people with lived experience and smaller charities and community groups to help equip them to respond.

During a period of significant change in government, it became unclear whether the government would maintain its commitment to the plan and in January 2023, it was announced that the plan would be scrapped. The plan had offered a real opportunity for action across government departments to tackle the drivers of mental ill health, such as poor housing, money worries, unstable employment and loneliness. In response we launched a new campaign called 'Keep Your Promise' which called for the plan to be published as originally intended.

More than 600 people emailed their MP calling on the government to reverse their decision. Following this, the government committed to publishing evidence from its mental health plan consultation and use it to inform its new 'Major Conditions Strategy.' While it is unlikely this will include all the critical cross-government or longer-term activities that are needed, we are working with the DHSC to make the strategy as impactful as possible for people severely affected by mental illness. The Keep Your Promise campaign secured the



support of MPs from across the political spectrum and following our influencing activities, the Liberal Democrats and Labour both made commitments to long term cross-government mental health plans.

### **Stop Benefit Deaths campaign**

We have continued to campaign to get answers about the Department for Work and Pensions' (DWP) role in deaths and serious harm of people supported by the benefits system. Working alongside families who have lost loved ones we are calling for a public inquiry and for greater transparency and accountability by the DWP.

Despite repeated requests, the former Secretary of State for Work and Pensions, Thérèse Coffey MP, refused to meet with these families. We sent her a mock letter in a similar style to those sent by the DWP to benefit claimants, asking her to accept the request. After she again refused, the families visited the DWP in person to make their voices heard.

In late November we also arranged for the families to meet with Jonathan Ashworth, the Labour Party's Shadow Secretary of State for Work and Pensions. This was an important and symbolic meeting as it is key to get opposition parties to support the campaign in the hope that they can add pressure on the government to act.

We also brought together opposition parties, including the Liberal Democrats, Scottish National Party, Plaid Cymru and the Green Party, to sign a joint letter calling for a public inquiry into deaths and serious harm linked to the benefits system.

More recently, when Mel Stride, the current Secretary of State for Work and Pensions, took up his role, the families again wrote to him requesting a meeting. This has resulted in a more positive development and Rethink Mental Illness met with the Minister for Disabled People to discuss the campaign. We will continue to campaign to ensure we get answers for bereaved families who have lost loved ones as a result of the benefits system.





Mental  
Health  
UK

## Delivering through our partnership with Mental Health UK

Through Mental Health UK, Rethink Mental Illness partners with three other national charities: Change Mental Health (formerly Support in Mind) in Scotland, Adferiad in Wales and MindWise in Northern Ireland, to deliver UK-wide programmes that enable and empower people to better understand and manage their mental health.

Working together, we aim to ensure that everyone has the tools they need to live their best possible lives. By focusing on the priority areas of money, employment, social connections and young people's resilience, our partnership with Mental Health UK aligns with and contributes to our Communities that Care corporate strategy. Rethink Mental Illness acts as the delivery agent for Mental Health UK services carried out in England and in 2022/23 we delivered the following programmes on its behalf:

## Mental Health & Money Advice

Mental Health & Money Advice delivers a remote-access casework service for people living with mental health and money problems. Caseworkers have a full understanding of the money issues that affect people living with mental illness. By providing support with welfare benefits claims and finding solutions to any debt problems, the service helps people increase their income. There is also a website that provides a wealth of information on how someone can manage their money while experiencing a mental health problem.

Last year, the service was primarily funded by Mental Health UK's partnership with Lloyds Banking Group until February when two contracts were won to deliver debt advice from the Money and Pensions Services (MaPS).

In 2022/23, the service supported 477 clients in England who saw their financial situation improve by a total of almost £1.2m. 59% of Mental Health & Money Advice clients reported an increase in their wellbeing as a result. The service's website saw over one million visitors from across the UK, with 86% of visitors saying they found the content helpful.

"I am overwhelmed and again I cannot thank you enough for helping me, sticking with me through my mental health issues and basically bringing some justice into my life."

**Mental Health & Money Advice  
client**



For young people's mental health

## Bloom and Your Resilience

Mental Health UK continued to deliver its Young People's Programmes: Bloom in education settings, and Your Resilience in community-based settings, Child and Adolescent Mental Health Services (CAMHS) and those in elite sports talent pathways. Both programmes aim to equip young people aged 14-18 with the knowledge and tools to maintain their mental health resilience through life transitions.

In 2022/23 Bloom delivered 685 workshops, trained 2,247 teachers and reached over 112,350 young people. Your Resilience delivered 395 workshops and trained 142 professionals in community and mental health service settings, CAMHS, further reaching 1,895 young people.

Mental Health UK have seen an increase in requests for support from alternative provision schools and Special Educational Needs (SEN) staff working in mainstream schools. In 2022/23 across the UK 15 schools in these settings and 159 teachers within them were trained to deliver Bloom.

*"We have finished our Bloom training feeling inspired and with valuable new tools and techniques that we can implement into our teaching of vulnerable students."*

**Jurita Bennett, Assistant Head, The Complete Works**



Your Resilience has expanded its work to young people at risk of being referred to CAMHS waiting lists by working with community-based organisations including youth groups/clubs and grassroots sports.

*"I would highly recommend the Your Resilience programme. Lesson plans were clear and easy to use, and the instructor was kind and approachable. The use of videos and group activities helped to hold the group's attention and encouraged them to engage and answer questions. The feedback we received from the young people involved was very positive and reflected how useful they found the programme content"*

**CAMHS worker**



# Clic

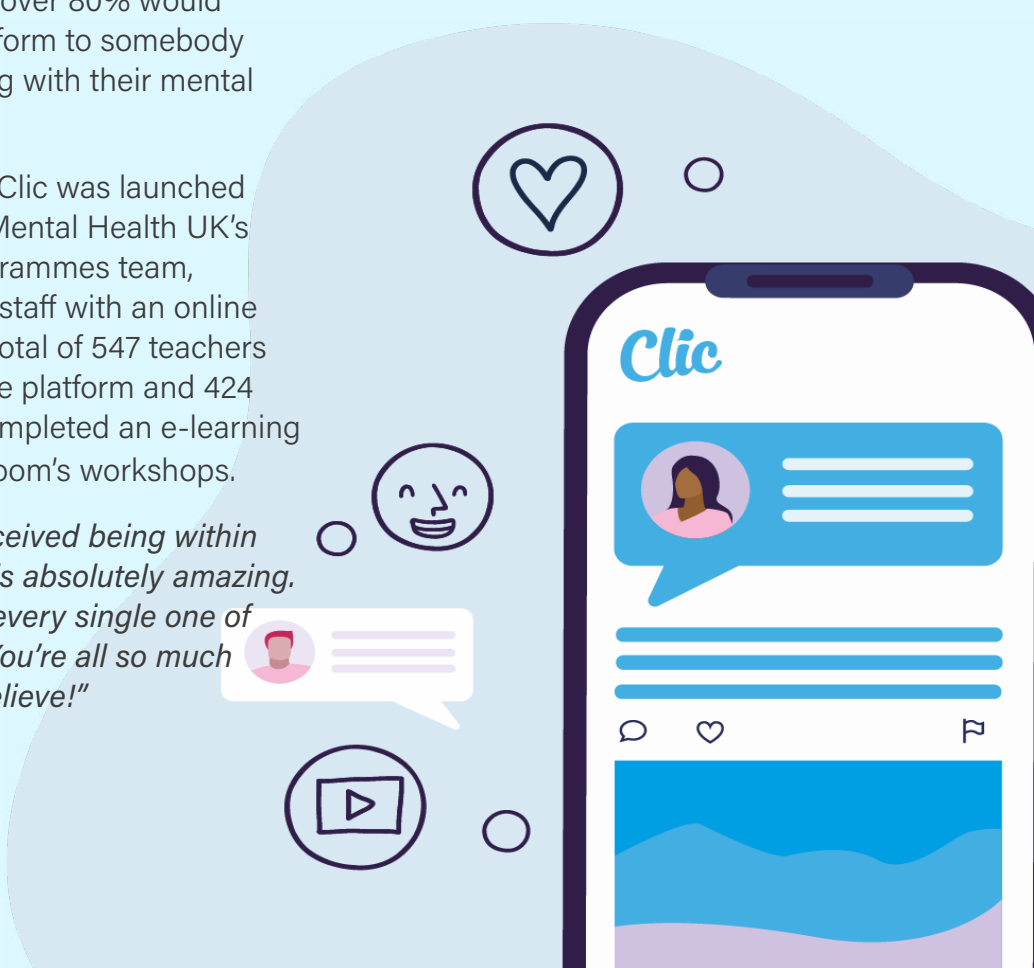
Clic is Mental Health UK's online peer support platform, providing people across the UK with a safe, supportive online space to connect with others and share their experiences.

There are just under 9,000 people registered on Clic UK and a number of local community platforms which include Bristol, Somerset, Wiltshire, Swindon and Gloucestershire. These local sites link in with other Rethink Mental Illness services in those areas and provide clients with 24/7 access to information resources, signposting and online peer support. Nearly two-thirds of Clic users say that Clic has had a positive impact on their mental health, while over 80% would recommend the platform to somebody else who is struggling with their mental health.

Last year, Bloom on Clic was launched in partnership with Mental Health UK's Young People's Programmes team, providing education staff with an online support platform. A total of 547 teachers have signed up to the platform and 424 have successfully completed an e-learning module based on Bloom's workshops.

*"The support I've received being within the Clic community is absolutely amazing. I am so thankful for every single one of you and your help! You're all so much stronger than you believe!"*

**Clic user**





## Helping Communities Prosper

The final year of Mental Health UK's partnership with Lloyds Banking Group delivered six new projects across England that have supported the mental health needs of marginalised and underserved communities. As well as increasing access to vital services post-pandemic, these projects have strengthened understanding of the needs of communities across the country.

In Bristol and Halifax, the project worked with individuals, faith and community groups to co-produce new services for people living with mental health problems. In Bristol, weekly yoga classes, music therapy and digital art groups provided a way for people to re-engage with others and establish a support network. In Halifax, the project supported local community groups such as Mums on a Mission who set up a Boxercise training programme. This programme enabled 15 participants from Black and minority ethnic backgrounds to qualify as Boxercise class facilitators and peer support advocates, building mental health awareness and widening access to support in the community.

“

Boxercise sessions have helped to improve my mental health. I started making sure I do some exercise every day and now feel more motivated in other areas of my life too.

**Boxercise programme attendee, Halifax**



In North-West London, Helping Communities Prosper focused on the links between physical and mental health, employing a Navigator to work with clients across services. Clients have been supported with physical health checks as well as referrals and support to access local gyms, sports clubs and exercise groups to become more active. It also delivered fitness circuits classes. This has proven extremely popular, with attendees saying they appreciate the consistency of knowing they have the session at the same time every week, the supportive environment, and the adaptability of the sessions that allows people with additional needs to attend.

*“The sessions have given me an opportunity to invigorate myself.”*

#### **Circuits class attendee**

In Birmingham, the Building Bridges programme worked with Gypsy, Roma and Irish Traveller (GRT) communities and those that work with them to reduce mental health stigma and improve access to mental health support and services. Research shows that GRT communities face significant barriers to accessing support and services and as a result face significant health inequalities including a higher prevalence of anxiety and depression compared with settled populations.

This work has focused on building connections with the Roma community in Ward End in partnership with the Unity Hub, a local community centre. Delivering a weekly café for community members to come together and access support with applications for settled status and other services. Due to mental health stigma in the community, staff steered away from talking explicitly about mental health at the

start, however as relationships have been built, people have started to open up about their worries and the pressures they are facing. The café represents Communities that Care in action, supporting integration and building local connections so that everyone feels valued, included and able to contribute.

Learning from this has supported the development of other connections across the city with service providers and local community groups. Rethink Mental Illness established a GRT Network in Birmingham to share learning on how to better engage communities, increase understanding, break down barriers, and influence change in the health and social care system. A city-wide conference was held at Birmingham City Football Club in March.

Mental Health UK funding under the Helping Communities Prosper banner has also supported the development of Rethink Mental Illness’s John Hall Gardens service in Staffordshire as a social enterprise and community hub.

Finally, the Helping Communities Prosper programme also enabled Rethink Mental Illness to provide funding to 82 of our frontline services across the country. From days out at the seaside to landscaping gardens, fresh paint and new furniture, this funding has enabled our staff and clients to reconnect, refresh and rebuild the relationships that are so vital to delivering quality services after a challenging couple of years.

*“It’s a nice place for us to congregate and have a laugh together. Some people are uncomfortable having others inside their flats so now we can meet outside comfortably instead.”*

**Service user, Beechwood Court (garden renovation)**





## Into Work

We know that 80% of people living with a mental health problem want to work, but only 20% do.

In January, Mental Health UK launched Into Work, a new holistic employment service providing wraparound support to help people back into employment. Building on the Individual Placement and Support (IPS) employment service model that Rethink Mental Illness use in its Coventry and Warwickshire employment service, the programme supports clients to identify their goals and develop a tailored action plan that also looks at tackling the practical barriers that impact mental wellbeing such as money, housing and social connections, so clients are better equipped to find and retain paid employment.

Funded by Bank of America, Into Work aims to support at least 200 people in Harrow and Gravesend over the next two years to enter paid employment.

## Workplace Mental Health

Workplace Mental Health is a new addition to Mental Health UK's programmes, offering external partners informative and progressive support to promote positive mental health in the workplace, delivered by staff with clinical backgrounds.

Mental Health UK worked with a range of organisations ranging from construction to retail, offering a variety of engaging and meaningful interventions which are tailored to fit the needs of a particular organisation and their people.

In January 2023, the Workplace Mental Health team partnered with Lloyds Banking Group to offer over 1,200 small business owners access to Therapeutic Coaching sessions to promote good mental health and encourage resilience.

