



July 2022

Call for Evidence: Mental health and wellbeing plan - **NSS response**

Submitted online: <https://consultations.dhsc.gov.uk/623ac367ea9bcd4c024d6df9>

About you

In what capacity are you responding to this survey?

On behalf of an organisation (in an official capacity representing the views of that organisation)

What is the name of your organisation?

National Secular Society

Voluntary and community sector, Education, Other (human rights campaigning)

What type of organisation are you responding on behalf of?

Not-for-profit organisation

What type of not-for-profit organisation are you responding on behalf of?

Other: NGO

1. Promoting positive wellbeing

How can we help people to improve their own wellbeing?

Your ideas may include actions which can be taken by different types of organisations – such as national and local government, public services such as schools, and the NHS, employers and the private and voluntary sectors. It can also include things that happen between family members and local communities.

Please provide your suggestions in relation to the wellbeing of different groups:

a) Infants and their parents or primary caregivers

We think there is considerable overlap with our answer to the next question, “Do you have any suggestions for how we can improve the population’s wellbeing?” Please refer to our answers to that question.

b) Children and young people

We think there is considerable overlap with our answer to the next question, “Do you have any suggestions for how we can improve the population’s wellbeing?” Please refer to our answers to that question.

c) Working age adults

We think there is considerable overlap with our answer to the next question, “Do you have any suggestions for how we can improve the population’s wellbeing?” Please refer to our answers to that question.

d) Older adults

We think there is considerable overlap with our answer to the next question, “Do you have any suggestions for how we can improve the population’s wellbeing?” Please refer to our answers to that question.

e) People that are more likely to experience poor wellbeing (see Annex A)

We think there is considerable overlap with our answer to the next question, “Do you have any suggestions for how we can improve the population’s wellbeing?” Please refer to our answers to that question.

Do you have any suggestions for how we can improve the population’s wellbeing?

This can include ideas about what local people and communities can do together, as well as things you want to see in health services, wider public services such as education settings, places of employment and the private and voluntary sectors.

Please provide your suggestions in relation to the wellbeing of different groups:

a) Infants and their parents or primary caregivers

It is already acknowledged by the government that female genital mutilation (FGM) is an abusive practice that can have disastrous consequences for the physical and mental wellbeing of women and girls. However, the government has failed to acknowledge the effects non-consensual genital cutting for religious or cultural reasons can have on boys and men.

The foreskin is a normal body part with physical, sexual and immunological functions. Surgically removing it from non-consenting children has been associated with various physical and psychological difficulties. These difficulties are likely to be greatly under-reported because people who have experienced sexual harm are often reluctant to reveal it as societal dismissal or stigmatisation may compound the harm.

Throughout history, male circumcision has been advocated as a pseudo-medical cure for a variety of ailments including TB, epilepsy, warts and excessive masturbation. However, any marginal health claims are extremely contested. No national medical, paediatric, surgical or urological society in the world of which the NSS is aware recommends routine circumcision of all boys as a health intervention. If the benefits of the operation outweighed the risks, NHS doctors would recommend it for every child – regardless of the parents' religion – and they do not. There is now a growing medical consensus that existing ethical principles of non-therapeutic childhood surgery should no longer include an exception for non-therapeutic excision of the foreskin.

Non-therapeutic infant male circumcision is increasingly considered unethical by medics, lawyers and human rights workers worldwide. But even now there are very few restrictions on non-therapeutic circumcision in the UK. Extraordinarily, there is no requirement for the non-consenting child to have a medical problem in order for their foreskin to be removed.

Members of the public have bravely come forward to the NSS with their testimonies that non-consensual infant male circumcision has been detrimental to their own, or their children’s, physical and mental wellbeing. The testimonies here (and throughout our consultation response) were

collected from members of the public in England via forms on our website; postcodes and full names were provided, but have been omitted here for privacy purposes.

“I was mutilated as part of a Jewish and Muslim family. Because of the horrific physical and mental effects, I have been in and out of hospital since I was 13. It has forever shattered my life. My parents’ right to religious freedom should never have been allowed to take precedence over my right to autonomy and the government needs to recognise this.”

“I am victim of this barbaric mutilation and it has DESTROYED my life. It’s too late for me but nobody else should have to suffer this way. Future generations will look back on this the way they currently view FGM.”

“I often feel like exploding with rage when I reflect that a highly sensitive and functional part of my anatomy was amputated from my perfectly formed body when I was at my most vulnerable and defenceless and in need of protection from danger. Is there any justice in this life when our own parents can betray us so nonchalantly before we even know that we are born?”

“I was circumcised as a baby and feel that my body was violated.”

“I resent that someone cut me without my permission. I would like to have had the choice.”

“I’m a 63 year old victim. There was no religious 'requirement' and I was never invited to consent. I never got an explanation from my parents. Who I always resented.”

“My own sex life has been blighted by having this procedure imposed on me without my consent. Help to save others by banning it.”

“Both of my children have been circumcised for religious beliefs but I disagree with it and I think a lot of people feel pressured by their families or community to have their babies circumcised. I know my husband was affected both times and would not have chosen it if the pressure wasn't there. If this was illegal people would have an excuse to give as to why it wasn't done.”

“My son's father was Jewish and being very young (no excuse) I was misguided enough to have my baby circumcised. Not, mercifully at birth because I was not Jewish myself, but at 6 months old so he had a general anaesthetic. The dressing came off and what followed is too painful to describe. I have suffered dreadful guilt ever since, but that's nothing compared to what my poor baby went through. It's a hideous ritual. It must be banned.”

“I have a boy and my Muslim husband insisted on circumcising him due to religious reasons without concern for my boy's consent. I want a law which can protect my boy from this traumatic problem.”

“I absolutely hate that I was forcibly circumcised, I’ve hated it since the moment I realised my body was violated and the more I learn about its effects the more I hate it. I am absolutely out of luck in this but future kids can be protected so they can decide what they want for themselves.”

Recommendation: The government must work to extend the laws protecting girls from non-consensual, non-therapeutic genital cutting to boys.

b) Children and young people

Members of the public have provided us evidence that religious imposition in our education can be detrimental to children’s mental health. The following testimonies throughout our response were

collected from members of the public in England via forms on our website; postcodes and full names were provided, but have been omitted here for privacy purposes.

*****COLLECTIVE WORSHIP*****

Many of the testimonies we received from the public related to the detrimental effects of imposing collective worship on all state-funded schools in England.

The UK is the only western democracy that requires state-funded schools to hold daily acts of collective religious worship. Compelling children to take part in acts of worship is incompatible with Article 9: Freedom of thought, conscience and religion of the Human Rights Act, and Article 14: Freedom of thought, belief and religion of the United Nations Convention on the Rights of the Child.

Accordingly, the UN Committee on the Rights of the Child stated in its concluding observations on the fifth periodic report of the UK: “The Committee recommends that the State party repeal legal provisions for compulsory attendance at collective worship in publicly funded schools and ensure that children can independently exercise the right to withdraw from religious worship at school.”

