Opening doors

Ending the wait for better mental health support

Executive summary

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In the face of growing need, our mental health system is unable to ensure that people have timely access to the support they need. The impact of this is apparent across the country: people becoming more unwell as they wait for support; families with their lives on hold; rising claims for disability and health benefits; and huge numbers of young people not in employment, education or training.

People experiencing mental health problems and the professionals supporting them are aligned on what good care looks like: person-centred, accessible, safe, intervening early and always improving. Yet the constraints of the current system mean this is far from what many service users and staff experience. As a result, too many people are left waiting too long for care that only partially meets their needs. And staff are left carrying the burden of a system that prevents them from delivering the quality of care they want to.

At the heart of the problem is not a lack of understanding about what works, but a model of access that is out of step with people's needs, and a wider system of support that is not sufficiently resourced or oriented to meet those needs.

What should great mental health support look and feel like?

Through talking to people who use services and surveying staff who deliver them, we arrived at a set of key principles for high-quality, accessible mental health support. The full report provides detailed descriptions of what these principles should entail in practice. A short summary of each is provided below:

Person-centred

Care is shaped around the individual's needs, values, goals and circumstances, rather than the needs of services. It treats people with dignity and respect and supports them to be active partners in decisions about their care. There are five key elements to person-centred care:

- **Holistic**: Mental health support looks beyond symptoms or diagnoses to consider the whole person, including their physical health, relationships, housing, employment, finances and community connections.
- **Culturally responsive:** Care recognises and responds to the ways culture, identity and lived experience shape mental health. It removes barriers to support and helps people feel understood, represented and respected.
- **Choice and agency:** People are empowered to make informed decisions about their care and treatment. Services provide information, options and support so individuals have genuine influence over what happens to them.
- **Trauma-informed:** Care is delivered with an understanding of how trauma can affect people's lives, behaviours and relationships. It prioritises safety, trust, empathy and avoiding re-traumatisation.
- **Relational:** High-quality care is built on trusting, compassionate and collaborative relationships. It values continuity, listening and shared decision-making, recognising that human connection is fundamental to recovery.

Accessible

Support is easy to find, easy to navigate and available in ways that work for different people. Services make reasonable adjustments and remove barriers that might prevent someone getting help.

- **Timely:** People are met with a meaningful intervention at the point they decide to reach out, to support them in the moment, determine what further help is needed, and ensure they are not left waiting.
- **Local:** Care is available close to home and rooted in communities. Services are designed around local needs and delivered through partnerships between health, social care and Voluntary, Community, Faith, and Social Enterprise (VCFSE) organisations.
- **No wrong door:** Wherever someone first seeks help, they are met with support rather than barriers. Services work together so people can get the right help without being passed around or left to navigate the system alone.

Learning and improving

Services are committed to continuous improvement through feedback, co-design, transparency and the use of evidence. People with lived experience help shape how services develop and change.

Safe

Care protects people from harm while providing support that improves outcomes and wellbeing. It is delivered by skilled staff in environments that promote trust, dignity and recovery.

Early intervention

Support is available as soon as problems begin to emerge, helping to prevent them from becoming more severe, complex or entrenched and improving long-term outcomes.

Is mental health support fulfilling these key principles?

Our research shows that experiences of both receiving and delivering mental health support often fail to live up to these principles. As well as reviewing the literature, we hosted focus groups with people with lived experience of using mental health services and ran a survey of mental health professionals that received over 800 responses from NHS staff working in primary and secondary mental health services.

People with lived experience of using the mental health system tell us it feels fragmented, impersonal and overly defined by thresholds and gatekeeping.

> [on] one end you've got care that doesn't involve you and then on the other end there's some really lovely people who want the best for you, who involve you, but it never stays that way. It always swings back, and there's obviously a spectrum between them. That's been my experience the whole time. From person to person, meeting to meeting, service to service. It changes day to day depending on what side of that pendulum you're at. – **Young person with lived experience**

> I left the hospital feeling worse than when I came in. – **Adult with lived experience**

> I was just in a circle of having no one that actually took responsibility for helping me. It ended in me being sectioned, which I think was entirely avoidable. – **Adult with lived experience**

> Professionals would constantly ask why I didn't ask for help when in the hospital. But this wasn't true, I said: 'Eight weeks I asked for help. Eight weeks every day and it wasn't there. – **Adult with lived experience**

> I saw a psychiatrist who just said, 'Well, you just need to wait for your appointment.' And I said, 'I haven't got another 21 months. I'm suffering now, and I can't just do nothing for 21 months. – **Adult with lived experience**

> Out of all my experiences with different healthcare professionals, the ones that really stick out are not necessarily the people that are the most educated about what I suffer with or anything like that. They're just the people that just sit and properly listen. – **Adult with lived experience**

And NHS professionals reported that they often feel unable to deliver the quality of care they know people need, because of the immense system pressures they face every day.