*"The timing of this offer was perfect for me, thank you. Everything feels so much more manageable and the world feels lighter."*

**Therapeutic Coaching client, Stronger Minds, Stronger Business Campaign**

## Our commitment to internal transformation

We have continued our work on transforming our internal infrastructure to support the delivery of Communities that Care. This year, and as we move out of the pandemic, there has been considerable progress on providing employees with a modern, fit for purpose workplace environment to carry out their roles effectively. This has enabled us to support managers and employees with new ways of working and improve wellbeing and engagement. The move to a new London office and a new hub in Birmingham complemented our hybrid working model and provided a modern office and hub with the introduction of flexible meetings, collaborative spaces, and video conferencing technology.

We have begun the first phase of a major transformation of IT infrastructure, business software and service provision across the entire charity. This has been driven by several factors including an aged network, the rapid move to hybrid working, the need for effective information systems, and the desire to ensure a higher quality of IT service provision for staff. As part of this work, we are implementing a new Contact Relationship Management (CRM) and Housing system, along with the first stage of significant modernisation of our corporate business applications and data management. This has resulted in enhancements to cyber security, network provision, telephony, device applications and Cloud storage.

We have invested in the development and roll-out of our Leadership and Management Development Programme. This supports leaders and managers to understand their responsibilities and equips them with the skills and behaviours to lead, manage, and deliver results through their people. We have also invested in further resource specifically focused on diversity, equity, and inclusion. This will support our mission to reach underserved groups, encourage our employees to flourish and perform, and form an integral part in how we recruit and retain the best talent.

The year ahead will continue to focus on supporting the organisation to deliver Communities that Care. The overhaul of our information systems will progress further, focusing on the implementation of the CRM and Housing systems, with plans for a knowledge library on the internal Workplace platform to improve collaboration and provide a better platform to share resources and good practice, and the continued modernisation of our IT architecture. Other initiatives will include further leadership and management development, a review of our pay structure, delivery of the first year of our Race Equality Action Plan, and the continued development roll out of an organisational approach to measuring our impact on improving the quality of life for the people we support.









## Fundraising

We would like to say a massive thank you to all our incredible supporters who have championed Rethink Mental Illness throughout the year, enabling us to continue to provide valuable services. Your commitment, energy and creativity has meant that over £3million was raised through events, donations, gifts in wills and charitable grants.

In addition, we would like to extend a personal thanks to all our generous donors who choose to give to us through regular committed giving every month, those who give us cash donations, people giving regular donations via payroll in their workplaces and those who give us donations to pay tribute in memory of a loved one. This unrestricted income allows us to confidently plan and continue to support those affected by severe mental illness.

Since the COVID-19 pandemic first hit we have seen a downturn in donations, particularly cash donations, and this has affected the performance of our fundraising appeals. With the added impact of the cost-of-living crisis, this downturn continued in 2022/23.

Our Christmas appeal cited the reality of the cost-of-living crisis by featuring the types of calls and situations that colleagues in our Mental Health & Money Advice programme were dealing with on a day-to-day basis, particularly in the cold weather and when energy prices rose significantly. This was our highest-performing appeal in the year and hopefully shows a more positive outlook for our individual giving moving into the next financial year.

An extended thank you goes to those who chose to leave us a gift in their will. We hugely appreciate these types of gifts, which can bring significant change and assist future planning. In 2022/23 we received 31 legacy donations. This included a generous contribution of £452,000 from Stella Maggs.

We are also grateful to our corporate partners: Berkeley St Edward, Liberty Specialty Markets, and Pension Insurance Corporation for their support. Partnerships are managed responsibly with appropriate due diligence, contracts, and ongoing monitoring of activities.

Finally, a big thank you to all our amazing events and community supporters who have run, walked, cycled, taken on challenges and organised fundraising activities to raise invaluable funds as well as helping us spread the word about how we support people severely affected

by mental illness. Our fabulous London Marathon team raised an incredible £71,000, surpassing all previous targets. Our wonderful Berlin Marathon team raised £26,000. Our committed supporters at Capitol One undertook the Three Peaks Challenge, raising an amazing £7,000, and our treks are getting ever more popular, and raised a combined £33,000. Thank you to everyone who took part!

Fundraising activities are delivered to the highest ethical standards. As a member of the Fundraising Regulator, we proudly follow the standards in the Code of Fundraising Practice. We work with a professional fundraising agency who telephone supporters and prospective supporters to raise funds for our work. Our Fundraising team undertake and observe training of the professional fundraisers to ensure they meet our high standards, and regularly monitor phone calls. We have a Supporter Promise which ensures that people in vulnerable circumstances are protected.

During 2022/23 we received various feedback from donors about our activities, including suggestions for improvements, and questions about some communications. We received no formal complaints about our fundraising activities.



## The difference grants and trusts make

Rethink Mental Illness continues to build partnerships with charitable trusts and other grant-makers, including the COVID-19 Support Fund, Sport England, The Stone Family Foundation, the City of London Corporation charity, City Bridge Trust, the Rayne Foundation and many more. Their support has enabled us to continue and expand our services to support people severely affected by mental illness.

The grant we receive from the COVID-19 Support Fund has increased our ability to transform community mental health care and continue building communities that care for people severely affected by mental illness, through the creation of Mental Health Alliances. Before we received this funding, we worked solely in our pilot site, Somerset. We have now supported 12 different areas across England to deliver their local transformation plans and ensure mental health services are co-produced with people who access these services. Four of these areas are funded by the COVID-19 Support Fund. This work has been funded at a pivotal moment, where we have the opportunity to create systemic change in the way people access and experience mental health treatment and support in their community.

Our successful partnership with Sport England continues to help us support our beneficiaries to better manage their physical health. For too many people severely affected by mental illness, this aspect of their health is often overlooked meaning they are more likely to develop a preventable physical health condition such as heart disease. Through our

partnership with Sport England, we are working to improve people's overall health, targeting groups who are most likely to encounter barriers such as poverty, racism and discrimination instead of finding the support they need to look after their physical health alongside their mental health.

Our projects are currently active in North-East Lincolnshire and Tower Hamlets in London, where we have also established Mental Health Alliances. By engaging with key stakeholders such as our Experts by Experience, Sport England, and the major UK health charities we work with in the Richmond Group, plus local grassroots organisations, we are exploring the most appropriate physical activity interventions and the best way of delivering these programmes to encourage people severely affected by mental illness to stay active, boosting both their physical and mental health.

The Stone Family Foundation have continued their support to increase the capacity of our Evidence and Impact team, ensuring that we can improve our work through data collection and learning. In the past year the team have designed an Impact Framework that aligns with our new corporate strategy to measure the impact of our work in key areas across Rethink Mental Illness. The Foundation's support will ensure that the excellent work we do can be measured and shared with our partners. Over the past twelve years the Stone Family Foundation have transformed the work we do, and we are immensely grateful to them.





## Our plans for 2023-24, as set out in our new corporate strategy

Working together to build communities that care

We published our new five-year corporate strategy in April 2023. 'Working together to build communities that care' sets out our ambition to make sure that everyone in England severely affected by mental illness receives the support and services they need. We will do this both through our work as a provider of services and information, and through our role as a campaigning organisation, shaping the health system, public attitudes and the wider social and economic environment.

Experience tells us that people living with severe mental illness often face additional challenges, such as financial insecurity or poor physical health, which make managing their symptoms – or indeed recovery – difficult or impossible.

This is why the Communities that Care model is the cornerstone of our strategy. It means working in an open, transparent, and joined-up way with a range of people and organisations, so that everyone severely affected by mental illness has a good quality of life and receives coordinated support in:



social care



housing



employment,  
education, training,  
and volunteering



physical health



social  
connectedness



money

## Our three objectives, 2023-28

### Objective 1:

sustain and grow our policy and influencing and campaigning activity aligned with Communities that Care, creating system-level change for people severely affected by mental illness.

### Objective 2:

sustain and improve our existing services whilst expanding our offer aligned with Communities that Care, so that we meet the needs of more people severely affected by mental illness.

### Objective 3:

increase the number of areas in which we play a leading role in supporting community mental health transformation which reflects Communities that Care, meaning that more people severely affected by mental illness get the care and support they deserve.

## Year one (2023/24)

The first year of our corporate strategy will be focussed on laying the groundwork for delivering the strategy over the next five years. While there will be progress around our strategic objectives in year one, our proposed approach to the delivery plan recognises that there are things we need to change or do differently to realise the wider, bold ambition of our corporate strategy.

In 2023-4 we will focus on four priority activities:

- **Place-based working:** Position our operations to enable us to understand, influence and align with the new health and social care landscape across England.
- **Housing:** Build a delivery plan which supports our ambitions to increase the quality and supply of housing for people living with severe mental illness, including accessing new funding models to support development.
- **Fundraising:** Create robust plans and processes to ensure the foundations are in place to support future growth of income and supporter numbers within Fundraising.
- **Impact and reporting:** Ensure that we are able to effectively use insight and information to support our understanding of business performance, inform decision making and evidence the impact of our work.





## Our approach

There are five key principles that underpin everything we do:



### **Co-production and involvement**

people with experience of severe mental illness are at the heart of everything we do, actively shaping our services, campaigns, and strategy.



### **Equity and inclusion**

we are committed to diversity, equity and inclusion and becoming a truly anti-racist organisation.



### **Collaboration and partnership**

we will build and support effective partnerships that allow us to deliver more for people living with severe mental illness.



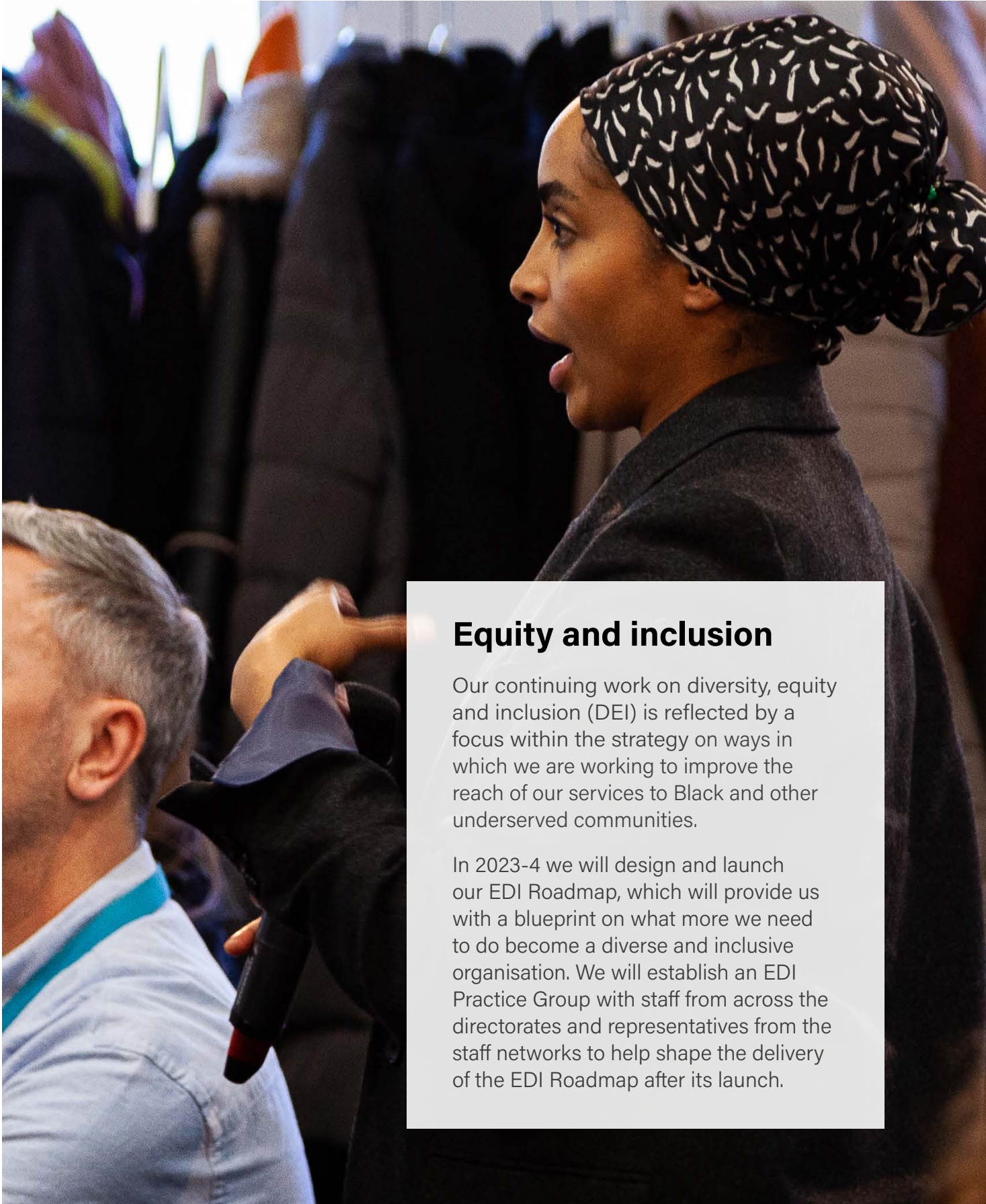
### **Generous Leadership**

we will share our knowledge and experience with partner organisations and recognise and support them in their own areas of expertise, so we can reach more people.



### **Impact**

we will measure our success by what we achieve for people severely affected by mental illness and will adapt our approach as needed.



## Equity and inclusion

Our continuing work on diversity, equity and inclusion (DEI) is reflected by a focus within the strategy on ways in which we are working to improve the reach of our services to Black and other underserved communities.

In 2023-4 we will design and launch our EDI Roadmap, which will provide us with a blueprint on what more we need to do become a diverse and inclusive organisation. We will establish an EDI Practice Group with staff from across the directorates and representatives from the staff networks to help shape the delivery of the EDI Roadmap after its launch.