Laws requiring collective worship in schools provide for the right of parents to withdraw their children from this activity. However, these provisions do not adequately protect children’s or parents’ freedom of religion or belief. Very few parents exercise the right of withdrawal; many are reluctant to separate their child from classmates and fear the stigma of opting out of activities that the whole school community is expected to participate in. Withdrawing children from collective worship can also be difficult in practice – some schools, even those without a religious character, are reluctant to allow parents to do this and can be highly obstructive. Furthermore, many parents are simply not informed of their right of withdrawal, or even of the fact that collective worship takes place at the school at all.

Additionally, pupils do not have the right to withdraw themselves without parental consent until they reach Sixth Form.

In their testimonies below, parents and carers spoke of distress, discomfort, stigmatisation and confusion experienced by children compelled to participate in acts of worship, as did those who had experienced collective worship themselves as children.

The problem is compounded by external evangelists which schools often invite to deliver acts of worship or confessional religious education. These evangelists have an explicit agenda to try and convert children to religion (almost always Christianity) and the children’s education and welfare needs are secondary to this agenda. We received several testimonies that children have been extremely distressed after evangelists suggested they would go to Hell or otherwise be punished for not believing in God. The law requiring collective worship opens the door to these evangelists.

Selected testimonies:

“My granddaughter is greatly distressed at having to 'say prayers' to something she does not believe in...she feels her rights are being abused!”

“My 8-year-old daughter felt uncomfortable when she was expected to pray at her school carol concert. She is an atheist but thought she’d get into trouble if she didn’t conform. I don’t want her to feel like this. She has asked lots of questions about God and Christianity and has decided herself that she does not believe in any of it. So why is her school telling her about it as if it’s true? Confusing for a child don’t you think?”

“A few years ago, my six-year-old daughter came home from her non-faith state school extremely upset because we were going to hell as we don't believe in God or go to church. Today my five-year-old came home from the same non-faith school, having been told God flooded the world and only saved those who believed. Everyone else drowned. He was upset, and doesn't want to drown, so said amen when asked to, and has decided he'd better believe in God.”

“My children are currently stigmatised and discriminated against for having no belief. Collective worship is imposed even though, *[school name omitted for privacy purposes]* is registered as a non-faith school. Primary school children in particular need to experience inclusivity and as things stand, they are excluded from 20% of their assemblies due to compulsory worship.”

“My daughter has recently started school and is being gradually indoctrinated into a Christian belief system that is not representative of her family's outlook. It is fundamentally wrong that the state interferes in the belief system of its citizenry. For my family it feels like a violation of our article 8 and article 9 rights. The only option available is to have my daughter excluded from those events at the risk of her feeling ostracised. At age 4 she is too young to comprehend concepts like God and unbelief and in fact should not be having to experience the unnecessary hassle of facing these issues at such a young age. Please end this nonsense legal provision.”

“I still remember how uncomfortable I felt having to recite the Lord's Prayer every day from the age of 5, and I don't want my children to have this forced upon them either. I don't want my daughter to participate in acts of worship until she is old enough to choose to do so, yet I do not want to have to exclude her from assemblies.”

“I was subjected to compulsory worship at school as a child, as was my sister. I feel those acts of worship robbed my sister of the ability to think positively and logically and so have damaged her.”

“Collective worship infringes on the right to religious freedom. Having experienced collective worship myself, I know how oppressive it can feel for both students, and those close to them.”

RECOMMENDATION: The government must repeal the law requiring daily acts of religious collective worship in all state-funded schools.

STATE-FUNDED FAITH SCHOOLS

We also received testimonies from members of the public about the distress experienced by their children having to attend faith schools against their will. Because one-third of state schools are faith schools, it is inevitable that many parents will have no viable choice but to send their child to a faith school. Almost three in ten families across England live in areas where most or all of the closest primary schools are faith schools, and every year between 45,000 – 60,000 families apply for primary schools in areas with extreme restrictions on non-faith school choice.

The situation is particularly harmful to children who reject the religion of the school. Testimonies speak of these children being “singled out”, “humiliated” and “discriminated against” for having different beliefs to those represented by the school.

We are also very concerned about a minority of state-funded faith schools that have extreme admissions criteria imposing rules that are harmful to the mental development of children. The Office of the Schools Adjudicator appears powerless to intervene on faith schools whose admissions codes prohibit pupils from accessing TV, the internet or any other material that goes against the school's religious ethos (example here: <https://www.secularism.org.uk/news/2015/09/orthodox->

[jewish-state-school-bans-tv-and-the-internet-from-pupils-homes-and-tells-parents-to-dress-modestly](#)).

Selected testimonies:

“As someone who is about to finish their time at a Catholic school, I have seen first-hand over the last 13 years the toxic environments they can be. I hold no ill will towards religion, that’s not what this is about. This is about a more equal and inclusive society where people aren’t indoctrinated. Since finding out about my atheist beliefs, I have been singled out, berated and humiliated by more than one teacher, even though my personal religious beliefs are none of their business. Despite my respect for them, they evidently show a lack of respect for me.”

“My children were always under pressure to believe in God in their C of E primary. It was seen as naughty/ disrespectful to question or disagree with the school ethos.”

“The overwhelming emphasis on religion at my children’s Church of England school is affecting my son’s mental health. He is constantly being reprimanded for questioning Christianity.”

“Our children’s infant and primary schools were both C of E, which caused them a great deal of confusion - their teachers telling one thing, when they knew we didn’t believe. Our son in particular became very upset about it.”

“My daughter was discriminated against repeatedly at age 4 for coming from a nonreligious family. First she wasn’t able to attend our local state school because we had to prove we attended Catholic mass for her to be admitted. Then she was repeatedly discriminated against at the Church of England school she attended. Despite not being voluntary aided, the local vicar and people from his congregation who did not have children or grandchildren at the school had taken up all the school’s governor positions. This resulted in the school holding mass rather than assembly every morning, making the children pray four times a day and overall an inordinate religious influence. Although we had officially requested that she not have to attend RE – as this was taken as an opportunity for indoctrination rather than teaching tolerance and understanding of different beliefs – we were told this would be too difficult for the school to implement so she was forced to attend. Following repeated night terrors after being told by the vicar that nails were put into Jesus’s hands and feet due to YOUR sins, she asked please not to go into assembly again and was punished by the school for making this request.”

“My son is currently being forced by his C of E secondary school (an academy) to take a GCSE in RE which means he will have to drop either history (his preferred choice of humanity) or triple science. This is a ridiculously stressful and unnecessary thing to put a young person through. This is the only secondary school in our town and we had no choice but to send him there.”

“We have taken the very hard decision to remove our children from our local C of E school. The attempted indoctrination and divisive nature of the school became too much.”

RECOMMENDATION: The government must work to ensure no child attends a faith school against their parents’ or guardians’ will. We also recommend the Office of the Schools Adjudicator is given greater powers to intervene where schools’ admissions codes are detrimental to the mental health and development of children.

INCLUSIVE RSE

It is well documented that well-taught, objective, age-appropriate and inclusive relationships and sex education (RSE) is very important to protect both the physical and mental health of children and young adults – especially young LGBT+ people.