“...constant pressure to move people through services at the expense of building trusting therapeutic relationships – [the] idea that we just ‘do an intervention’ and then send the person on their way.” – **Psychiatrist**

“I sometimes feel like I’m working with one hand tied behind my back, with the constant pressure to prioritise waiting lists rather than the individuals on them.” – **Psychologist**

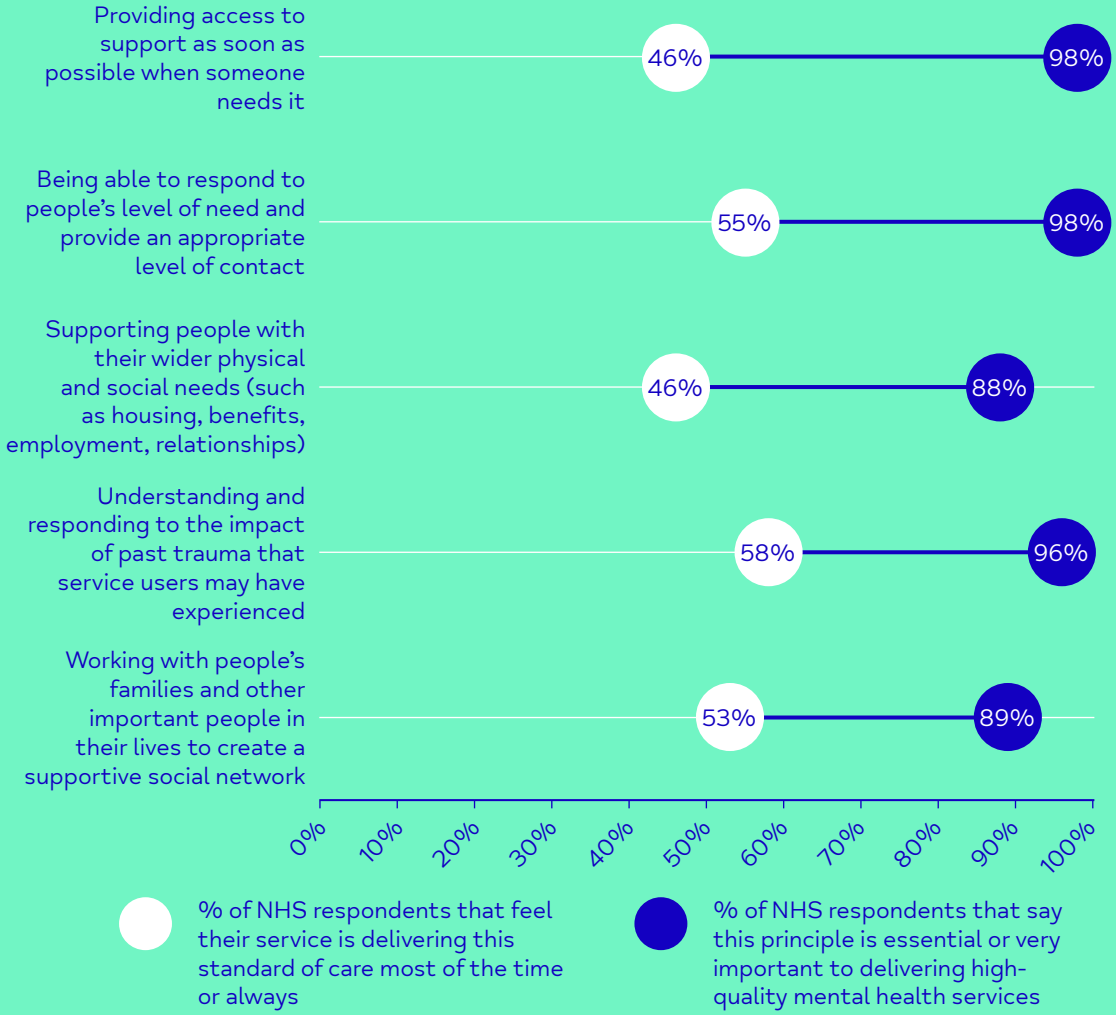
“It often feels like firefighting, I get so upset that I do not have the resources available to provide the care, support and treatment that is needed.” – **Mental Health Nurse**

“They say it’s a job that you have to love to do, but how can you love it when you can’t even deliver what needs to be delivered. It has turned staff into machines that just apologise for the lack of funds and move on.” – **Mental Health Nurse**

Over a third (34%) of NHS respondents did not feel able to provide the standard of care they feel is needed most of the time.

43% of NHS respondents felt that their ability to deliver this standard of care had declined over the last 12 months.