## Reference and administrative details

Registered Office:  
28 Albert Embankment  
London  
SE1 7GR

Registered Charity Number (England and Wales): 271028

Company Registration Number: 1227970

The Trustees of Rethink Mental Illness are the Charity's Trustees under charity law and the Directors of the Charitable Company. During 2022/23 the Trustees were:

### Chair of the Board

Kathryn Tyson

### Members of the Board (Trustees)

George Hook: Vice-chair	Co-opted
Aphra Tulip-Briggs: Vice-chair	Regional
John Liver: Treasurer	Co-opted
Jane Watkinson	Regional
Frances Ashworth	Regional
Stuart Hellingsworth (until 26 May 2022)	Regional
Garrick Prayogg	Regional
Christine Stead	Regional
Edward Gorringe	Regional
Rosalind Homan	Regional
Ian Jackson	Co-opted
Jeremy Connick	Co-opted
Rajen Sheth (from 13 June 2022)	Co-opted

The day-to-day management of Rethink Mental Illness is led by the Chief Executive on authority delegated by the board of trustees. The Chief Executive and the senior executive officers of the charity form the Executive team, and each has clearly defined areas of responsibility and accountability.



## Executive Officers

Mark Winstanley:	Chief Executive
Caroline Cannar:	Company Secretary
Brian Dow:	Deputy Chief Executive
Mark Yates:	Director of Operations
Kate Husselbee	Director of Strategy and Transformation (until 14 February 2023)
Tracey Simkins	Director of Finance and Estates

The charity's main professional advisors during the year were:

### Statutory Auditors

Crowe U.K. LLP  
Black Country House  
Rounds Green Road, Oldbury  
West Midlands, B69 2DG

### Solicitors

Bates Wells  
10 Queen Street Place  
London, EC4R 1BE

### Investment Managers

Investec Wealth & Investment Ltd  
30 Gresham Street  
London, EC2V 7QN

### VAT Advisors

Dains LLP  
15 Colmore Row  
Birmingham  
B3 2BH

### Bankers

NatWest Commercial Office  
2nd Floor, 2 Trinity Court  
Wolverhampton Business Park  
Broadlands  
Wolverhampton, WV10 6UH

### Insurers

Markel International Insurance  
Company Ltd  
20 Fenchurch Street  
London  
EC3M 3AZ

### Internal Auditors

Mazars  
Tower Bridge House  
St Katherine's Way  
London, E1W 1DD

## **Employees and volunteers (including remuneration policy and learning and development)**

The trustees would like to place on record their thanks and gratitude to the many people who have worked for, and with, Rethink Mental Illness to help us provide our essential work to those who need us.

Our workforce has continued to grow this year, with a diverse and committed colleague-base of 929 people, a growth of 12% compared to 2021/22. We are a Disability Confident Employer and hold an Investors in People Silver Award.

Our offer of a new approach to pay and rewards was accepted by 96% of colleagues and means that we offer market competitive benefits and pay levels that are above both the Real Living Wage and the National Minimum Wage requirements. The introduction of new and improved benefits will continue into the next year, including the provision of car allowances and other benefits that colleagues tell us they would value.

We have introduced an employee recognition scheme called Cheers from Peers which allows employees to thank publicly those colleagues they feel deserve recognition. The Cheers from Peers scheme also allows employees to nominate colleagues for awards and includes an award ceremony and publication of award winners. We will continue to shine a light on colleagues who live our values every day and we thank them for their loyalty and hard work.

Induction support at organisation and local level continues to be a mainstay of our learning and development offering, with around 300 colleagues attending

the charity induction, ensuring that all colleagues are welcomed into our organisation and given the information they need to succeed from the start of their time with us.

Our Learning and Development team has also delivered a Leadership and Management Development offering to all existing leadership and management level colleagues and feedback has been excellent. Managers and leaders have valued the opportunity to come together and reflect on how they can learn and grow together for the benefit of our community and the audiences that we want to hear our voice.

With the help of colleagues across the charity we have also redesigned our performance management scheme to bring it into line with our CARES values. We will be rolling this out across the organisation next year.

As well as continuing to offer learning opportunities, we have focused on developing the culture of the charity, building on the strong employee engagement we were proud to record in previous staff surveys. This year we have offered tailored interventions to teams who wanted work together more effectively, including coaching and personal development tools.

The Executive team has also spent time this year reflecting on how to organise the charity in a way that is most effective for our community, and for our many colleagues. The results of this work will be shared with the Senior Management team in 2022/23 for further discussion and then implemented in that year.

Good engagement with our colleagues remains central to our growth and development as an organisation. Our Executive team meets our Senior Management team regularly to discuss significant business developments and any issues relating to our people. This year we have benefited from a lively and rich Leadership Conference in which we debated issues as diverse as our progress on becoming an anti-racist organisation, our charity's strategy and our ways of working more generally.

In 2022/23 137 registered volunteers supported our work in a variety of ways, including working within local services. We have also benefited from the input of 485 Experts by Experience who are central in informing our work.

Volunteers are a central plank in our successful adoption of our Communities that Care model and we have worked to ensure that the experience we give to our volunteers is equal to the very high commitment and dedication they give to us. In January 2023 we conducted a volunteer survey inviting our volunteer colleagues to share their experience of working with Rethink Mental Illness and are working to make sure that every volunteer experience is a positive one. Last year we made good progress in providing volunteers with the tools they need to work with us, including a volunteer toolkit, a handbook and volunteering reflection form. We intend to develop this work further next year to be even more intentional in the engagement and use of volunteers so that it provides a positive experience for them, our community and audiences, and for the charity.

Rethink Mental Illness acknowledges the support of our valued volunteers with grateful appreciation.

## Section 172 Statement

The trustees must act in accordance with a set of general duties. These duties are laid out in s172 of the U.K. Companies Act 2006, which is summarised as follows: 'A Director of a Company must act in the way he/she considers, in good faith, would be most likely to promote the success of the company for the benefit of its members as a whole, and in doing so have regard to:

- the likely consequences of any decision in the long term
- the interests of the charity's employees
- the need to foster the charity's business relationships with suppliers, customers and others
- the impact of the charity's operations on the community and the environment
- the desirability of the charity's maintaining a reputation for high standards of business conduct
- the need to act fairly as between members of the charity.

The trustees believe they have completed their duties under s172.



## Public benefit

The trustees have had due regard to the guidance issued by the Charity Commission on public benefit. They have considered the requirements of the public benefit test and are satisfied that the charity's activities meet these criteria.

We deliver our charitable objects through our services, funded by voluntary and statutory sources, which directly support over 26,200 people. Our helplines recorded over 45,700 contacts during the year. We also run approximately 118 groups that provide support to around 7,050 people, being carers, relatives and people that use or have used mental health services.

- a. to improve the lives of people severely affected by mental illness and their families and carers through local support groups and services
- b. to provide expert advice, information and training to the public in the field of mental health and welfare, including influencing government and decision makers more widely
- c. to advance awareness and understanding as to the causes, consequences and management of mental illness, working to decrease the stigma surrounding it.

## Streamlined energy and carbon reporting summary

It is now a requirement of large organisations to include energy and carbon data in their annual reports, under the Streamlined Energy and Carbon Reporting (SECR) regulations. We have reviewed the relevant activities, relating to buildings and business travel, and made the calculations, as shown below.

Our SECR carbon emissions for the financial reporting year 2022-23 amounted to **913 tCO<sub>2</sub>e**, with 57% arising from gas consumption. When the purchase of green energy is taken into account, total 'market-based' emissions reduce to **767 tCO<sub>2</sub>e**.

Since last year, overall emissions have risen by 9%; though with green energy emissions are up by 3%. This rise relates to business miles claimed by employees, which is likely a reflection of a return to normal travel after the pandemic.

## Energy & Carbon Data

### SECR Energy & Carbon Emissions (kWh & tCO<sub>2</sub>e)

	Unit	2022-23	2021-22	% change
<b>Energy consumption</b>	kWh	<b>4,666,021</b>		
<b>Scope 1 - Direct emissions</b>	tCO <sub>2</sub> e	524.2	522.3	
<b>Scope 2 - Energy indirect emissions - location-based</b>	tCO <sub>2</sub> e	159.3	168.2	
<b>Scope 2 - Energy indirect emissions - market-based</b>	tCO <sub>2</sub> e	12.7	75.3	
<b>Scope 3 - Other indirect emissions</b>	tCO <sub>2</sub> e	229.6	145.8	
<b>Total SECR emissions - location-based</b>	tCO <sub>2</sub> e	<b>913.1</b>	<b>836.2</b>	<b>9%</b>
<b>Relative SECR emissions - location-based</b>	tCO <sub>2</sub> e/ service user	<b>0.043</b>	<b>0.042</b>	<b>1%</b>
Taking into account green energy purchased				
<b>Total SECR emissions - market-based</b>	tCO <sub>2</sub> e	<b>766.5</b>	<b>743.4</b>	<b>3%</b>
<b>Relative SECR emissions - market-based</b>	tCO <sub>2</sub> e/ service user	<b>0.036</b>	<b>0.038</b>	<b>-5%</b>

### Energy efficiency projects

There have been several specific energy-efficiency projects undertaken or started this year, for example the heating boilers at Cavendish Lodge have been replaced with more efficient models.

A number of care homes and supported residential properties have had old fluorescent lighting replaced with efficient LED lamps in communal areas, stairwells, kitchen and sometimes throughout the property. This will help improve light levels for residents and save electricity.

These sites are also having loft insulation installed or upgraded, to help improve internal temperatures and reduce gas consumption.

We now calculate our operational carbon footprint each year to help us understand our wider emissions. We are preparing a carbon management strategy and engaging with staff to set carbon reduction targets.

### SECR emissions calculations - methodology

We have reported on all of the emission sources required by Streamlined Energy and Carbon Reporting (SECR), under the Companies (Directors' Report) and Limited Liability Partnerships (Energy and Carbon Report) Regulations 2018. These sources fall within our consolidated financial statement. We have followed the methodology of ISO 14064-1 (Specification with guidance at the organisation level for quantification and reporting of greenhouse gas emissions and removals) and emission factors from UK Government GHG Conversion Factors for Company Reporting 2022.

For SECR reporting, Scope 1 (Direct) emissions are those arising from natural gas heating and company vehicles. Scope 2 (Energy indirect) emissions are from electricity. Scope 3 (Other indirect) emissions come from grey fleet and hire vehicles. Location-based emissions are calculated as the average emissions intensity of the electricity grid, while market-based emissions take into account green energy purchasing.

## Financial review

The Group's net income increased this year to £40.9m (2022: £37.5m), and our expenditure increased this year to £41.5m (2022: £35.3m), leaving an operating deficit of £552,000 (2021: £2,152,000 surplus). This deficit was further increased by net losses on investments of £507,000 (2022: £237,000 gain), leaving a net deficit of £1,059,000 (2022: £2,389,000 surplus), of which £846,000 (2022: £2,550,000 surplus) related to unrestricted funds (general and designated funds).

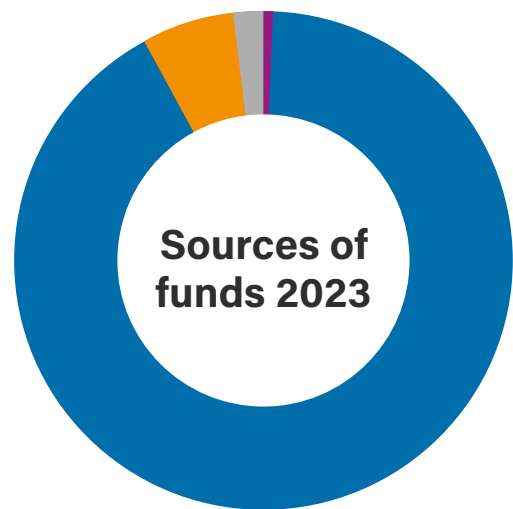
### Income: Sources of funds:

The largest source of our income continues to come from contracts with local authorities and NHS Commissioners to deliver our services. Pressures on the health and social care system remain high. There is a high demand for care and support against a backdrop of an uncertain funding environment and ongoing challenges related to recruitment and retention of staff.

Overall, we are seeing growth in contract income as our commissioners and new Integrated Care Boards look to develop services aligned with their community mental health transformation plans. We are working with Integrated Care Boards, including in new areas, to help them develop their transformation plans and co-produce and deliver new models aligned with this. However, we are impacted by the sector-wide challenges and the pressures described are felt in some of our services. In these areas we work closely with our funders and other partners to help ensure that services remain viable.

We will continue to work with NHS England, the Department of Health and Social Care and local system leaders to protect services like the ones we provide and help support their wider community mental health transformation plans.

Thanks to the continued support from our generous donors, we have been able to increase our level of income from fundraising activities which has enabled us to continue to support our beneficiaries through several activities, including our campaigns, groups and information service line.

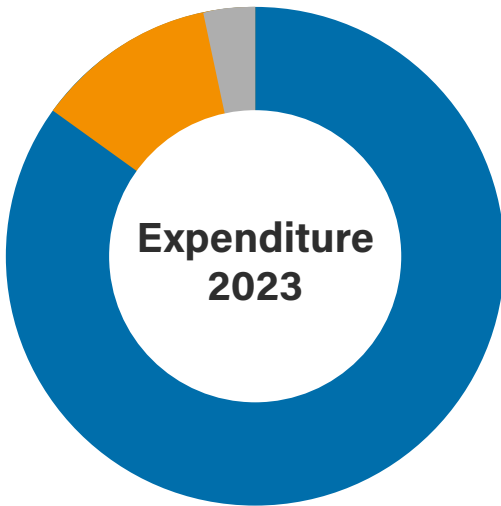


- Charitable activities - £37,543,000
- Donations and Legacies - £2,817,000
- Other trading activities - £365,000
- Investment income - £219,000



## Expenditure

The pie chart shows that the largest area of spend was on charitable activities:



- Charitable activities - Direct costs £33,131,000
- Charitable activities - Support costs - £6,156,000
- Raising funds - £2,075,000
- Other expenditure - £134,000

Overall, we are seeing growth in expenditure directly aligned to the growth in charitable activities and delivery of contracts with commissioners and new Integrated Care Boards. We continue to invest into infrastructure which are key enabling foundations of our future strategy. Furthermore, we invest in our people with a one-off payment awarded to staff to help towards the rise in cost of living.

Further analysis of our expenditure is given in note 5 of the accounts. Expenditure has risen in line with income, but also reflects the cost of introducing a new pay structure and other investments to deliver the corporate strategy.