The introduction of compulsory RSE is a welcome step forward. However, government guidance allowing faith schools to "teach in accordance with the tenets of their faith" drastically undermines RSE provision, as it allows faith schools to teach that sex outside of heterosexual marriage, contraception, abortion and masturbation are morally wrong, in addition to archaic ideas about gender roles. The NSS has found examples of state-funded Catholic school policies that say same-sex relationships are "unacceptable" and "go against the natural order", and calling gay people "objectively disordered". More information can be found in our 2018 report on RSE at state-funded secondary schools: <https://www.secularism.org.uk/uploads/unsafe-sex-report-april-2018.pdf>

Such messages teach young people to feel shame about perfectly natural feelings and experiences as they mature.

Government guidance also requires schools to take "the religious background of all pupils into account" during RSE lessons, creating an unreasonable expectation that faith-based opposition to teaching about healthy relationships may be accommodated.

Recent research indicates that failing to teach objective RSE is detrimental to the mental health of women and girls in particular:

<https://www.secularism.org.uk/news/2022/02/sexual-disorder-linked-to-faith-based-sex-education>

In addition, parents are still able to opt their children out of sex education classes. This means children from conservative religious backgrounds, who most need impartial, appropriate education in this area, are being left behind. In one extreme example in 2021, every pupil was withdrawn from sex education at an independent Jewish school: <https://www.secularism.org.uk/news/2021/05/all-pupils-withdrawn-from-sex-education-at-independent-jewish-school>

The following testimonials from the public demonstrate how religiously-biased RSE can have a detrimental impact on mental health:

"Attending Catholic school for 12 years severely impacted my mental wellbeing. As a teen questioning my sexuality, the toxic and dated attitudes of the Church were reflected in the school's atmosphere. Left out of PSHE, LGBT+ teachers disallowed from disclosing that they weren't straight or talking about their partners even as heterosexual teachers were allowed to invite students to their weddings, shaping students' beliefs to think of LGBT+ people as Other... Such indoctrination and discrimination should not be funded by the state."

"Catholic high school affected my mental health and well-being, and as a pansexual woman, I felt as though I could never express my true self in that environment. The idea that you have to keep your true identity hidden is toxic, especially for kids who are LGBT+. I remember my school being misogynistic too, and female students were often pressured to become 'good Christian girls'. Kids should not be taught that being a certain identity is harmful or that only the opinion of the Church matters."

"I went to a Catholic school in the West Midlands and at the age when I should have been receiving useful info about my emerging sexual urges, we were told that masturbation would lead us to going

to hell and were shown film footage of a foetus being aborted into a bucket. Parental consent was not sought!”

“I’m an atheist. I went to Catholic schools. Religion is divisive. I was taught that abortion is wrong, that contraception is wrong, that homosexuality is wrong, etc etc. If we’re going to build a truly inclusive society that values everyone equally, we need to stop allowing children to be indoctrinated in this way.”

“I went to a faith school and honestly I hated the religious part of it - if they are going to offer the study of religion at school or religious services then it should not be compulsory for children to attend. Having an anti-abortion lady come to speak with us in year 10 and presenting frankly doubtful facts and not being offered an opposing opinion was unpleasant. Any of the girls listening could have been pregnant and wondering what to do and giving biased information to vulnerable young people like that is not right. There were lots of things like this, learning the Catholic views on homosexuality but not any other opinions, the creation myths, twisting of information and evidence to suit opinions on evolution or miracles and compulsory religious retreats.”

Recommendations: The government must ensure all schools offer balanced, objective, age-appropriate relationships and sex education to all pupils that is inclusive of same-sex relationships. The parental right of withdrawal should be revoked. No school should be permitted to teach stigmatising ideas about LGBT+ people, whatever its religious ethos.

INDEPENDENT AND UNREGISTERED FAITH SCHOOLS

The National Secular Society does not oppose independent faith schools in principle. However, we are very concerned that some independent faith schools prioritise narrow, insular religious beliefs over the welfare of their pupils, which is harmful to their mental health. In recent years, Ofsted has found unacceptable numbers of independent faith schools and school leaders treating girls as ‘second class citizens’ compared to boys, giving pupils access to misogynistic and homophobic material, neglecting safeguarding to the extent that pupils feel unsafe, failing to teach basic secular skills to prepare children for life in 21st century UK and failing to teach British Values. All of these failings can prove harmful to children’s mental health and affect them into adulthood. Examples of such failings can be found here: <https://www.secularism.org.uk/news/tags/Independent+schools>

We are also extremely concerned about the mental and physical well-being of pupils in unregistered independent schools. Not only do these pupils usually suffer an extraordinarily narrow religious curriculum that distorts their perception of the world, but they are often subjected to squalid conditions and even corporal punishment. We therefore welcome the new powers in the Schools Bill to crack down on unregistered schools and introduce compulsory registration for all electively home educated children.

RECOMMENDATIONS: All schools, including independent religious schools, should be required to teach to a standard that adequately prepares children for life in 21st century UK. This includes teaching a well-rounded secular curriculum. The government must also support all provisions in the Schools Bill to tackle unregistered schools and implement a compulsory register for electively home educated children, without watering down these provisions.

*** RELIGIOUS ABUSE***

Children in some religious communities may be more vulnerable to abuse. In some communities with strict hierarchies, sexual predators exploit those hierarchies, and sometimes orthodox

teachings about sex and ‘purity’, to abuse children without consequences. This can spell a lifetime of serious mental health issues for victims and survivors.

In other communities, beliefs about supernatural ‘afflictions’ such as demon possession may motivate physical, mental and emotional abuse of children, sometimes called ‘witchcraft abuse’ or ‘spiritual abuse’. Again, the consequences to children’s mental, as well as physical, health can be extremely serious.

RECOMMENDATIONS: The government must hold all religious institutions that have enabled or covered up abuse to full account. It must implement mandatory reporting laws requiring those who are aware of child sexual abuse occurring within their institution to report to the authorities. It must ensure clerical abuse victims and survivors have ready access to justice and support.

c) Working age adults

WELLBEING IN INSULAR RELIGIOUS COMMUNITIES

It is true that for many people, religion is an important source of wellbeing. However, it is also true that for many others, religion has caused serious harm to both their mental and physical wellbeing. It is extremely important that potential religious harms to mental wellbeing are identified and addressed without fear of accusations of ‘religion-phobia’ or ‘religious illiteracy’.

The issue of mental wellbeing is particularly serious in high-control, insular religions. Common features of such religions include restricting information that members are permitted to access, discouraging interaction and relationships with people outside the religion, and coercive requirements to attend regular worship sessions.

The Charedi Jewish community is one example of a religion in the UK exhibiting these characteristics. In Charedi communities, religious leaders typically forbid members from viewing any material that has not been approved by themselves. Charedi schools often teach a limited curriculum that omits knowledge necessary to prepare children for life in 21st century Britain – please see our answer to the previous question on children and young people.