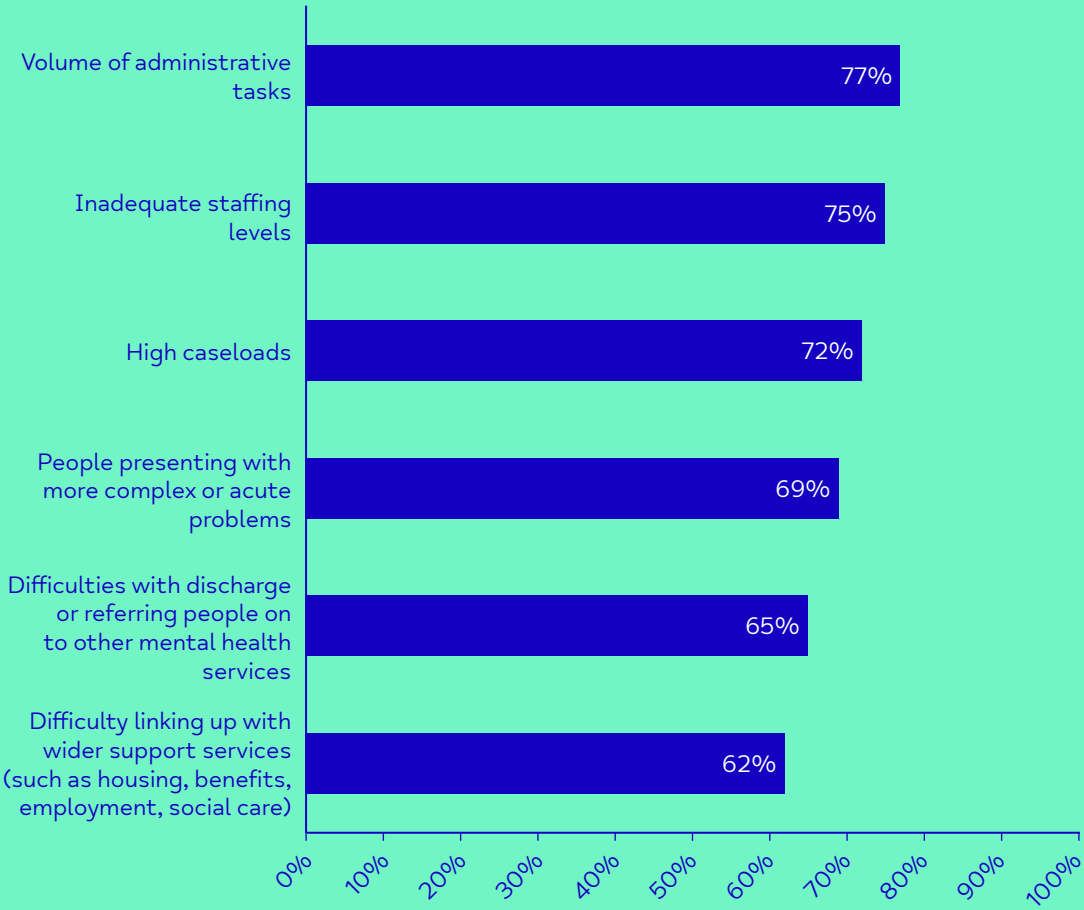
Figure 1: NHS respondents' views on the importance of principles versus their service's ability to deliver on them



65% of NHS respondents have experienced burnout or emotional exhaustion as a result of their current working conditions.

56% of NHS respondents were considering leaving their current role.

Figure 2: Percentage of NHS respondents reporting that the following factors impact on the quality of care they or their colleagues can provide by 'a lot' or 'quite a lot'



There was a strong consensus among NHS respondents that these challenges had a negative impact on experiences and outcomes for the people they support:

85% agreed that it reduced trust in mental health services.

85% agreed that it led to deterioration in mental health while waiting for care.

84% agreed that it resulted in poorer experiences of care.

How do we close the gap between key principles and current experiences?

The principles of high-quality, accessible mental health care are not simply a 'nice to have'. They are fundamental to delivering support that meets people's needs and doesn't buckle under the pressure of increased demand. Ensuring these principles are consistently met depends on a wide range of factors, including levels of funding, the size and make-up of the workforce, and the quality of management and culture.

But there is a more fundamental problem at the core of our mental health system: we do not take enough time upfront to properly understand a person's needs. Most people enter the system through a brief interaction, usually a GP appointment, and are then faced with rigid thresholds, long waits and narrow and inflexible models of support. Care is shaped by what services can offer, not by what people actually need.

When people cannot access the right support early, their mental health often deteriorates, putting more pressure on secondary services and crisis, A&E and inpatient care. When services are unable to respond holistically, people are funnelled into clinical pathways that might not be appropriate, placing more strain on already overstretched services. In attempting to tightly manage demand, the system is in fact amplifying it.