## Pension scheme

The charity has two final salary pension schemes, the Growth Plan and the Care Plan, details of which are explained in note 18 of the financial statements. Both schemes are only open to members of the Executive team with the sole purpose of avoiding crystallising the debt.

Actuarial valuations are carried out every three years, and a full actuarial valuation of the Care Scheme in September 2019. The net effect of the revaluation, repayments made in the year and FRS102 year-end valuation resulted in a financial impact on the 2023 results, with a decrease in provision of £477,000. The Growth Plan underwent a valuation in September 2020 however no further increase in provisions was required following this review. The net effect of the repayments made in the year and FRS102 year-end valuation resulted in a decrease in provision of £51,000.

## Structure, governance and management

Rethink Mental Illness is governed by a board of trustees comprising a Chair, eight trustees appointed from the regions and up to seven co-opted trustees. The board of trustees is responsible for the overall direction and control of the activities of Rethink Mental Illness. The board holds five formally constituted meetings a year, one of which is a facilitated two-day event looking at forward planning, strategy and board development.

The Chair of the board of trustees, the Vice-chairs and the Treasurer are elected by the board from the existing trustees.

There is one trustee for each of the eight regions of England. Regional trustees must be either a carer, relative, user of mental health services or otherwise considered by the board to have relevant experience or expertise. Co-opted trustees are appointed by the board and are chosen for their skills, for example, fundraising, finance or business development, which may not be provided by the regional trustees. We also take into account the balance on the board of carers, people who use mental health services and others and of representation by gender, age and ethnicity.

Board members are formally appointed at the AGM to serve up to a three-year term and can serve no more than nine years in total, except for the Chair who may serve up to 12 years.

New trustees receive a formal induction into their role to familiarise themselves with both Rethink Mental Illness and the responsibilities that go with trusteeship. Trustees are invited to discuss their

developmental requirements with the Chair on an annual basis. This enables more specialised development in areas such as finance or governance to be provided to either the full board or specific individuals.

To assist the board in its work there are three formally constituted national committees, each with its own terms of reference:

The Honorary Officers Committee (HOC) performs the function of an Executive Committee. In exceptional circumstances it has delegated authority to assume control over the work of the charity when urgent decisions need to be made that cannot wait until the next board meeting. HOC also acts as a Nominations, Appointment and Remuneration Committee and oversees the trustee appointment process. It has responsibility for setting the salaries of the Chief Executive, Company Secretary and members of the Executive team. HOC meets three times a year and holds additional meetings, depending on organisational demands.

The Audit and Assurance Committee (AAC) is responsible for overseeing all aspects of the charity's external and internal audit arrangements, internal control procedures and risk management. Both the charity's external and internal auditors have the right to attend all meetings as they see fit. A further degree of separation is provided by the Independent Members of AAC who are appointed from outside the charity and bring a broader perspective. AAC also has responsibility for monitoring health and safety and for ensuring the charity delivers high quality services, operating in compliance with regulatory frameworks. AAC reviews a range of key metrics to identify trends or themes that require management action.

The Finance and Investment Committee (FIC) agrees fundraising and service development strategies, monitors income and expenditure against budget and the effectiveness of financial management. It recommends relevant budget priorities in the form of a draft annual budget to the board of trustees.

FIC is also responsible for the appointment and supervision of the charity's Investment Managers. It sets and monitors annual performance objectives for the Investment Managers, including ensuring that the required level of free reserves is maintained, as specified in the Reserves Policy. FIC ensures that the charity's investments are conducted in accordance with the Investment Policy, the Charity's Articles of Association and all relevant laws and regulations.

The charity also has four Governance Link Groups that involve a wider range of members interested in contributing to the work of the charity at a national level.

The Council of Rethink Mental Illness meets three times a year. While not a committee of the board with delegated decision-making powers, the Council exists to improve and strengthen the work of Rethink Mental Illness, and in turn the governance of the charity, by its oversight of involvement throughout the charity. Alongside the other Governance Link Groups and Groups, the Council is central to involvement and engagement activity and the charity's ambitions for Communities that Care. Core membership comprises regional trustees, Chairs of the Lived Experience Advisory Board and the Carers Advisory Board and Regional Advisory Panels, and the Chair and Vice-chairs of the charity, along with the Chief Executive and Company Secretary.

The Lived Experience Advisory Board (LEAB) consists of up to 18 members, plus any trustees who use, or have used, mental health services. Key areas of work include monitoring the progress of the Involvement Strategy, making suggestions and providing constructive feedback on issues relating to the involvement and support of people who use mental health services. This includes, for example, feedback on policies and communications. LEAB meets at least three times a year, with additional, less formal, meetings in between. It is chaired by Shaun Johnson, a former Vice-chair of the charity.

The Carers Advisory Board (CAB) continues the long tradition of carer involvement within the charity and provides a distinct and strong voice for the carers of people severely affected by mental illness. It is chaired by the previous Chair of Trustees, Philippa Lowe.

The Clinical Advisory Board (CAB) is the fourth link group. It is made up of clinicians and experts who provide advice to inform the charity's policy and campaigning activity. It has an external Chair and meets twice a year.

Introduced during the pandemic as a means of keeping trustees up-to-date, board briefings have now become a permanent fixture in the governance calendar. They have been an invaluable way of keeping trustees informed about a range of activities taking place within the charity, particularly matters where no formal decision or resolution is required.

The board has now reverted to meeting face-to-face. Most other governance and link group meetings have been held remotely, with a commitment to meeting in person at least once a year. After a three-



year break, we were able to hold the 2022 National Members' Day and the AGM in person and members appreciated being able to see old friends and acquaintances.

A major change during 2022/23 has been the development of Regional Advisory Panels. Regional Committees stopped meeting during 2021/22 and formal reference to them removed from the Articles of Association with the agreement of members at the 2022 AGM. Regional involvement now takes the form of membership of Regional Advisory Panels (RAPs). The aim is to have someone from each Integrated Care Board area to provide local intelligence and a voice for local communities that will then help shape the direction of the charity through a reporting mechanism to the board. RAPs meet shortly before each board meeting, review Board papers (in particular the Chief Executive's report to the board) and provide feedback, drawing on local knowledge and experience of mental health service provision in the area.

### **Statement of engagement with employees**

Our growing workforce is led by a Senior Management team made up of Executive Directors and Associate Directors, who meet at least once a quarter to focus on the performance of the charity in line with our overarching strategy and core Key Performance Indicators. The group ensures the standing agenda item 'matters to communicate/cascade' is agreed by the group and cascaded down the management line.

To supplement communications from line managers, we make full use of our new internal social media platform to share

organisational news and knowledge, allowing colleagues to comment or ask questions. We provide regular bulletins to all colleagues outlining matters of potential interest and have a dedicated email box within the People and Organisation Development function so that all colleagues can raise any matters of interest or concern.

Our annual Leadership Conference was held in January 2023 and provided an opportunity for colleagues to come together and discuss organisational issues. This provided a rich source of information to feed into our plans for continued growth and development as a charity.

A review by Investors in People took place in November 2022 to assess what progress had been made since we were awarded Investors in People status a year earlier. The assessors were pleased to note that:

- Everyone is passionate about what we do and the differences we are making to people's lives.
- Our people have ownership of RethinkCARES, our behavioural framework.
- Colleagues are trusted to make decisions in their work and feel appreciated for what they do.
- Our people are encouraged to learn and use experiences to drive improvements.

Over the course of the year we have delivered a step-change in our approach to rewarding employees by designing a new pay framework which offers market competitive salaries and greater scope for salary progression. This, coupled with the introduction of new and improved benefits that colleagues told us they would value, such as the opportunity to buy and sell annual leave, an employee recognition

scheme and improved maternity, paternity, adoption and parental leave, means we continue to be an attractive employer.

## **The charity governance code**

The board of trustees is committed to developing and maintaining high standards of governance throughout the charity. Our mission, 'leading the way to a better quality of life for everyone severely affected by mental illness,' lies at the heart of all our work and feeds into the overall strategy, which is set by the board of trustees.

The annual board awaydays provide an opportunity for the board and Executive team to review the strategy and prioritise areas of work for the coming year. The committees of the board and Governance Link Groups are consulted and views considered when the board makes its decisions.

During the year, trustees have been involved in the development of the new Corporate Strategy. This will guide the work of the Charity from 2023 to 2028.

In March 2021, the charity added 'equity' to its core values in recognition that some groups, in particular people from Black, Asian and minority ethnic backgrounds, are disproportionately likely to experience severe mental illness due to social and economic factors, including discrimination. Work has continued during 2022/23 to ensure that the charity becomes a truly anti-racist organisation. Race Awareness training was delivered to trustees and Executive Directors in March 2023.

We have policies and procedures in place that underpin the requirement to act with integrity and in the best interests of the charity and its charitable purposes.

All trustees, including the Chair, receive an annual review and the Chair, Chief Executive and Company Secretary work together to address the development needs of trustees. We undertake a skills audit to record skills and experience, identify gaps and this informs the process for appointing new trustees.

## **Subsidiary company information**

In February 2023 the parent company, National Schizophrenia Fellowship, changed its name to Rethink Mental Illness. At the same time the subsidiary company, Rethink Mental Illness Ltd, became Rethink Trading Ltd. This company operates as the trading subsidiary of Rethink Mental Illness. It commenced trading during 2017/18, with several service contracts previously held by the charity being novated across to the subsidiary. A new company, National Schizophrenia Fellowship Ltd, was incorporated in February 2023 to keep the name available for future use and along with Rethink Mental Health Ltd and Rethink Severe Mental Illness Ltd is a possible future trading subsidiary.

There are two other active subsidiary companies: NSF Trustees Limited (NSFT) and Rethink Trust Corporation Limited (RTC). NSFT was established to meet an important need for families of people with severe mental illness to make financial provision for the care of their dependants after the carer's death. RTC was later established in 2010/11 to expand the potential range of services provided through NSFT.

The financial statements of the subsidiaries have been consolidated into the financial statements of the Group.

Rethink Mental Illness also acts as Trustee of the Befriending Visitors Service (BVS). Financial details relating to the subsidiaries and BVS are contained on page 98 in Notes to the financial statements.

## **Wider networks**

The charity is connected with Mental Health UK, a Charitable Incorporated Organisation (CIO). Rethink Mental Illness, Adferiad Recovery in Wales, MindWise in Northern Ireland, and Change Mental Health in Scotland are all members of Mental Health UK. Mental Health UK is not considered part of the Rethink Mental Illness Group and its finances have not been consolidated in the financial statement.

Rethink Mental Illness is part of The Richmond Group of charities, a collaboration of 14 of the leading health and social care organisations in the voluntary sector. The group works together as a collective voice to better influence health and social care policy, with the aim of improving the care and support for the 15 million people living with long term conditions it represents.

The charity is also part of the Mental Health Policy Group (MHPG), a coalition of six national organisations working together to improve mental health. MHPG represents providers, professionals and the hundreds of thousands of people who use mental health services, and advocates for cross-government approaches to improve services and support early intervention and prevention of mental health problems.

Rethink Mental Illness is a member of the Association of Mental Health Providers (AMPG), which is the leading

representative body for voluntary and community sector mental health organisations in England and Wales. Representing small, medium and large providers – from locally focused to regional and national organisations – members provide services covering the full range of mental health provision.

The work of the charity requires wider networks with statutory agencies to deliver its mission and that includes representation on the Independent Oversight Advisory Group of the Long Term Plan for Mental Health and on the NHS Assembly, amongst other things.

The operating policies of Rethink Mental Illness are not affected by any of the above relationships.



## Reserves policy

Rethink Mental Illness recognises the importance of maintaining a reserves policy to provide a prudent level of cover to meet future obligations and guard against unforeseen contingencies on a going concern basis.

The reserves of the charity at the year-end are:

Unrestricted reserves – general funds	<b>£7,238,000</b>
Unrestricted reserves – designated funds	<b>£5,328,000</b>
Restricted funds	<b>£733,000</b>
Total funds	<b>£13,299,000</b>

The board approved additional designated funds of £1.5m during the year, which have been allocated to support the resourcing and delivery of the new five-year corporate strategy and the transition to the new pay and rewards structure. The focus of the funds is on continuing to improve the lives of our beneficiaries into the future and ensuring our employees are remunerated in line with the sector average. An analysis of designated funds is included in note 15 of the accounts.

Our reserves policy focuses on the level of our “free” reserves.

Free reserves are defined as net assets excluding restricted funds, designated funds and the element of general funds that have been used to acquire fixed assets for the charity’s own use.

Our unrestricted reserves, which exclude designated funds, were £7.2m on 31 March 2023 (2022: £8.7m) of which £2.9m (2022: £3.1m) are fixed and intangible assets in use by the charity. The level of free reserves on 31 March 2023 was £4.3m (2022: £5.5m).

Following a review of the reserves policy during the year, the target range for free reserves has been set at between £3.5m and £6m reflecting the cautious risk appetite for reserves factoring in commercial and other risks and fluctuations within the investment portfolio and pension deficit values.

The level of free reserves has remained above the minimum level through the year, reflecting the in-year unrestricted surplus of £531k and absorption of the £507k investment portfolio unrealised loss.

The board recognise the need to ensure the charity has the appropriate level of free reserves to enable it to meet its future needs. With this in mind, free reserves will remain under review throughout the next financial year and if necessary designated funds will be reallocated to ensure they remain in line with the target range set out within the reserves policy.

The board will keep its reserves policy under regular review to ensure that an appropriate balance is maintained between developing reserves to provide sufficient funds to meet forward obligations, a reserve against unforeseen events and adequate resources to fund new initiatives that promote the charitable objectives of Rethink Mental Illness. Further details of reserves held on 31 March 2023 are shown in note 15 to the financial statements.

## Investment policy

The trustees have wide investment powers set out in the charity's Articles of Association. Currently, monies of the charity not immediately required for its purposes are placed in short-term interest-bearing accounts with the charity's main bankers or invested by the formally appointed Investment Managers.

During 2021/22 the Investment Committee reviewed the investment strategy of the charity and confirmed the strategy remained appropriate for the charity's investment managers, Investec Wealth & Investment, to follow. The objective is to achieve a balance between income and capital returns ensuring low to medium risk.