A narrow education, coupled with limited access to information beyond the community, can have serious consequences for individuals growing up in Charedi communities. A recent report from Jewish counter-extremism group Nahamu highlighted how a lack of secular education means Charedi Jews are at risk of forced marriage and abuse within marriage. Furthermore, Charedi Jews who wish to leave the community as adults frequently lack the knowledge, skills and social networks to survive life ‘outside’ and cannot function without a high level of support from specialist charities. This frequently includes counselling for the traumas endured both within the community itself, and the high level of adjustment needed to leave.

Insular, high-control religions use threats of punishment to control members’ thoughts and behaviours. One common method is ‘shunning’, in which a member who has ‘transgressed’ is forced to leave the community and friends and family are forbidden from contacting them. Due to these communities’ insular natures, many members have few or no family or friends outside the community, meaning this punishment is extremely traumatic and life-changing. In March last year the Belgian chapter of the Jehovah’s Witnesses was fined €96,000 for breaking human rights laws over its use of shunning, which has left former members suicidal. Other religious communities that practise shunning include the Plymouth Brethren Christian Church and Charedi Jewish communities.

In extreme cases religions may use threats of violence to discourage people from transgressing or leaving the religion. The NSS has found examples of Islamic registered charities promoting or signposting teachings that individuals who leave Islam or do not demonstrate sufficient religiosity should be put to death.

And in some cases, religious indoctrination may play a role in grooming individuals to join extremist causes, including violent extremism and terrorism. Frequently, those with compromised mental health, such as those experiencing social isolation, are particularly vulnerable to extremist indoctrination.

Charity law plays a significant role in supporting insular, fundamentalist religious communities. There are hundreds, if not thousands, of registered charities representing Jehovah's Witnesses, Plymouth Brethren, Charedi Judaism and other similar religions in the UK, and they all benefit from state support via tax breaks. These organisations are able to register as charities because they exist for "the advancement of religion", a recognised charitable purpose in law, generally regardless of whether or not the teachings or activities of that religion are in the public interest. There is more information in our 2019 report on religious charities:

<https://www.secularism.org.uk/charities/charity-report.html>

Recommendations: Religious organisations that promote practices or ideas that undermine mental health or otherwise harm the public should be prevented from becoming registered charities. This may include reviewing 'the advancement of religion' as a charitable purpose in law. Those seeking to leave high-control, insular religions should be supported in adjusting to life 'outside' and protected from any retaliations from the religious community. The government should examine the role mental health plays in indoctrination into religious extremism.

EXORCISMS AND FAITH HEALING

We are concerned that some religious organisations providing 'exorcisms' or other forms of faith-healing, however well-intended, may inflict inadvertent yet serious mental and physical harms.

We were recently contacted by an individual with a history of mental illness due to a head injury who had undergone a series of 'deliverance' rituals at a Pentecostal church in north east England. He was told by members of the church that his mental illnesses were due to possession by demons and that they would return if he didn't keep attending the church. He said that following one of the rituals, he self-harmed for the first time in over 20 years.

He said: "My concern is this: should a church be telling people with mental health problems, alcohol and substance addiction, homelessness, physical and sexual abuse that they have demons in them. There is also a duty of care, which they neglect."

According to this person, the church is closely linked to a registered Christian charity, Northern Prophetic School of Supernatural Ministry, which offers paid courses in "using the gifts of the Spirit" including "prophesying, healing the sick, words of knowledge and releasing the presence of God".

The techniques used in these forms of faith-healing may also be used in so-called 'gay conversion therapy'. We go into more details about conversion therapy in our answer to the next question, '(e) People that are more likely to experience poor wellbeing'.

It should be noted that while less extreme, a growing number of religious organisations are providing mental health and wellbeing services, including addiction counselling, youth mentoring, alleviating loneliness, and debt counselling. Please see our response to "How can we support

different sectors within local areas to work together, and with people within their local communities, to improve population wellbeing?" for more information on our concerns in this area.

Recommendations: Religious organisations found to be harming people through exorcisms or other activities, and failing to uphold their duty of care to vulnerable people, should not be able to register as charities.

CHAPLAINCY

A number of public services have chaplaincy programmes, including NHS hospitals, the armed forces and prisons. While chaplaincy can be an important source of mental health support for people within these institutions, we are concerned that there are inequalities in provision that mean people who are not religious or belong to a minority religion are treated unequally.

Work in the armed forces can be intensely stressful and traumatic, so a mental health support system is especially important. Chaplaincy has long been treated as central to pastoral care in the army. But army chaplaincy has an in-built Christian bias: only ministers of a select group of eight 'sending churches', all Christian, may be chaplains (or 'padres') of regular army units.

When it comes to other religions, the Armed Forces have appointed religious leaders from the Buddhist, Hindu, Jewish, Muslim and Sikh faiths to act as "advisers on matters specific to those faith groups", according to its guidance on religion or belief. It says action "is being taken to appoint civilian Chaplains from the faiths other than Christian most represented within the Armed Forces."

But there is no equivalent 'chaplain' specifically for the nonreligious. The guide says: "Should non-religious personnel in the Armed Forces wish to discuss their beliefs or problems with someone other than chaplains, there are a wide range of non-religious organisations which provide support and advice, including social workers, doctors and other professionals." In other words, personnel who require nonreligious pastoral support are told that the army will not help them and they must go elsewhere.

Additionally, the 'sending churches' include denominations notorious for their anti-LGBT views, including the Free Church of Scotland, Elim Pentecostal Church and the Salvation Army. As military chaplains are required to "set forth God's word at all times" according to the Royal Army Chaplains' Department, this means LGBT soldiers may reasonably doubt these chaplains' ability to give impartial and non-judgmental counselling regarding issues of relationships and sexuality.

For our more detailed response regarding chaplaincy in prisons, please see 'People in contact with the criminal justice system' below.

For our more detailed response regarding chaplaincy in the NHS, please see our answers to 4. "Improving the quality and effectiveness of treatment for mental health conditions".

Recommendations: The government must ensure chaplaincy services in public institutions, including hospitals, prisons and the army, are fully compliant with the Equality Act 2010 and do not disadvantage anyone on the basis of their religion or belief, sexual orientation or gender identity.

d) Older adults

See previous answer.

e) People that are more likely to experience poor wellbeing (see Annex A)

SOCIO-ECONOMIC DISADVANTAGE: Those experiencing socio-economic disadvantage are more likely to need to use mental health and wellbeing services such as debt counselling, and are therefore more vulnerable to religious groups that use such services to further an explicit religious agenda. Please see our answer to ‘How can we support different sectors within local areas to work together, and with people within their local communities, to improve population wellbeing?’ for more.

ETHNICITY: Particular ethnic groups in the UK, especially those from the Indian subcontinent, are more likely to be affected by discrimination based on their perceived caste. Research has estimated there are at least 50,000 (and perhaps in excess of 200,000) people living in the UK who are regarded by some as ‘low caste’ and at risk of caste discrimination. The research found evidence of caste-based discrimination, harassment and bullying present in employment, education and in the provision of services.

Despite the obvious harms to mental health caused by caste discrimination, the Equality Act 2010 does not explicitly deal with the issue of caste, meaning victims of caste discrimination currently have to use unclear and precarious case law to secure justice. An express provision in the Equality Act would have removed any legal uncertainty. Both Parliament and the United Nation Human Rights Council have called on the Government to explicitly outlaw caste-based discrimination, but it has delayed doing so for years.