Any investments will have due regards for the charity's objectives and the committee have decided that it will not make any direct investments in companies or funds, primarily concerned with the production or distribution of pornography, tobacco, armaments or alcoholic beverages.

The medium-term performance benchmark is linked to the Consumer Price Index (CPI) plus 3%. During 2022/23 CPI was extremely strong at +10.1%. This gives a performance benchmark of +13.1% for the year ending 31 March 2023. The performance benchmark has been confirmed by the Investment Committee as being appropriate to continue with. During the year, the total return (net of fees) was -3.7% as bond markets, and to a lesser extent equity markets, reacted negatively to worries of an economic slowdown as a consequence of a dramatic series of interest rate increases across the developed world designed to bring inflation back under control.

The Investment Committee monitors peer performance of investments with the ARC Sterling Steady Growth Index, which comprises charity portfolios from over 30 investment houses which exhibit between 60% and 80% of the volatility of UK equity markets. Over the long-term, performance remains ahead of ARC and in 2022/23 ARC's return was - 4.1% compared to Rethink Mental Illness at - 3.7%.

## Principal risks and uncertainties

The charity has an established risk management strategy which ensures the charity's risk exposures are managed in an effective and efficient way.

A review of current strategic risks and horizon scanning exercise is carried out annually, along with setting the charity's risk appetite statement and indicators. In addition, risk assessment and evaluation are undertaken regularly across the charity.

The Audit and Assurance Committee and board of trustees are provided updates and assurance that the major risks which are identified have been reviewed and evaluated, taking account of internal controls, systems and other actions pursued to mitigate them.

At the end of 2022-23 our strategic risk register contained 10 risks. During this period the highest scoring risks on our strategic risk register were:

- In sufficient levels of staff, especially in health and social care roles, impacting on the charity's ability to function.
- The risk is mitigated by reviewing our recruitment approach including targeting resources to support high turnover and hard to fill vacancies. Driving forward the pay and reward project to look at salary benchmarking

and bringing in a new pay structure, as well as supporting staff with a cost-of-living payment. Business Contingency plans are also required for all departments, as well as all services.

- Serious untoward incidents, including unpredictable death or serious injury to a beneficiary, staff member, volunteer or a member of the public.

The risk is mitigated by the charity's operational governance framework, including Safeguarding and Health and Safety policies and procedures. We have a system of integrated governance that regularly reviews all areas of risk and investigates any serious incidents to learn from these.

- Estates vulnerabilities due to historic lack of strategy and investment.

The risk is mitigated through the new Estates team carrying out surveys of properties and developing a 10-year repairs and maintenance plan. Designated funds have been allocated to carry out priority repairs.

- Continued economic and political uncertainty resulting in the potential for significant rises in inflation, market volatility and rising cost of living which could result in upward pressure of pay, increased supplier costs and unplanned fluctuations of our investment portfolio.

The risk is mitigated by negotiation of fuel contracts, inflationary uplifts from some commissioners, the charity's Reserves policy, which is set to retain sufficient funds, and having an Investment policy in place.

## Going concern

The budget set for 2023/24 included target growth areas in Operations, Fundraising and the development of the Community Mental Health Unit offset by increased costs relating to the transition to the new pay structure.

Areas at risk are the achievement of income targets, increased agency costs, the impact of high inflation and the cost-of-living crisis, the affordability of the pay structure and any further downturn on the investment portfolio. Areas of risk are stressed tested as well as these are being reviewed monthly using a risk report to monitor the performance against the budget.

Cashflow projections as well as income and expenditure forecasts have been prepared covering at least 12 months which support the continued operations of the charity. Accordingly, they continue to adopt the going concern basis in preparing the financial statements as outlined in the Statement of Trustees Responsibilities.

## Disclosure of information to auditors

The trustees who held office at the date of approval of this Trustees' report confirm that, so far as they are each aware, there is no relevant audit information of which the charitable company's auditors are unaware; and each trustee has taken all the steps they ought to have taken as a trustee to make themselves aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information.



### Statement of trustees' responsibilities in respect of the Trustees' Annual Report and the Financial Statements

The trustees are responsible for preparing the trustees' Annual Report and the financial statements in accordance with applicable law and regulations.

Company law requires the trustees to prepare financial statements for each financial year in accordance with UK Accounting Standards, including Financial Reporting Standard 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (UK Generally Accepted Accounting Practice).

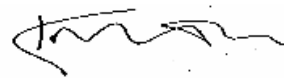
The financial statements are required by law to give a true and fair view of the state of affairs of the charitable company and of the excess of income over expenditure for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently
- make judgements and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue its activities.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that its financial statements comply with the Companies Act 2006. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charitable company and to prevent and detect fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and financial information included on the charitable company's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

This Annual Report of the trustees, under the Charities Act 2011 and the Companies Act 2006, was approved by the board of trustees on 13 October 2021 including approving in their capacity as Directors the Trustees' strategic report and Directors' report contained therein, and is signed as authorised on its behalf by the Chair of the board of trustees.



**Kathryn Tyson**

Chair of the Trustees  
Date 7 October 2023

### Opinion

We have audited the financial statements of Rethink Mental Illness ('the charitable company') and its subsidiaries ('the Group') for the year ended 31 March 2022 which comprise the Group Statement of Financial Activities, the Group and Company Balance Sheets, the Group Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102I, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and the charitable company's affairs as at 31 March 2023 and of the Group's income and expenditure, for the year then ended
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- have been prepared in accordance with the requirements of the Companies Act 2006.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustee's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have done, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's or the Group's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

## Other information

The trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or if our knowledge obtained from the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of our audit:

- The information given in the Trustees' report, which includes the Directors' report and the Strategic report prepared for the purposes of company law, for the financial year for which the financial

statements are prepared is consistent with the financial statements.

- The Strategic report and the Directors' report included within the Trustees' report have been prepared in accordance with applicable legal requirements.

## Matters on which we are required to report by exception

In light of the knowledge and understanding of the Group and charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the directors' report included within the Trustees' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate and proper accounting records have not been kept
- the financial statements are not in agreement with the accounting records and returns
- certain disclosures of trustees' remuneration specified by law are not made
- we have not received all the information and explanations we require for our audit.

## Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 34, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the



preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

### **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-

compliance with laws and regulations are set out below.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

### **Extent to which the audit was considered capable of detecting irregularities, including fraud**

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company and Group operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements

but compliance with which might be fundamental to the charitable company's and the Group's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company and the group for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation (GDPR), Health and safety legislation, and Employment legislation.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the timing of recognition of income and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, and the Audit and Quality Assurance Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, designing audit procedures over income, reviewing regulatory correspondence with the Charity Commission, and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and

regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

### **Use of our report**

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

*Very Brown*

Statutory Auditors  
Crowe U.K. LLP  
Black Country House, Rounds Green Road,  
Oldbury  
West Midlands, B69 2DG

Date: 06 November 2023

# Consolidated Statement of Financial Activities

(incorporating Income and Expenditure Account)

	Note	2023 Unrestricted Funds	2023 Restricted Funds	2023 Total	2022 Unrestricted Funds	2022 Restricted Funds	2022 Total
		£000	£000	£000	£000	£000	£000
<b>Income and Endowments from:</b>							
Donations and Legacies	2	2,491	326	<b>2,817</b>	3,150	1,253	<b>4,403</b>
Charitable Activities	3	33,069	4,474	<b>37,543</b>	27,916	4,457	<b>32,373</b>
Other trading Activities	4	365	-	<b>365</b>	510	-	<b>510</b>
Investments	4	219	-	<b>219</b>	193	-	<b>193</b>
<b>Total Income</b>		<b>36,144</b>	<b>4,800</b>	<b>40,944</b>	<b>31,769</b>	<b>5,710</b>	<b>37,479</b>
<b>Expenditure on:</b>							
Raising Funds	5	2,075	-	<b>2,075</b>	1,987	-	<b>1,987</b>
Charitable Activities	5	34,318	4,969	<b>39,287</b>	27,568	5,558	<b>33,126</b>
Other	5	134	-	<b>134</b>	214	-	<b>214</b>
<b>Total Expenditure</b>		<b>36,527</b>	<b>4,969</b>	<b>41,496</b>	<b>29,769</b>	<b>5,558</b>	<b>35,327</b>
<b>Income less Expenditure Before Investments</b>		<b>(383)</b>	<b>(169)</b>	<b>(552)</b>	<b>2,000</b>	<b>152</b>	<b>2,152</b>
<b>Net gains/(losses) on Investments</b>	9	<b>(507)</b>	<b>-</b>	<b>(507)</b>	<b>237</b>	<b>-</b>	<b>237</b>
<b>Net Income/(Expenditure)</b>		<b>(890)</b>	<b>(169)</b>	<b>(1,059)</b>	<b>2,237</b>	<b>152</b>	<b>2,389</b>
<b>Transfers between funds</b>		<b>44</b>	<b>(44)</b>	<b>-</b>	<b>313</b>	<b>(313)</b>	<b>-</b>
<b>Net movement in funds</b>		<b>(846)</b>	<b>(213)</b>	<b>(1,059)</b>	<b>2,550</b>	<b>(161)</b>	<b>2,389</b>
Fund balances brought forward at 1 April 2022		13,412	946	<b>14,358</b>	10,862	1,107	<b>11,969</b>
<b>Fund balances carried forward at 31 March 2023</b>	14	<b>12,566</b>	<b>733</b>	<b>13,299</b>	<b>13,412</b>	<b>946</b>	<b>14,358</b>

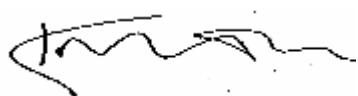


## Consolidated Group and Charity Balance Sheets

	Note	Group		Charity	
		2023	2022	2023	2022
		£000	£000	£000	£000
<b>Fixed assets</b>					
Intangible assets	8	587	17	587	17
Tangible assets	8	3,106	3,289	3,106	3,289
Investments	9	8,593	9,141	8,585	9,126
		<b>12,286</b>	12,447	<b>12,278</b>	12,432
<b>Current assets</b>					
Stocks for resale		23	14	23	14
Debtors	10	6,132	6,852	3,405	3,257
Cash at bank and in hand		7,295	10,820	5,099	10,621
		<b>13,451</b>	17,686	<b>8,528</b>	13,892
<b>Creditors: amounts due within one year</b>	11	<b>(10,700)</b>	(11,367)	<b>(5,799)</b>	(7,597)
<b>Net current assets</b>		<b>2,751</b>	6,319	<b>2,729</b>	6,295
<b>Total assets less current liabilities</b>		<b>15,036</b>	18,766	<b>15,006</b>	18,727
<b>Creditors: amounts due after one year</b>	12	<b>(1,461)</b>	(3,967)	<b>(1,461)</b>	(3,967)
<b>Provisions for liabilities</b>	13	<b>(276)</b>	(441)	<b>(276)</b>	(441)
<b>Total net assets or liabilities</b>		<b>13,299</b>	14,358	<b>13,269</b>	14,319
<b>Funds</b>					
General funds	14	7,238	8,706	7,209	8,667
Designated funds	14	5,328	4,706	5,328	4,706
Restricted funds	14	733	946	733	946
		<b>13,299</b>	14,358	<b>13,270</b>	14,319

A deficit reflecting expenditure above income for the year of £1,021,000 (2022: surplus of £2,360,000) has been dealt with in the financial statements of the Charitable Company (company reg: 1227970).

The financial statements were approved by the Trustees on 7 October 2023 and were signed on their behalf by:



Kathryn Tyson (Chair of Trustees)

## Statement of Consolidated Cashflows

	<i>Note</i>	<b>2023</b> £000	2022 <b>£000</b>
<b>Net Cash provided by operating activities</b>	24	<b>(3,142)</b>	1,645
<b>Cash flows from investment activities</b>			
Dividends, interest and rent from Investments		<b>219</b>	193
Proceeds from sale of property, plant and equipment		<b>2</b>	-
Purchase of property, plant and equipment		<b>(646)</b>	(1,301)
Proceeds from the sale of Investments		<b>1,790</b>	4,603
Purchase of investments		<b>(2,236)</b>	(4,196)
<b>Net Cash provided by (used in) Investing Activities</b>		<b>(871)</b>	(701)
<b>Cash flows from investment activities</b>			
(Increase)/Decrease in cash deposits		<b>487</b>	(566)
<b>Net Cash provided by (used in) Investing Activities</b>		<b>487</b>	(566)
<b>Change in Cash and Equivalents in the reporting period</b>		<b>(3,525)</b>	378
Cash and Cash Equivalents at the beginning of the reporting period		<b>10,820</b>	10,442
Cash and Cash Equivalents at the end of the reporting period	25	<b>7,295</b>	10,820

## Company status

The Charity is a company limited by guarantee, incorporated in England and Wales, and treated as a public benefit entity. The board members of the company are the Trustees named under "Legal and administrative information". In the event of the Charity being wound up, the liability in respect of the guarantee is limited to one penny per member of the Charity.

The operating name of the National Schizophrenia Fellowship is Rethink Mental Illness.

Registered Office, The Dumont, 28 Albert Embankment, London, SE1 7GR.

Principal Office, 1<sup>st</sup> Floor Castlemill, Birmingham New Road, Tipton, DY4 7UF

### 1. Accounting policies

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the company's financial statements except as noted below.

#### *Basis of preparation*

The financial statements have been prepared under the historical cost accounting rules with the exception of investments which are included at market value. The financial statements have been prepared in accordance with the Statement of Recommended Practice ("SORP") 2015 "Accounting and Reporting by Charities", issued in January 2015, and Financial reporting standard 102 (FRS102), and the Companies Act. The Charity is a public benefit entity for the FRS102 purposes.

#### *Going concern*

After making enquiries, the Trustees have a reasonable expectation that the Charity has adequate resources to continue its activities for the foreseeable future.

The budget set for 2022/23 included target growth areas in operations, fundraising and the development of the Community Mental Unit offset by increased costs to address capacity and resourcing gaps across the charity.