Recommendation: The government must include caste as a protected characteristic in the Equality Act 2010.

It should be noted that genital cutting, the harms of which are outlined in our answer to ‘a) Infants and their parents or primary caregivers’, is a ritual specific to particular ethnic and religious groups.

SEX: It is common for religious groups to promote misogynistic and sexist ideas, including the idea that women should be subordinate to men and should adhere to higher standards of ‘modesty’ than men. The NSS has reported religious charities to charity regulators for promoting or signposting ideas that condone violence against women and female subjugation. We are concerned that there are many more on the charity register promoting misogyny under the charitable purpose of ‘the advancement of religion’; you can read more here:

<https://www.secularism.org.uk/opinion/2021/06/charity-law-shouldnt-enable-misogyny>

Being raised in these ideas can dissuade women from standing up for their rights, seeking to empower themselves through education or employment, or even escaping abusive relationships. This is exacerbated by a lack of well-rounded and objective sex education - see our answer to b) Children and young people.

Restrictions on reproductive rights can also severely impact on a woman’s mental health, as an unintended pregnancy with no option of an abortion is more likely to lead to postpartum depression and other mental health issues. This will also have an impact on the child’s health and wellbeing. We therefore strongly support the advances the government has made in reproductive rights recently, including securing the provision of telemedicine for early medical abortions at home.

Recommendation: The government must ensure no organisations promoting misogyny or sexism can register as charities, including religious organisations. It must continue to advance reproductive rights for women, including through relationship and sex education at schools.

SEXUAL ORIENTATION AND GENDER IDENTITY: Prejudice and discrimination against those who are LGBT+ is very often rooted in conservative religious teachings about same-sex relationships and gender roles. LGBT+ people who are subjected to these views, especially those within insular, fundamentalist religious communities, can suffer serious harm to their mental health. It is these views that ultimately fuel the demand for anti-LGBT 'conversion therapy', the harms of which are well-documented.

Activities that meet the UK Council for Psychotherapy definition of 'conversion therapy' are sometimes conducted by registered charities. The most prominent of these is Core Issues Trust, a Christian charity registered in Northern Ireland. The Northern Ireland Charity Commission has refused to review its charitable status despite concerns raised by the NSS and others.

Charities which promote homophobic ideologies that conversion therapy relies upon are far more common. The NSS has reported a number of charities to charity regulators for promoting homophobia. They have included charities promoting or condoning violence towards gay people; read more: <https://www.secularism.org.uk/opinion/2020/04/charity-and-homophobia-shouldnt-mix>

Furthermore, homophobic ideas may be taught in state-funded faith schools – see our answer to 11 b) 'Children and young people'.

LGBT+ people may face barriers in finding appropriate pastoral care in the NHS, the army or prison – see our answer relating to chaplaincy in 'c) Working age adults'

Recommendations: The government must ensure no organisations promoting or conducting 'conversion therapy', or any other form of anti-LGBT+ ideology, can register as charities, including religious organisations. It must ensure no school promotes stigmatising ideas about LGBT+ in schools, including ideas rooted in conservative religious teachings about sex. It must ensure LGBT+ people have appropriate access to chaplaincy/pastoral care in public institutions including the NHS, the army and prisons.

People in problem debt: As expressed above in c) 'Adults of working age', we are concerned about the potential harms that may be caused by well-meaning religious organisations that mix debt counselling with an evangelical agenda. One example is debt advice charity Christians Against Poverty (CAP), an evangelical organisation established with the dual charitable objects of relieving poverty and advancing the Christian faith.

CAP's debt advice service is based around volunteers visiting 'clients' in their homes. Its debt service is not actually delivered by expert, qualified debt advisers such as those that work for Citizens Advice. Instead, it is delivered by debt 'coaches' who are supported by telephone from staff based in the CAP central office.

CAP has a poor reputation amongst professional debt advisers and organisations such as Citizens Advice. A particular concern is that the volunteers invite their clients to pray. It also invites some clients along to 'discovery breaks' – short holidays where they can learn more about the Christian faith and be manipulated into considering "the reality of a God who loves and cares for them".

AdviceUK, the national body which represents the interests of advice-providing organisations, terminated CAP's membership in 2011 when it judged prayer whist offering debt advice to be "incompatible" with membership. Steve Johnson, chief executive of AdviceUK, described the offer of prayer by CAP as an "emotional fee".

This issue is particularly concerning when the organisations in question are funded by the public. The Department for Work and Pensions 'partners' with CAP, offering them space to promote their services in job centres.

Recommendations: The government must ensure any religious groups given public money to provide public services, including those relating to debt counselling, provide those services without proselytising, discriminating or otherwise imposing their religion on others.

PEOPLE WHO HAVE EXPERIENCED VIOLENCE OR ABUSE: We are concerned that those who have experienced childhood sexual abuse, or other forms of abuse, within religious institutions or communities have faced extraordinary barriers to justice, as well as accessing the mental health support they need.

Religious organisations are more prone to abuse than most others and are often better placed to cover it up. Those intent on abuse are attracted to such organisations giving access to, and often extreme control over, numerous young people and vulnerable adults. These organisations are generally large enough to move a perpetrator whose abuse has been discovered to somewhere unaware of their reputation. The institutions generally also have standing, influence and connections that frequently enable them to evade secular justice, often for decades.

Practically no major religious sect is immune. The highest known incidence of abuse relates to the Roman Catholic Church, while in the UK in particular abuse in the Anglican Church is repeatedly being uncovered. It is likely that there is significant unrecorded abuse in minority religions and sects, which tend to be particularly secretive, controlling and enclosed.

The trauma of this abuse has a materially negative impact on victims'/survivors' mental health and ability to trust others and form relationships, and they frequently resort to drugs and self-harm. These often lead to ruined lives, sometimes for multiple generations of the family.

The self-regulation of safeguarding is rarely effective as it is too prone to institutional pressures to protect abusers from justice, thereby avoiding scandal and a greater chance of financial settlements.

Any reporting to external agencies is generally not for many years, but most jurisdictions have statutes of limitations for civil and even criminal cases. Civil cases in particular frequently fail for this reason. In a few countries it is a criminal offence not to report suspicions of institutional abuse – but not yet in the UK.

Lawyers engaged in helping clerical abuse victims tell us that, despite warm words of regret and apology from the institutions of whatever religion or denomination, even when guilt is as clear as it could be, religious organisations still resort to every tactic to resist paying compensation.

For information on victims of genital cutting, see a) 'Children and young people'.

For information on how religion can contribute to the abuse of women, see 'Sex' above.

Recommendations: The government must hold all religious institutions that have enabled or covered up abuse to full account. It must implement mandatory reporting laws requiring those who are

aware of child sexual abuse occurring within their institution to report to the authorities. It must ensure clerical abuse victims and survivors have ready access to justice and support.