Areas at risk are the achievement of fundraising targets, the external training provision, increased agency costs, the cost of living crisis and downturn on the investment portfolio. There are being reviewed monthly using a risk report to monitor the performance against the budget. A review of the budget was completed in July 2022 which forecasted achievement of targets to date.

Cashflow projections and forecasts have been prepared covering at least 12 months which support the continued operations of the Charity. Accordingly, they continue to adopt the going concern basis in preparing the financial statements as outlined in the Statement of Trustees responsibilities.

#### *Basis of consolidation*

The consolidated financial statements include the financial statements of the Charity and its subsidiary undertakings made up to 31 March 2023. The results of the subsidiaries, as shown in note 19, are consolidated on a line by line basis within the consolidated Statement of Financial Activities ("SOFA"). In the Charitable Company's financial statements, investments in subsidiary undertakings are stated at cost less provision for permanent diminution.



### *Charitable Company income and expenditure*

No separate statement of financial activities has been prepared for the charity alone as permitted by Section 408 of the Companies Act 2006. A deficit reflecting expenditure above income for the year of £1,059,000 (2022: surplus of £2,389,000) has been dealt with in the financial statements of the Charitable Company.

### *Fund accounting and transfers*

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in note 15 to the financial statements.

General funds may be transferred to designated funds where Trustees wish to use these funds for a specific purpose. Such funds may be transferred back to general funds once the criteria for designation have been met or are no longer applicable.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Charity for particular purposes. The cost of raising and administering such funds are charged against the specific fund. The aim and use of restricted funds is set out in the notes to the financial statements. Restricted funds may only be transferred to general or designated funds once the criteria for restriction have been discharged or no longer apply.

### *Incoming resources*

All incoming resources are shown net of VAT. They are included in the SOFA when the Charity is legally entitled to the income and the amount can be quantified with reasonable accuracy. Gifts in kind and donated facilities are included at the value to the Charity where this can be quantified and a third party is bearing the cost. No amounts are included in the financial statements for services donated by volunteers.

For legacy income, entitlement in the case of residuary and pecuniary legacies is counted from the earlier of estate accounts being finalised and communicated to Rethink Mental Illness and cash received. Legacies where Rethink Mental Illness's receipt of income is subject to a life tenancy have not been included.

Members' subscriptions are taken to income on a received basis. Grants, service agreement and fee income and grants for premises and equipment are recognised in the SOFA and income and expenditure account in the period in which they are receivable. Income is deferred only when the Charity has to fulfil conditions before becoming entitled to it or where the donor/funder has specified that the income is to be expended in a future period.

COVID-19 Local Authority income is recognised in the SOFA and held as Restricted Fund balance where unspent.

### *Resources expended*

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings, they have been apportioned to activities on the basis of direct costs.

Costs of generating voluntary income are those incurred in seeking voluntary contributions and do not include the cost of disseminating information in support of the charitable activities.

Support costs are those costs incurred directly in support of expenditure on the objects of the Charity and include an appropriate apportionment of management overheads.

Governance costs are those costs incurred in connection with governance and professional support to Trustees.

### *Intangible assets and amortisation*

Intangible assets costing more than £1000 are capitalised and included at cost including any incidental expenses of acquisition. Amortisation is provided on all intangible assets at rates calculated to write off the cost on a straight-line basis over their expected economic lives as follows:

ICT Licenses: the shorter of the life of the license or 10 years

### *Tangible fixed assets and depreciation*

Tangible fixed assets costing more than £1000 are capitalised and included at cost including any incidental expenses of acquisition. Depreciation is provided on all tangible fixed assets at rates calculated to write off the cost on a straight-line basis over their expected economic lives as follows:

Freehold land	Nil
Freehold buildings	2%
Leasehold land and buildings	2% (or over life of lease if shorter)
Furniture and equipment	25%
ICT Equipment (purchases from 01.04.2015)	33.3%
Motor vehicles	33.3%

### *Investments and interest receivable*

Investments are stated at market value at the balance sheet date. Interest on deposit and other accounts is allocated to income in the year in which it is receivable. Net gains and losses on investments arising on revaluation are included in the SOFA.

### *Stock*

Stock consists of purchased goods for resale. Stocks are valued at the lower of cost and net realisable value. Items for resale or distribution are not included in the financial statements until they are sold or distributed.

### *Volunteers*

The charity has in the region of 170 volunteers. The financial value these volunteers make is not incorporated within the accounts.

### *Local groups*

In order to correctly reflect the stewardship of the Charity over the activities of its local groups, their results are included in the SOFA and their cash balances at the year-end are included in the balance sheet as restricted funds.

### *Liquid resources*

For the purposes of the cash flow statement, cash comprises cash in hand and deposits repayable on demand without penalty, less overdrafts payable on demand.

### *Post-retirement benefits*

Rethink Mental Illness participates in a pension arrangement with the People's Pension. This scheme was established in September 2013 and it is open to all staff who qualify under the Government's auto enrolment scheme. The People's Pension is a defined contribution scheme.

During the year the Charity participated in the CARE (Career Average Revalued Earnings) and Growth Plan Pension Schemes administered by TPT Retirement Solutions. Both the CARE and Growth Plan Schemes are multi-employer defined benefit schemes. The Schemes are funded and contracted out of the State scheme. The assets of the schemes are held separately from those of the Charity in an independently administered fund. It is not possible to identify the share of underlying assets and liabilities belonging to individual participating employers. Rethink Mental Illness has entered into an agreement with the Multi-Employer plan which determines how a deficit will be funded. As a result Rethink recognises the net present value of the contributions payable from this

agreement as a liability on the balance sheet. The CARE and the Growth Scheme were closed during 2013 to new entrants.

All pension costs are funded through the unrestricted fund.

### *Finance and operating leases*

Rentals applicable to operating leases are charged to the SOFA over the period in which the cost is incurred in equal amounts. Assets purchased under finance leases are capitalised at their fair value at the inception of the contracts and depreciated over their estimated useful lives. Obligations under such agreements are included in creditors. The difference between the capitalised cost and the total obligation under the lease represents the finance charges. Finance charges are allocated over the period of the lease in proportion to the capital amount outstanding.

### *Deferred taxation*

In the subsidiary financial statements, the policy is to pay all taxable profits to Rethink Mental Illness by way of Gift Aid. No deferred tax liability arises in the financial statements.



### *Critical accounting judgements and key sources of estimation uncertainty*

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are described and summarised below. Estimates are made on the following bases:

- Gift in kind donated property is based on a standard price of £11.50 per square foot and a standard room size of 144 square feet per office space provided free of charge.
- Gift in kind donated advertising uses a market rate valuation provided by the donor. Where the service received has not changed, a % linked increase may be applied to a previous years' market rate valuation.
- Pension Liability - The Charity is a member of two multi-employer defined benefit pension schemes. The Charity has entered into a deficit recovery repayment plan with TPT Retirement Solutions in respect of these schemes and this liability has been recognised on the Balance Sheet at amortised cost. The discounting assumptions used are recorded in note 18.

### *Debtors*

Debtors are measured at amortised cost less any impairment.

### *Creditors & provisions*

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

### *Financial instruments*

Rethink Mental Illness has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost using the effective interest method. Financial assets held at amortised cost comprise cash at bank and in hand, together with trade and other debtors. Financial liabilities held at amortised cost comprise bank loans and overdrafts, trade and other creditors.

Investments, including bonds held as part of an investment portfolio are held at fair value at the Balance Sheet date, with gains and losses being recognised within income and expenditure. Investments in subsidiary undertakings are held at cost less impairment.

## 2. Analysis of Donations and Legacies

	2023	2023	2023	2022	2022	2022
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£000	£000	£000	£000	£000	£000
Fundraising and Donations	396	207	603	416	584	1,000
Donated services and facilities	397	-	397	509	-	509
Membership subscriptions	48	-	48	37	-	37
Legacies	878	-	878	1,306	-	1,306
Sponsorship and events	382	-	382	421	-	421
Corporate Donations	390	119	509	454	118	572
COVID-19 Job Retention Scheme	-	-	-	7	-	7
Other COVID-19 Funding	-	-	-	-	551	551
	<b>2,491</b>	<b>326</b>	<b>2,817</b>	<b>3,150</b>	<b>1,253</b>	<b>4,403</b>

Donated services and facilities relate to Google Ad Words that have been provided free of charge.

### 3. Analysis of income from charitable activities

	2023	2023	2023	2022	2022	2022
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£000	£000	£000	£000	£000	£000
Supported Housing & Floating Support Services	6,234	2	<b>6,236</b>	6,019	16	6,035
Prisons/Criminal Justice Services	3,561	-	<b>3,561</b>	2,330	-	2,330
Community Services	5,733	117	<b>5,850</b>	4,965	108	5,073
Carers' & Family Support Services	374	1	<b>375</b>	364	-	364
Advocacy Services	3,445	-	<b>3,445</b>	2,931	-	2,931
Helpline & Advice Services	887	1,300	<b>2,187</b>	884	1,174	2,058
Nursing & CQC Registered Services	9,934	(6)	<b>9,928</b>	9,889	-	9,889
Transformation & Community Consulting	1,769	1,068	<b>2,837</b>	126	1,181	1,307
Co-Production	297	-	<b>297</b>	112	-	112
Management & Support	101	-	<b>101</b>	246	-	246
Mental Health UK	734	1,992	<b>2,726</b>	50	1,928	1,978
Time To Change	-	-	-	-	50	50
<b>Total funding received for charitable activities</b>	<b>33,069</b>	<b>4,474</b>	<b>37,543</b>	<b>27,916</b>	<b>4,457</b>	<b>32,373</b>

Time to Change is a programme of activities that works to reduce stigma of mental illness in the wider population.

Mental Health UK – represents income received to create and sustain programmes funded through the partnership with Mental Health UK, largely the Mental Health and Money Advice Service, Bloom Young Peoples Service, Helping Communities Prosper and Navigators.



## Notes to the Financial Statements

### 4. Analysis of incoming resources from Other Trading Activities and Investments

	<b>2023</b>	<b>2023</b>	<b>2023</b>	2022
	<b>Unrestricted</b>	<b>Restricted</b>	<b>Total</b>	Total
	£000	£000	£000	£000
<b>Other trading Activities</b>				
Training and consultancy	<b>199</b>	-	<b>199</b>	352
Trustee services	<b>166</b>	-	<b>166</b>	158
	<b>365</b>	-	<b>365</b>	510
<b>Investments</b>				
Interest received	<b>31</b>	-	<b>31</b>	3
Dividends received	<b>188</b>	-	<b>188</b>	191
	<b>219</b>	-	<b>219</b>	194

The following funders have specifically asked for income from their organisation to be listed:

	<b>Incoming Resources recognised in SOFA £000</b>
Mental Health UK in conjunction with Lloyds Banking Group	2,726
Sport England	114
The Stone Family Foundation	115
The City Bridge Trust	49
The National Lottery Community Fund	Nil
Rayne Foundation	Nil

## 5. Analysis of expenditure

	<b>Direct costs</b>	<b>Support costs</b>	<b>Total</b>	Total
	<b>£000</b>	<b>£000</b>	<b>2023</b>	2022
			<b>£000</b>	£000
<b>Raising funds</b>				
Fundraising	1,375	179	1,554	1,418
Managing Investments	57	11	68	80
Trusts & Grants	383	70	453	489
<b>Total cost of raising funds</b>	<b>1,815</b>	<b>260</b>	<b>2,075</b>	<b>1,987</b>
<b>Charitable activity</b>				
Supported housing and floating support services	5,497	1,007	6,504	6,085
Prisons/criminal justice services	2,459	451	2,910	2,112
Community services	4,757	957	5,714	4,651
Carers' and family support services	535	98	633	619
Advocacy services	2,895	530	3,425	2,915
Helpline & Advice Services	1,973	361	2,334	2,102
Nursing and CQC registered services	8,369	1,534	9,903	9,517
Mental Health UK (& TTC)	2,415	442	2,857	2,106
Communications and Campaigns	1,634	299	1,933	1,594
Transformation & Community Consulting (inc Open Mental Health)	2,291	420	2,711	1,221
Co-Production	306	57	363	204
<b>Total cost of charitable activity</b>	<b>33,131</b>	<b>6,156</b>	<b>39,287</b>	<b>33,126</b>
<b>Other Expenditure</b>				
Expenditure on Other trading Activities	80	-	80	553
Pension Interest Charge	54	-	54	(339)
<b>Total Other Expenditure</b>	<b>134</b>	<b>-</b>	<b>134</b>	<b>214</b>
	<b>35,080</b>	<b>6,416</b>	<b>41,496</b>	<b>35,327</b>

The split of direct and support costs for 2022 were Direct £35,080,000 and Support £6,416,000.

## 6. Direct and support costs include:

	<b>2023</b>	2022
	£000	£000
Auditors' remuneration:		
Fees payable to the Charity's Auditors for the audit of the annual accounts	48	48
Fees payable to the Charity's Auditor for the audit of the Charity's subsidiary undertakings, pursuant to legislation		3
Depreciation	239	311
Loss on disposal of fixed assets	18	114
Rents paid on leasehold premises	1,151	1,471
Operating lease rentals	157	170

### Allocation of support costs:

Type of cost	Allocated to	Allocated to	2023	2022
	Fundraising	charitable	Total	Total
	£000	£000	£000	£000
Governance	50	1,248	1,298	682
Finance costs	72	1,674	1,746	1,337
Human resources	59	1,392	1,451	1,070
Information and technology	79	1,842	1,921	2,649
	<u>260</u>	<u>6,156</u>	<u>6,416</u>	<u>5,738</u>

Support costs have been allocated to expenditure headings based on the proportion of direct costs included in each heading.