PEOPLE IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM: Chaplaincy is at least as important for supporting mental wellbeing in prisons as it is in the army or the NHS. Prisons are intensely stressful environments, and inmates are disproportionately likely to be affected by mental health issues. Research published this year has concluded that the lack of equivalent chaplaincy services for nonreligious people may amount to unlawful discrimination on the basis of religion or belief: <https://www.cambridge.org/core/journals/international-journal-of-law-in-context/article/nonreligious-prisoners-unequal-access-to-pastoral-care/D7D3E3E582535B883CFD4A92DD9A8CE3>

According to the research, professional pastoral care is provided "exclusively through the chaplaincy – a religious institution dominated in England by the Anglican Church".

The paper says: "When pastoral care services that are vital for the well-being of all prisoners are controlled by and provided through an ostensibly interfaith but structurally Anglican chaplaincy, hierarchies of accessibility and advantage emerge, with non-religious prisoners at the bottom".

The report says these hierarchies extend to pastoral carers. Managing chaplains, who are usually Christian, act as "gatekeepers" who control prisoner access to pastoral care. In some cases, head chaplains have failed to signpost non-Christian pastoral services and have even suppressed them.

No prisons employ nonreligious pastoral carers, and only a small minority have accepted volunteers. Nonreligious pastoral carers have said they work as much as sessional chaplains for minority faiths but remained unpaid. They perceived this as "exploitative, and a marginalisation of non-religious worldviews and the needs of non-religious prisoners".

The report recommends "amendments to both legislation and policy, to narrow the gaps between the religious and non-religious, so that all prisoners have equal access to pastoral care".

For our more detailed response regarding chaplaincy in the NHS, please see our answers to 4. "Improving the quality and effectiveness of treatment for mental health conditions".

Recommendations: The government must ensure chaplaincy services in public institutions, including prisons, are fully compliant with the Equality Act 2010 and do not disadvantage anyone on the basis of their religion or belief, sexual orientation or gender identity.

PEOPLE WITH DRUG MISUSE, ALCOHOL MISUSE OR GAMBLING PROBLEMS: We are concerned about a number of religious charities that run addiction rehabilitation centres. Various sources suggest some of these charities may be using these centres as a means of converting vulnerable people, and may be harming rather than helping some of those who seek their help, however unintentionally.

In 2018 we heard from a former 'patient' of a Christian 'rehab centre' who said the charity banned him from reading anything apart from religious texts, compelled him to take part in long and intensive prayer sessions, and expressed hostility towards homosexuality.

We have also been told by several members of the public that the explicit Christian ethos of organisations such as Alcoholics Anonymous is alienating to those who are not Christian.

Please see c) 'Working age adults' above for more information about our concerns regarding religious mental health services and exorcisms/faith healing.

Recommendations: The government must ensure any religious groups given public money to provide public services, including those drug misuse, alcohol misuse or gambling problems, provide those services without proselytising, discriminating or otherwise imposing their religion on others.

PEOPLE WHO LIVE ALONE: People who have left insular, high-control religious communities, either by choice or by excommunication/'shunning', may find themselves living alone, with no support from family or friends from their former community. Please see c) 'Working age adults' for more information. LGBT+ people may be especially vulnerable as many conservative high-control religious communities do not tolerate same-sex relationships or same-sex attraction.

Recommendations: Those seeking to leave high-control, insular religions should be supported in adjusting to life 'outside' and protected from any retaliations from the religious community.

How can we support different sectors within local areas to work together, and with people within their local communities, to improve population wellbeing?

This includes a wide range of public services, including education settings, social care, the NHS, voluntary sectors, housing associations and businesses.

Public services that are intended for the whole community, especially those funded by public money, should be provided in a secular context, open to all, without discriminating against anyone on grounds of religion or belief, sex or sexual orientation – either the people who are served or employed. We are concerned that recent government policy, combined with the growth of religious organisations keen on mixing public services with evangelism, will undermine this crucial principle.

Recent years have seen a drive to contract out the provision of public services. This, perhaps encouraged by the greater freedoms allowed by the Localism Act 2011, has resulted in many more religious organisations seeking to become service providers of publicly-funded services.

We have no doubt these services are being provided out of kindness and benevolence, and that many religious organisations have given genuine help to people in distress. Some faith-based organisations operate by strict codes to ensure religious agendas do not encroach on the support given. For example, according to the 2020 report '*Faith responses to modern slavery*' from the Universities of Sheffield and Leeds, a number of religious organisations helping survivors of modern slavery have self-imposed safeguards that warn against discussing faith with clients. The report mentions one such organisation which employs "a careful separation of faith" from "day-to-day operations". The report concludes that all organisations in contact with potential survivors of modern slavery should implement the 'non-proselytisation clause' of the Human Trafficking Foundation Slavery and Trafficking Survivor Care Standards.

Mixing evangelism with victim support poses a very real risk of exploitation and harm. The report found some survivors who had sought help from religious organisations had experienced pressure to attend religious services because they felt it was a requirement of the support. Scenarios like these understandably damage public trust in faith groups, which is one reason why some faith groups have rejected evangelism entirely in their work.

We are therefore concerned that in some cases, an over-zealous approach to sharing the faith can result in a religious agenda eclipsing wellbeing and dignity of vulnerable people seeking help. One

example is debt advice charity Christians Against Poverty (CAP). Please our previous answer under "People in problem debt", for more information on why we are concerned about CAP.

We have also seen this problem in charities claiming to help rehabilitate those struggling with addiction – please see 'people with drug misuse, alcohol misuse or gambling problems' for more information.

It appears that government funding for such services is increasing, while safeguards to ensure members of the public are not subjected to unwanted proselytism are being removed. In 2020, Conservative MP and evangelical Christian Danny Kruger published a report calling for the government to "invite the country's faith leaders to make a grand offer of help" in public services, as part of the government's 'levelling up' initiatives. This, he said, should be in exchange for a "reciprocal commitment from the state".

Following this, the all-party parliamentary group (APPG) on faith and society removed the non-proselytising clause from its 'faith covenant'. The faith covenant is an agreement between faith groups and local authorities which lays out a set of principles that guide interactions between them and the general public. In the past, the NSS has publicly supported the faith covenant, particularly because the covenant specified that faith groups have to deliver their services "without proselytising". But minutes from the APPG's October meeting reveal some faith groups objected to this clause, hence its subsequent removal. This now weights the covenant very much in the favour of faith-based agendas rather than public wellbeing.

Then in September, the government announced a new £1 million 'faith new deal' pilot fund exclusively for faith groups that provide community services. Giving public money to groups on the basis that they are religious seems to fly in the face of equality law, but despite repeated requests from the NSS, the government has yet to justify discriminating against non-religious community groups in the provision of this fund.

Recommendations: The government must ensure any religious groups given public money to provide public services, including those relating to mental health and wellbeing, provide those services without proselytising, discriminating or otherwise imposing their religion on others. It must cease all funding programmes which are explicitly for faith-based groups only and exclude other groups without a religious ethos.

2. Preventing the onset of mental ill-health

What is the most important thing we need to address in order to prevent suicide?

This might include actions which can be taken by national and local government, public services such as education settings, social care, the NHS, and private and voluntary sectors.