## Staff costs

	<b>2023</b>	2022
	£000	£000
Wages and salaries	<b>23,852</b>	20,566
External agency costs	<b>1,918</b>	958
Social security costs	<b>2,255</b>	1,876
Pension costs: Defined benefit	<b>(108)</b>	(416)
Pension costs: Defined contribution	<b>749</b>	650
	<b>28,666</b>	23,634

Pension contributions made by Rethink Mental Illness in respect of higher paid employees amounted to:	<b>34</b>	29
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The number of employees whose emoluments as defined for taxation purposes amounted to over £60,000 in the year and to whom retirement benefits are accruing under money purchase and defined benefit pension schemes are:

	<b>2023</b>	2022
	<b>Number</b>	Number
£60,001 - £70,000	12	8
£70,001 - £80,000	2	2
£80,001 - £90,000	1	1
£90,001 - £100,000		1
£100,001 - £110,000	2	-
£110,001 - £120,000	1	2
£170,001 - £180,000	1	1
	<b>19</b>	<b>15</b>

Key management remuneration relating the Executive Officers during the year totalled £787,650 (2022: £752,850) for 6 employees (2022: 6)

The average number of employees, based on head count, analysed by function was:

	Average Number of Employees	
	<b>2023 Number</b>	2022 Number
Charitable activities Contract Staff	892	756
Charitable activities Bank Staff	139	160
Cost of generating funds	11	23
Governance and administration support	10	9
	<b>1,052</b>	<b>948</b>

The amount of redundancy and settlements paid to employees during the year was £88,475 (2022: £222,909). There were no outstanding redundancy settlements at year end.

## 7. Trustees' emoluments

Trustees are not remunerated.

Expenses for travelling and subsistence on Charity business in the amount of £3,372 (2022: £893) were reimbursed to 7 Trustees (2022: 3).

## 8. Intangible and Tangible fixed assets

	<b>Intangible Assets £000</b>	<b>Land, buildings &amp; property improvements £000</b>	<b>Furniture &amp; Equipment £000</b>	<b>Total £000</b>
<b>Cost</b>				
At 1 April 2022	436	4,243	524	5,203
Additions	590	(34)	90	646
Disposals	(12)	-	(10)	(22)
Transfer between categories		(160)	160	-
<b>At 31 March 2023</b>	<b>1,014</b>	<b>4,049</b>	<b>764</b>	<b>5,827</b>
<b>Depreciation</b>				
At 1 April 2022	419	1,056	422	1,897
Charge for year	10	125	104	239
On disposals	(2)	-	-	(2)
<b>At 31 March 2023</b>	<b>427</b>	<b>1,181</b>	<b>526</b>	<b>2,134</b>
<b>Net book value</b>				
<b>At 31 March 2023</b>	<b>587</b>	<b>2,868</b>	<b>238</b>	<b>3,693</b>
At 31 March 2022	17	3,187	102	3,306

Of the land and buildings at cost, freehold was £2,326,000 and leasehold £425,000 (2022: freehold £2,326,000 and leasehold £425,000). All fixed assets are utilised by the Charity/ Group for charitable purposes.



## 9. Investments

	Group		Charity	
	2023	2022	2023	2022
	£000	£000	£000	£000
Market Value at beginning of year	<b>9,141</b>	8,745	<b>9,126</b>	8,734
Additions	<b>2,236</b>	4,196	<b>2,236</b>	4,196
Disposal Proceeds	<b>(1,790)</b>	(4,603)	<b>(1,790)</b>	(4,603)
Net movement in cash	<b>(487)</b>	566	<b>(487)</b>	566
Net realised investments Gain/ (Loss)	<b>(202)</b>	389	<b>(202)</b>	389
Net unrealised investments Gain / (Loss)	<b>(305)</b>	(152)	<b>(298)</b>	(156)
Market Value at end of year	<b>8,593</b>	9,141	<b>8,585</b>	9,126
Historical cost at end of year	<b>7,988</b>	7,593	<b>7,888</b>	7,493
Investments are represented by:				
100% holding in Rethink Trust Corporation Limited	-	-	<b>100</b>	100
UK Fixed Interest	<b>1,006</b>	857	<b>898</b>	742
Overseas Fixed Interest	<b>567</b>	303	<b>567</b>	303
UK Equities	<b>1,750</b>	2,247	<b>1,750</b>	2,247
Overseas Equities	<b>3,568</b>	3,955	<b>3,568</b>	3,955
Alternative Assets – Property	<b>986</b>	1,073	<b>986</b>	1,073
Cash Balances	<b>716</b>	706	<b>716</b>	706
	<b>8,593</b>	9,141	<b>8,585</b>	9,126

## 10. Debtors

	Group		Charity	
	2023	2022	2023	2022
		£000		£000
Trade Debtors	<b>4,390</b>	4,002	<b>1,330</b>	985
Amount due from subsidiary undertakings	-	-	<b>606</b>	-
Prepayments & Accrued Income	<b>1,630</b>	2,746	<b>1,357</b>	2,168
Other Debtors	<b>112</b>	104	<b>112</b>	104
	<b>6,132</b>	6,852	<b>3,405</b>	3,257

## 11. Creditors: amounts due within one year

	Group		Charity	
	2023	2022	2023	2022
		£000		£000
Trade creditors	<b>847</b>	1,082	<b>353</b>	856
Accruals	<b>1,107</b>	1,549	<b>735</b>	1,225
Pension deficit payments	<b>489</b>	478	<b>489</b>	478
Deferred income (note 14)	<b>1,799</b>	1,847	<b>620</b>	1,042
Tax and social security	<b>1,462</b>	984	<b>517</b>	553
Other creditors	<b>4,521</b>	4,827	<b>2,610</b>	1,293
Amount due to subsidiary undertaking	-	-	-	1,550
Amounts due to related undertaking	<b>475</b>	600	<b>475</b>	600
	<b>10,700</b>	11,367	<b>5,799</b>	7,597

Included in other creditors is the MHUK Loan is formalised by a Connected Charity Repayment Agreement stipulating full repayment of the principal by 15<sup>th</sup> January 2024. Repayments are made on a monthly basis and there is no interest payable on the loan.

## 12. Creditors: amounts due after one year

	Group		Charity	
	2023	2022	2023	2022
	£000	£000	£000	£000
TPT Retirement Solutions – Growth Plan	<b>39</b>	90	<b>39</b>	90
TPT Retirement Solutions – Care Plan	<b>1,422</b>	1,908	<b>1,422</b>	1,908
MHUK Loan	-	476	-	476
CAF Grant (April 22 – Dec 23)	-	1,493	-	1,493
	<b>1,461</b>	3,967	<b>1,461</b>	3,967

## Funds held as agent:

During the year the charity acted as agent for the Somerset Alliance, a Sustainability and Transformation Partnership. As agent, the charity processed income of £3,574,934 and expenditure of £5,276,524 including a £377,094 management fee retained by Rethink Trading Limited as Lead Accountable Body. At the year end a balance of £1,432,975 remained held as agent and is included above in Other Creditors. The Charity had one area of direct delivery during 2022/23 for Peer Mentoring for which income of £25,820 and expenditure of £79,282 are included within these accounts.

## Deferred Income

	Group		Charity	
	2023	2022	2023	2022
	£000	£000	£000	£000
Balance at beginning of year	<b>1,847</b>	2,708	<b>1,042</b>	1,018
Amount released to incoming resources	<b>(582)</b>	(2,325)	<b>(453)</b>	(1,018)
Amount transferred to Other Creditors	<b>(824)</b>	-	<b>(296)</b>	-
Amount deferred in the year	<b>1,358</b>	1,464	<b>327</b>	1,042
Balance at end of year	<b>1,799</b>	1,847	<b>620</b>	1,042

Deferred income comprises service income received in advance and grants which the donor has specified must be used in future accounting periods.

The 3 year CAF Grant had a deferred balance of £1,291,826 at the financial year end which is represented by £1,291,826 of creditors due within one year.

Transferred into other creditors as they have now become payable are £356,945 for Derbyshire and £466,632 for CSF Wiltshire.

### 13. Provisions for Liabilities

	<b>Balance at 1 April 2022 £000</b>	<b>Charged to the SOFA £000</b>	<b>Released £000</b>	<b>Balance at 31 March 2023 £000</b>
Dilapidation costs on leased properties	441	2	(167)	<b>276</b>
<b>Total for the Charity</b>	<b>441</b>	<b>2</b>	<b>(167)</b>	<b>276</b>

The £92,000 charged to the SOFA is for dilapidation costs at 89 Albert Embankment and £75,000 is for dilapidation costs at Castlemill. The existing provision was not used due to it being understated.





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## 14. Statement of funds

### Group and Charity

	Balance at 1 April 2022 £000	Incoming resources £000	Expenditure £000	Gain/Loss on investments £000	Transfers £000	Balance at 31 March 2023 £000
<b>General funds</b>	8,706	36,044	(35,514)	(507)	(1,491)	<b>7,238</b>
<b>Designated funds</b>						
Estates	372	-	(88)	-	(284)	-
ICT Infrastructure	1,652	-	(317)	-	-	<b>1,335</b>
Organisational Development	356	100	(167)	-	38	<b>327</b>
Mental Health UK Investment Fund	127	-	(19)	-	-	<b>108</b>
CTC – Resourcing	525	-	(183)	-	255	<b>597</b>
CTC – Delivery	474	-	(86)	-	-	<b>388</b>
Estates Repairs Fund	1,200	-	(153)	-	469	<b>1,516</b>
Policy & Practice	-	-	-	-	90	<b>90</b>
IT Support	-	-	-	-	67	<b>67</b>
Corporate Strategy	-	-	-	-	400	<b>400</b>
Pay & Rewards Fund	-	-	-	-	500	<b>500</b>
<b>Total Designated Funds</b>	<b>4,706</b>	<b>100</b>	<b>(1,013)</b>	<b>-</b>	<b>1,535</b>	<b>5,328</b>
<b>Total General funds and Designated funds</b>	<b>13,412</b>	<b>36,144</b>	<b>(36,527)</b>	<b>(507)</b>	<b>44</b>	<b>12,566</b>
<b>Restricted funds</b>						
CAF Grant	-	1,068	(1,068)	-	-	-
Welfare Funds	117	11	(15)	-	-	<b>113</b>
Capital Restricted Fund	250	-	(6)	-	-	<b>244</b>
Groups Fund	214	66	(86)	-	-	<b>194</b>
Mental Health UK	68	1,992	(1,961)	-	-	<b>99</b>
MaPs – Breathing Space	-	1,300	(1,300)	-	-	-
Other Restricted Fund Balances	297	363	(533)	-	(44)	<b>83</b>
<b>Total Restricted Funds</b>	<b>946</b>	<b>4,800</b>	<b>(4,969)</b>	<b>-</b>	<b>(44)</b>	<b>733</b>
<b>Total Funds</b>	<b>14,358</b>	<b>40,944</b>	<b>(41,496)</b>	<b>(507)</b>	<b>-</b>	<b>13,299</b>

**Represented by:**

	<b>General Funds £000</b>	<b>Designated Funds £000</b>	<b>Restricted Funds £000</b>	<b>Total Funds £000</b>
Intangible Assets	-	587	-	587
Fixed Assets – Tangible Assets	2,862	-	244	3,106
Fixed Assets – Investments	8,593	-	-	8,593
Current Assets	8,220	4,741	489	13,450
Current Liabilities	(10,700)	-	-	(10,700)
Non-Current Liabilities	(1,461)	-	-	(1,461)
Provision for Liabilities	(276)	-	-	(276)
	7,238	5,328	733	13,299



## Designated funds

Bought forward Designated Funds relate to the following:

- **Estates Fund** – The Estates fund provides income for major repairs, refurbishments, alterations and supporting the transformation to agile working. This fund has now been merged with the Estates Repairs Fund.
- **IT Infrastructure** – funds designated for the upgrade, development or replacement of IT infrastructure and systems including HR, CRM, Housing Management & Finance.
- **Organisation Development** - The objectives of the fund include management training, marketing spend, fundraising support and general innovation.
- **Mental Health UK Investment** - represents monies set aside for the future development of the fundraising department.
- **Communities that Care - Resourcing Fund** – Investment to ensure that the charity has the core foundations and infrastructure of an organisation that can effectively support the delivery of CtC as the strategy develops.
- **Communities the Care – Delivery Fund** – This fund will help underpin the agenda to improve knowledge management strategy, capturing data that helps to build and extend our portfolio of services and innovations.

- **Estates Repairs Fund** - Investment will address historic under investment in the condition of the accommodation estate portfolio and refurbishment of pilot properties under the Communities that Care (CtC) strategy.

Four new designated funds were approved by the Board during this financial year:

- **Policy & Practice Fund** – Providing additional capacity to fulfil corporate strategy aims for racial equity and research.
- **IT Support** – Providing additional capacity for the Head of CRM role to support the transition to the Hive system during 2023/24.
- **Corporate Strategy** – Funds to ensure the successful implementation of the 5 year corporate strategy.
- **Pay & Rewards Fund** – Funds to support the transition to the new pay structure implemented during 2023/24.

## Restricted funds

- The CAF grant will enable the charity to build place-based alliances and influence the community mental health transformation in 4 new ICSs areas: North East Lincs, East London, Coventry and Warwickshire and Sheffield. It also gives us the resource to influence the wider roll out of the community mental health framework.
- Welfare Funds represent income that has been specifically given to Services to be controlled by service users as part of their recovery. Service users are able to decide how to utilise this income



- subject to the financial regulations of the Charity.
- The Capital Restricted Fund represents the balance of funds held relating to purchase of property or property improvements. Depreciation charges relating to property assets are charged against this fund.
  - The Groups Fund represents the balances of funds held by 126 peer support groups that operate under the Rethink Mental Illness charity number.
  - The Fund entitled "Mental Health UK – Lloyds Banking Group" represents funds received to create and sustain programmes funded through the partnership with Mental Health UK, largely the Mental Health and Money Advice Service.
  - The MaPs – Breathing Space Fund represents funding received from the Money and Pensions Service to deliver the Breathing Space programme.
  - Other Restricted Funds represent unexpended income that has been received for a specific purpose. The total balance of £83,000 is made up of 11 separate balances held against individual services.
- £1,057,000 transfer from unrestricted funds into 4 new designated funds as noted above.
  - £10,849 transfer from Unrestricted Funds to Restricted Step up To University Fund to cover additional project spend.
  - £55,465 in total transfer from Refugee Resettlement Kent restricted fund to Unrestricted funds relating to correction of costs incurred in prior year years not allocated to restricted fund correctly.