Please provide your suggestions in relation to different groups:

a) Children and young people

Children and young people who have been subjected to homophobia, including 'conversion therapy', are more at risk of suicide. Please see the previous answer on 'sexual orientation and gender identity' for more information.

b) Working age adults

We are very concerned that the lack of a legal framework for properly regulated assisted dying is driving atrociously high numbers of people to suicide. We think allowing the option for people suffering intolerably from a terminal illness to control their death under proper medical supervision will significantly reduce the number of suicides.

Three hundred suicides in England each year involve a person with a terminal illness. Prior to the Covid-19 pandemic, every eight days someone from the UK travelled to Switzerland for help to die, and ten times as many dying people are committing suicide at home. New figures from the Office for National Statistics suggests people with severe and potentially terminal health conditions are more than twice as likely to take their own lives than the general population. People with low survival cancers and chronic obstructive pulmonary disease are at 2.4 times higher risk of suicide. The risk for those with chronic ischemic heart conditions is nearly twice as high than for the general population.

The current law prohibiting assisted dying is widely regarded as cruel and inhumane, as it forces people who are suffering unbearably from a terminal or incurable illness to take matters into their own hands, leading to often botched suicides that cause immense pain and distress to both the individual and their family. Furthermore, the current law contains no safeguards to protect dying people who want to control their death and perversely offers fewer protections to people who did not want to die but whose relatives later claim that they did.

The lack of properly regulated assisted dying causes intrinsic anxiety and mental distress for those suffering intolerably from a terminal or incurable illness, as they worry about the increasing pain and discomfort in addition to the decrease in mobility, autonomy and dignity that is likely to occur as their condition deteriorates. No option of assisted dying means they have no control over this process; it is this lack of control that is often a huge source of mental distress.

The knowledge that assisted dying is not an option in the UK means that they will have no option but to either let the illness run its course (and suffer as a consequence), take their own life, persuade a doctor, family member or loved one to help them die (a crime with a possible prison sentence of 14 years), or travel abroad for an assisted death. All of these options are well below ideal, and in most cases will entail pain, distress and suffering for all involved.

Travelling to a country where assisted dying is possible, such as Switzerland's Dignitas clinic, is simply not a viable option for most people in the UK whose suffering has become so unbearable and unmanageable that they consider their only option is to end their lives. It costs more than £10,000, so it is too expensive for a huge proportion of Brits. Furthermore, the long journey to Dignitas is too much for those already in great pain and distress. Those who do make the journey are often forced to do so earlier than they would choose, so they can have an assisted death before their illness prevents them from travelling. Those who go with loved ones who wish to die and are present during the process face the risk of prosecution when they return to the UK.

Despite the immense barriers to travelling to Dignitas, its services are clearly in demand for people in the UK. Between 1998 and 2020, 475 British citizens travelled to Dignitas in Zurich for an assisted suicide - more than double the number of Swiss nationals who used Dignitas for assisted suicide within the same period.

The number of people who would prefer assisted dying as an option to them is likely to be greater than the above figures suggest. The hospice care sector supports more than 225,000 people with terminal and life-limiting conditions in the UK each year, while as many as 118,000 people in the UK with terminal or life-limiting conditions are not able to access palliative care from its members.

It is also widely acknowledged that even with the best available palliative care some people's suffering cannot be alleviated. Whilst most pain can be controlled with good medical care, the suffering that many people who seek an assisted death experience encompasses much more than just pain.

Reforming the law on assisted dying is widely supported by the public. The largest poll ever conducted on assisted dying has found that 84% people in Great Britain support a change in the law.

Strong opposition to assisted dying comes from some religious leaders who regard life as sacred and assisted dying as intrinsically harmful. We support the democratic right of all people to contribute to this debate. However, the over-representation of religious groups, and the special status granted to religious groups, currently imposes a disproportionate level of influence. The views of the general public, professionals and relevant organisations should be fairly reflected at policy level.

It is notable that in September last year, the British Medical Association (BMA), which represents about 150,000 medics, voted to change its position on physician-assisted dying from opposition to neutral. Other bodies with a neutral stance on assisted dying include The Royal College of Physicians, The Royal Society of Medicine, The Royal College of Nursing, and the Royal College of Psychiatrists.

c) Older adults

Please see our answer to the previous question. Terminal or incurable illness can affect anyone, at any time. However, certain incurable illnesses such as terminal cancer are more likely to be diagnosed in older people.

d) People that are at greater risk of suicide (see Annex A)

Please see our answer to the previous question. Many of those groups named in Annex A are more likely to be disproportionately affected by the lack of assisted dying laws in the UK. This applies especially to people with multiple and other long-term conditions – people suffering intolerably from terminal or incurable illnesses are a subgroup within this category.

Since a legal assisted death is only possible abroad, and disabled people are less able and sometimes unable to travel because of their disability, people with multiple and other long-term conditions are uniquely disadvantaged by the current situation. A person with a terminal or severe, incurable illness may well be disabled as a result of that illness. According to the Campaign for Dignity In Dying, 86% of people with a disability support a change to the law on assisted dying.

The option of travelling to Dignitas is only accessible for those who are financially secure, as it costs over £10,000 in total. This is highly discriminatory against those who are experiencing socio-economic disadvantage. Certain other groups referenced in Annex A also connected to socio-economic disadvantage, including: ethnicity, sex, people who are unemployed, people in problem debt, people who have experienced displacement and people who are homeless or are in unstable housing.

3. How can we all intervene earlier when people need support with their mental health?

What more can the NHS do to help people struggling with their mental health to access support early?

Please provide your suggestions in relation to different groups.

d) People that are at greater risk of suicide (see Annex A)

Please refer to our previous answers relating to introducing a legal framework for properly regulated assisted dying.

Do you have any suggestions for how the rest of society can better identify and respond to signs of mental ill-health?

If yes, please share your ideas.

Beliefs in demonic possession, witchcraft and other supernatural 'ailments' are a component of some religious traditions that are on the rise in the UK. These beliefs can sometimes result in abusive practices, particularly towards children. They may sometimes result from ignorance about mental health issues.

Recommendation: The government should aim to ensure all communities that are vulnerable to 'witchcraft' abuse and related harmful practices are educated about mental health issues. Religious organisations that promote conduct these harmful practices or promote them should be prevented from gaining registered charity status.

4. Improving the quality and effectiveness of treatment for mental health conditions

What needs to happen to ensure the best care and treatment is more widely available within the NHS?

We want to hear about the most important issues to address in order to improve NHS mental health care and treatment over the next 10 years.

We would be grateful for views on:

c) Working age adults

The present system of hospital chaplaincy services leads to unequal care; many patients do not share the particular religion of the appointed chaplain. Whether or not chaplains offer their services to all, this is not an acceptable compromise for a large proportion of our diverse society who rightly expect and deserve the state to fund non-discriminatory services. Nowhere is this more important than where people are at their most vulnerable; in a hospital environment.

A chaplaincy service exclusively for religious workers is a religious service, and can never be truly inclusive. Whilst chaplaincy remains a paid job exclusively for applicants from religion/belief groups, any mention of the inclusion of the needs of nonreligious patients remains a lip-service, and the justification for public funding is seriously undermined.

Figures obtained under Freedom of Information legislation reveal that the annual cost of chaplaincy services to the NHS in Great Britain is upward of £23 million. The vast majority of chaplains represent the various denominations of the Christian church. It is unacceptable that any NHS employee should have their appointment subject to a religious test. Such a system clearly leads to problems of discrimination and inequity.

We are also concerned by the lack of formal training afforded to chaplains. Nearly all hospital chaplains are appointed for their religious affiliation rather than for their counselling skills or knowledge of hospital procedure. Chaplains can be called on both by distressed relatives and by highly trained medical and nursing staff following traumatic events. Unskilled workers can cause harm by involving themselves in situations for which they lack the necessary expertise, however good their intentions.

The major religious bodies in the UK are some of the wealthiest organisations in the country. We contend that if churches, mosques and temples wish to have specific representation in hospitals to visit those patients who want some religious support whilst in hospital, this should be funded by the religious organisations themselves. The role of a non-denominational pastoral care worker might reasonably include signposting patients or relatives at their request to the local faith communities.

Whilst there is little doubt that some patients and relatives receive comfort from visits from clerics, this is not a sufficient condition for NHS funding, especially considering the exceptional financial pressures the NHS is facing. There is a wide range of other services which provide support and comfort to patients but lie outside the protected NHS budget. For example, the services provided by Macmillan cancer care nurses, by the Air Ambulance Service and by the Alzheimer's Trust are all funded by charity, not by the NHS. The decision as to which services should be funded by the NHS and which by charities is one for society and the NHS management to make. However, all services deemed suitable for NHS funding should be non-discriminatory both in terms of employment and service provision.

Alternatively, if patients and hospital trusts feel that the pastoral support provided by chaplains is indispensable, we would support the development of secular pastoral support or hospital visiting schemes. Some trusts already provide "Bereavement Centres". These centres can help families with the practicalities of dealing with the death of a relative, can offer a certain amount of emotional support, and may usefully signpost people to other sources of appropriate support outside the hospital.

Finally, we are concerned that the current system of chaplaincy opens the doors for religious ministers with more extreme views who may prioritise religious agendas over the best needs of the patient. For example, the so-called 'hospital liaison committees' (HLCs) sent by the Jehovah's Witnesses to 'counsel' Jehovah's Witness patients are often present to ensure the patient does not defy the religion's teachings on accepting blood products through the threat of excommunication. There is more information about this issue here:

<https://www.secularism.org.uk/news/2020/09/rethink-relations-with-jehovahs-witnesses-committees-nss-urges-nhs>

Recommendation: The government should fully review NHS-funded chaplaincy to assess its value to hospitals in terms of patient outcomes. If the tangible, measurable benefits of chaplaincy are found

to justify its expense, the government should work to ensure all chaplaincy is fully compliant with equality law and no patients are disadvantaged on account of their religion or belief. The government should ensure that no chaplain places their religious agenda above the wellbeing of patients.

d) Older adults

Please see above for information regarding NHS chaplaincy.

e) Groups who report worse experiences and outcomes from NHS mental health services (see Annex A)

The following groups are more likely to be disadvantaged by the current Christian-biased NHS chaplaincy system:

ETHNICITY: Ethnic minority groups are more likely to belong to minority religions.

SEX: Some religions do not allow women to become clerics, and so chaplaincy may be biased towards men.

AGE: Young people are less likely to be religious.

SEXUAL ORIENTATION AND GENDER IDENTITY: Many religions have negative views about same-sex relationships or LGBT+ people, including many Christian denominations.

PEOPLE WITH A LEARNING DISABILITY AND/OR NEURODIVERSITY: People with autism are less likely to be religious.

PEOPLE WHO HAVE EXPERIENCED DISPLACEMENT INCLUDING REFUGEES AND ASYLUM SEEKERS: Refugees and asylum systems are more likely to belong to minority religions.

What is the NHS currently doing well and should continue to support people with their mental health?

We acknowledge that the NHS strives to achieve a good balance between respecting people's freedom of religion or belief, and safeguarding both their well-being and the well-being of the staff and other people they come into contact with. This is often no easy task, and the NHS often performs well in keeping that balance.

However, we are concerned that the current chaplaincy system undermines this balance. Please see our answer above for 'c) Working age adults' for more information.

What should be our priorities for future research, innovation and data improvements over the coming decade to drive better treatment outcomes?

We would be grateful for views on priorities for research across the life course, including:

a) Infants and their parents or primary caregivers

The government should implement research into the physical and mental healthcare outcomes of boys who were circumcised for religious or cultural reasons before being old enough to consent, and the legality of allowing this whereas female genital cutting (FGM) is illegal. Please see our answer to 'Do you have any suggestions for how we can improve the population's wellbeing?' for more information.

b) Children and young people

The government should research the extent to which faith schools (both state-funded and independent) teach stigmatising ideas about LGBT+ people, gender roles, sexual activity outside of marriage and reproductive healthcare, and the impact this has on young people's mental health.

Please see our answer to ‘Do you have any suggestions for how we can improve the population’s wellbeing?’ for more information.

c) Working age adults

The government should fully review NHS-funded chaplaincy to assess its value to hospitals in terms of patient outcomes. If the tangible, measurable benefits of chaplaincy are found to justify its expense, the government should work to ensure all chaplaincy is fully compliant with equality law and no patients are disadvantaged on account of their religion or belief. The government should ensure that no chaplain places their religious agenda above the wellbeing of patients. Please see our answer to ‘What needs to happen to ensure the best care and treatment is more widely available within the NHS?’ for more information.

5. Supporting people living with mental health conditions to live well

What do we (as a society) need to do or change in order to improve the lives of people living with mental health conditions?

You might want to consider priorities at national and local government, wider public services such as social care and education settings, and the private and voluntary and community sectors

e) Groups who face additional barriers to accessing support

More needs to be done to reach out to people living in insular, minority religious communities who may have little or no access to mental health education or support. Please see our answer to ‘Do you have any suggestions for how we can improve the population’s wellbeing?’ for more information.

What would enable local services to work together better to improve support for people during and after an experience of mental health crisis?

We would like you to consider the range of public services involved in crisis support, including the police and NHS services, as well as voluntary and community sector and businesses.

Please see our answer to ‘How can we support different sectors within local areas to work together, and with people within their local communities, to improve population wellbeing?’

Developing a national mental health plan

What ‘values’ or ‘principles’ should underpin the plan as a whole?

The plan should be underpinned by secular values: human rights, equality, fairness and care based on the best scientific, medical and psychological evidence. The plan should ensure all mental health care is delivered in a secular fashion, i.e. without the imposition of religious beliefs or practices, and without discriminating against anyone on the basis of religion or belief or on any other protected characteristics.

Locally owned and driven mental health plans

How can we support local systems to develop and implement effective mental health plans for their local populations?

You might want to consider barriers local systems currently face, as well as enablers which would support more effective ways of working.

Please see our answer to 'How can we support different sectors within local areas to work together, and with people within their local communities, to improve population wellbeing?'