### Transfers between funds

- £284,000 transferred from Estates Fund to Estates Fund to merge the two designated funds.
- £293,000 transferred from unrestricted funds into CtC Resourcing Fund to provide additional funds for employee recognition and organisation development.
- £185,000 transferred from unrestricted funds into Estates Repairs Fund for continued investment in the 10 year maintenance programme.

## 15. Statement of funds 2022

For comparative purposes the below tables are provided.

### Group and Charity

	Balance at 1 April 2021	Incoming resources	Expenditure	Gain/ Loss on investments	Transfers	Balance at 31 March 2022
	£000	£000	£000	£000	£000	£000
<b>General funds</b>	7,508	31,769	(29,122)	237	(1,686)	<b>8,706</b>
<b>Designated funds</b>						
Estates	592	-	(20)	-	(200)	<b>372</b>
ICT Infrastructure	1964	-	(312)	-	-	<b>1,652</b>
Organisational Development	560	-	(204)	-	-	<b>356</b>
Mental Health UK Investment Fund	238	-	(111)	-	-	<b>127</b>
CTC – Resourcing	-	-	-	-	525	<b>525</b>
CTC – Delivery	-	-	-	-	474	<b>474</b>
Estates Repairs Fund	-	-	-	-	1,200	<b>1,200</b>
<b>Total Designated Funds</b>	<b>3,354</b>	<b>-</b>	<b>(647)</b>	<b>-</b>	<b>1,999</b>	<b>4,706</b>
<b>Total General funds and Designated funds</b>	<b>10,862</b>	<b>31,769</b>	<b>(29,769)</b>	<b>237</b>	<b>313</b>	<b>13,579</b>
<b>Restricted funds</b>						
CAF Grant	-	608	(608)	-	-	-
Welfare Funds	72	19	(8)	-	34	<b>117</b>
Capital Restricted Fund	252	-	(2)	-	-	<b>250</b>
Groups Fund	196	100	(82)	-	-	<b>214</b>
COVID Income w/ Restriction	219	551	(551)	-	(219)	-
Mental Health UK – Lloyds Banking Group	-	1,928	(1,860)	-	-	<b>68</b>
Time to Change – in con- junction with MIND	-	51	(51)	-	-	-
Other Restricted Fund Balances	368	2,453	(2,396)	-	(128)	<b>297</b>
<b>Total Restricted Funds</b>	<b>1,107</b>	<b>5,710</b>	<b>(5,558)</b>	<b>-</b>	<b>(313)</b>	<b>946</b>
<b>Total Funds</b>	<b>11,969</b>	<b>37,479</b>	<b>(35,327)</b>	<b>237</b>	<b>-</b>	<b>14,358</b>

## Represented by:

	<b>General Funds £000</b>	<b>Designated Funds £000</b>	<b>Restricted Funds £000</b>	<b>Total Funds £000</b>
Intangible Assets	17			17
Fixed Assets – Tangible Assets	3,039		250	3,289
Fixed Assets – Investments	9,141			9,141
Current Assets	12,284	4,706	696	17,686
Current Liabilities	(11,367)			(11,367)
Pension Liabilities	(3,967)			(3,967)
Provision for Liabilities	(441)			(441)
	<u>8,706</u>	<u>4,706</u>	<u>946</u>	<u>14,358</u>

## 16. Financial commitments

At 31 March 2023, the Group and Charity have commitments under non-cancellable leases as follows:

	<b>2023</b>			<b>2022</b>		
	<b>Premises £000</b>	<b>Other £000</b>	<b>Total £000</b>	Premises £000	Other £000	Total £000
Expiry date:						
Less than one year	890	156	<b>1,046</b>	954	156	1,110
Two to five years	2,421	130	<b>2,551</b>	2,644	289	2,933
Over five years	1,915	-	<b>1,915</b>	2,016	-	2,016
<b>Total for the Charity</b>	<u>5,226</u>	<u>286</u>	<u><b>5,512</b></u>	<u>5,614</u>	<u>445</u>	<u>6,059</u>

## 17. Capital commitments

As at the financial year end, the charity had capital commitments of £304,000 in relation to the new CRM system.

## 18. Pension Schemes

The Charity is a member of two defined benefit pension schemes providing benefits based on career average pensionable pay. Because the Charity is one of several contributors to these schemes and is unable to identify its share of the scheme assets and liabilities on a consistent and reasonable basis, Rethink Mental Illness has entered into a deficit recovery payment plan with TPT Retirement Solutions and as such has recognised this liability in the balance sheet.

A full actuarial valuation for the Care scheme was carried out at 30 September 2019. This valuation showed assets of £79m, liabilities of £93.9m and a deficit of £14.9m. Rethink Mental Illness will be required to make deficit recovery payments of £437,000 in 2023/24 (£425,000 – 2022/23) and the annual value of the deficit recovery payment will increase by 3% each year up to 30 September 2027. The Present Value of the future additional deficit recovery payments is £1,856,000 based upon a discount rate of 5.18%.

The Charity has been notified by the TPT Retirement Solutions that the estimated employer debt on withdrawal from the Care Plan scheme, as at 30 September 2021, was £10.83 million. The debt on withdrawal would crystallise upon the last active member leaving the Plan. The possibility of this debt crystallising is considered remote and, therefore, no adjustment has been made to the accounts.

A full actuarial valuation for the Growth scheme was carried out at 30 September 2020. This valuation showed assets of £800.3m, liabilities of £831.9m and a deficit of £31.6m. Rethink Mental Illness will be required to make deficit recovery payments of £52,000 in 2023/24 (£52,000 – 2022/23) and the annual value of the deficit recovery payment will increase by 3% each year up to 31 January 2025. The Present Value of the future additional deficit recovery payments is £90,373 based upon a discount rate of 5.52%.

The Charity has been notified by the TPT Retirement Solutions that the estimated employer debt on withdrawal from the Growth Plan scheme, as at 30 September 2021, was £1,287,767. The debt on withdrawal would crystallise upon the last active member leaving the Plan. The possibility of this debt crystallising is considered remote and, therefore, no adjustment has been made to the accounts.

There have been no new admissions to TPT Retirement Solutions CARE scheme after September 2013.

The Charity also makes contributions to a number of money purchase pension schemes on behalf of certain employees. These include contributions to schemes where Rethink Mental Illness has been granted "admitted body status, and there were contributions to other money purchase schemes.

In line with Government Auto Enrolment requirements, a new defined contribution scheme provided by the People's Pension was made available for all staff to participate in from September 2013 onwards.



Rethink Mental Illness contributions to all defined benefit pension schemes are expected to be £489,000 for the year ending 31 March 2024.

	£000	£000
People's Pensions Schemes	<b>749</b>	642
TPT Care including re-measurement charges	<b>(106)</b>	(101)
TPT Growth including re-measurement charges	<b>(2)</b>	(315)
Allied Dunbar	-	3
Standard Life	-	5
	<hr/> <b>641</b> <hr/>	<hr/> 234 <hr/>

### 19. Subsidiary undertakings

All subsidiary companies dormant or active hold the same registered office address

#### Registered Office

The Dumont  
28 Albert Embankment  
London  
SE1 7GR

**NSF Trustees Limited, Company Registration Number 02515917, incorporated in England and Wales**

NSF Trustees Limited is a company limited by guarantee. The Charity has control of this company by virtue of voting rights in respect of the appointment and removal of directors. The principal activity of the company is to act as a Corporate Trustee of any Trust whose objectives include provision for a person or persons suffering from severe mental illness. All activities of this company have been consolidated in the SOFA on a line by line basis.

	<b>2023</b>	2022
	£000	£000
Turnover	<b>70</b>	75
Cost of sales	-	-
Gross profit	<b>70</b>	75
Administrative expenses	<b>(41)</b>	(27)
Gift Aid payable to Charity	<b>(29)</b>	(48)
Net result	<b>-</b>	-

The aggregate of the assets, liabilities and funds:

	<b>2023</b>	2022
	£000	£000
Assets	<b>55</b>	85
Liabilities	<b>(31)</b>	(61)
Funds	<b>25</b>	24

Amounts owed to Rethink Mental Illness included as a creditor in these accounts were £28,881 (2021: £55,032).

Rethink Trust Corporation Limited, Company Registration Number 07327597, incorporated in England and Wales

Rethink Trust Corporation Limited is a private company limited by shares. The sole member of the company is the Charity. The share capital of the company is £250,000 of which £100,000 has been called up and paid representing £100,000 share capital investment by Rethink Mental Illness. The principal activity of the company is to undertake trust business including acting as trustee under wills and settlements and acting as executor and administrator. All activities of this company have been consolidated in the SOFA on a line by line basis.

	<b>2023</b>	2022
	£000	£000
Turnover	<b>96</b>	86
Cost of sales	-	-
Gross profit	<u><b>96</b></u>	<u>86</u>
Administrative expenses	<b>(38)</b>	(18)
Investment Gains/(Losses)	<b>(7)</b>	5
Gift Aid payable to Charity	<b>(57)</b>	(60)
Net result	<u><b>(6)</b></u>	<u>13</u>

The aggregate of the assets, liabilities and funds:

	<b>2022</b>	2021
	£000	£000
Assets	<b>159</b>	190
Liabilities	<b>(54)</b>	(77)
Funds	<u><b>105</b></u>	<u>113</u>

Amounts owed to Rethink Mental Illness included as a creditor in these accounts were £46,945 (2022: £69,781).

Rethink Mental Illness Limited, Company Registration Number 04570581, incorporated in England and Wales.

Rethink Mental Illness Limited is a private company limited by shares. The sole member of the company is the Charity. The principal activity of the company is the provision of community based mental health related services across England. All activities of this company have been consolidated in the SOFA on a line by line basis.

	<b>2023</b>	2022
	£000	£000
Turnover	<b>24,685</b>	22,195
Cost of sales	<b>(19,775)</b>	(17,045)
Gross profit	<b>4,910</b>	5,150
Administrative expenses	<b>(3,623)</b>	(3,430)
Gift Aid payable to Charity	<b>(1,287)</b>	(1,720)
Net result	<b>-</b>	-

The aggregate of the assets, liabilities and funds:

	<b>2023</b>	2022
	£000	£000
Assets	<b>5,241</b>	7,029
Liabilities	<b>(5,241)</b>	(7,029)
Funds	<b>-</b>	-

Amounts owed to Rethink Mental Illness included as a creditor in these accounts were £529,000 (2022: £1,720,000). Management charge amounting to £3,623,000 was charged from the Charity to Rethink Trading Limited in the year. (2022: £3,430,000)

### Dormant Subsidiary Undertakings

The following two wholly owned subsidiaries are all companies incorporated in England and Wales. They have not been consolidated within these financial statements as they are all dormant and have no assets or liabilities:

- Rethink Severe Mental Illness Limited, Company Registration Number 04396376
- Rethink Mental Health Limited, Company Registration Number 4571057



## 20. Fund for which the Charity acts as Trustee

### The Befriending Visitors Service (not consolidated)

	2023	2022
	£000	£000
Income	-	-
Cost of sales	-	-
Gross profit	-	-
Payment to Rethink Mental Illness	-	-
Net loss	-	-

The aggregate of the assets, liabilities and funds:

Assets	38	38
Liabilities	-	-
Funds	38	38

## 21. Fund for which the Charity acts as Agent

### Open Mental Health - The Somerset Alliance

	2023	2022
	£000	£000
Income	3,575	5,771
Cost of sales	(5,277)	(4,010)
Gross profit	(1,702)	1,761
Payment to Rethink Mental Illness	-	-
Net (deficit)/surplus	(1,702)	1,761

The aggregate of the assets, liabilities and funds:

Assets	2,058	3,134
Liabilities	(625)	-
Funds	1,433	3,134

## 22. Related parties

Transactions with subsidiary companies and connected companies are disclosed in Note 19. Trustees' emoluments are disclosed in Note 7. There are no other related party transactions to disclose.

## 23. Connected Entities

**Mental Health UK a Charitable Incorporated Organisation (CIO) charity number 1170815**

### Registered Address

The Dumont  
28 Albert Embankment  
London  
SE1 7GR

Rethink Mental Illness is connected with Mental Health UK a Charitable Incorporated Organisation (CIO). Rethink Mental Illness, Hafal in Wales, MindWise in Northern Ireland, and Support In Mind Scotland are all members of Mental Health UK. Mental Health UK is not considered part of the Rethink Mental Illness Group and has not been consolidated in the financial statements.

## 24. Reconciliation of net incoming resources to net cash inflow from operating activities

	2023	2022
	£000	£000
Net incoming resources before transfers	(1,059)	2,389
(Gains) / losses on investments	507	(237)
Investment Income	(219)	(193)
Depreciation	239	311
(Profit) / Loss on disposal of fixed assets	18	118
Decrease/(increase) in stock	(10)	(4)
Decrease/(increase) in debtors	963	(698)
(Decrease) / Increase in creditors	(2,879)	256
Increase in provisions for liabilities	(165)	90
(Decrease)/increase in pension	(537)	(387)
Net cash outflow from operating activities	(3,142)	1,645

## 25. Analysis of changes in net funds

	At 1 April 2022	Cash flows	At 31 March 2023
	£000	£000	£000
Balance Sheet Cash at bank and in hand	10,820	(3,525)	<b>7,295</b>
<b>Cash for Cash Flow Statement</b>	10,820	(3,525)	<b>7,295</b>

## 26. Financial Instruments

At the balance sheet date, the group held financial assets at fair value of £8,593,000 (2022 £9,141,000).

# Thank you for your Support

Sport England

The Stone Family Foundation

Rayne Foundation

The National Lottery Community Fund

The City of London Corporation charity, City Bridge Trust

Department of Health and Social Care (Suicide Prevention Fund)

Capital One

Liberty Specialist Markets

Berkeley St Edward

Pension Insurance Corporation

Janssen UK



**Leading the way to a better  
quality of life for everyone  
severely affected by mental illness.**

**For further information**

**Telephone 0121 522 7007**

**Email [info@rethink.org](mailto:info@rethink.org)**

**[rethink.org](http://rethink.org)**