We need a fundamental shift in how we think about access to mental health support. The idea behind this shift is simple, but it has the power to be transformative: when people reach out for help, for the first time or later in their journey, they should have rapid access to a high-quality, in-depth conversation about their mental health and wider support needs. This conversation forms the heart of a same-day open access approach.

What would same-day open access mental health support mean?

In a same-day open access system, reaching out for help is met with an immediate, meaningful response, not a waiting list or a referral into an opaque pathway. Anyone can access a conversation with a professional, who will take the time to properly understand the person's needs and circumstances. This is not a gatekeeping exercise – it is a therapeutic intervention that, for some people, may be all they need. For others, it will be the foundation for identifying the further support they need, whether that is clinical care, peer support, help with housing or employment, or a combination of these.

These conversations will clearly not in and of themselves address all issues with the quality and accessibility of the mental health system identified in this report. But a shift to better understanding people's needs upfront will in turn inform what else is required of the system to meet those needs, and the resources and reforms

necessary to deliver this. This includes the range of services available, staff capacity and culture.

This will depend on diverse, responsive local systems of services and support, with a clear front door available both in person and online. This should be a gateway to relational support that is focused on both more immediate emotional needs and longer-term barriers and aspirations.

Far from driving unnecessary demand for services, the same-day open access model aims to direct people to the right support first time. By de-escalating distress and better identifying and addressing needs earlier, it prevents people's mental health from deteriorating, reduces pressure on clinical and acute services, and helps individuals to move towards recovery or living well with mental illness.

This is not a theoretical model. Versions of same-day open access are already being implemented in parts of the UK and internationally, with promising results. In Wales, the principle of same-day open access is central to its national 10-year Mental Health and Wellbeing Strategy. Evidence from Canada demonstrates how an open access approach has led to significant reductions in waiting times and improved experiences and outcomes for service users.[1] Within England, early support hubs, neighbourhood mental health centres and many local Mind services are already showing how open-access, joined-up and person-centred support can be delivered in practice.

It's time for a whole system shift to open access

The evidence is clear: when systems are designed around people's needs rather than service boundaries, they lead to better outcomes.[2]

Open access already exists in pockets of local practice and individual services in England, often driven by the voluntary sector or local innovation, but without the system-level alignment needed to realise its full potential. To deliver meaningful change, open access must move from isolated services to a whole-system model. This transformation will take years to fully realise, but it must begin with five key steps:

1 Harris-Lane, L.M., King, A.C., Bérubé, S. *et al.* (2025). Improving Access to Child and Youth Addiction and Mental Health Services in New Brunswick: Implementing One-at-a-Time Therapy Within an Integrated Service Delivery Model. *Int J Ment Health Addiction* 23, 4096–4117. Available at: https://doi.org/10.1007/s11469-024-01339-4 (Accessed: 25 July 2026)

2 NHS Confederation (2017), *Written evidence from NHS Confederation*. Available at: https://committees.parliament.uk/writtenevidence/78337/html/ (Accessed: 14 July 2026); Khosravi M. (2024), 'Principles and elements of patient-centredness in mental health services: a thematic analysis of a systematic review of reviews', *BMJ Open Qual 2:13(3)*. Available at: https://doi.org/10.1136/bmjoq-2023-002719 (Accessed 14 July 2026); Sashidharan S. P. (2021) 'Why Trieste matters', *BJPsych 220:2*. Available at: https://doi.org/10.1192/bjp.2021.149 (Accessed 14 July 2026).

1

Commit to a transition towards same-day open access in the upcoming 10-year mental health strategy for England

Making a bold shift to same-day open access could be transformational. For people to see the benefits of this shift across the nation, the UK government must clearly set out that ambition in its 10-year mental health strategy.

2

Build on the implementation of same-day open access in Wales

By working closely with partners in Wales, which has already embarked on a transition to same-day open access mental health support, reform in England could build on their blueprint for change and learn key lessons about implementation.

3

Start to measure what matters for high-quality care

Outcome measures that capture whether people's experiences live up to the principles set out in this report will be critical to delivering a 10-year mental health strategy that successfully makes the shift to same-day open access.

4

Put in place the resources required to make the shift

We need to resource the critical features of a same-day open access model, such as more skilled and expert 'listening capacity' for those seeking support, accepting the short-term costs of transitioning away from the current model of care.

5

Position mental health within a wider model of neighbourhood health

Same-day open access mental health support needs to be seen as a core part of a successful neighbourhood health model and properly integrated with physical health services, social care and the VCFSE sector.

This report is our opening pitch on the need to shift to a same-day open access model of mental health support. The evolution of a complex system of support for people struggling with their mental health is never going to be neat and linear. No national or local agencies have full control over the myriad factors that shape the design and delivery of this support and the interplay of different services. But rallying the whole system around a common 'north star' goal of same-day open access could galvanise ambition, providing the clarity of purpose required to ensure everyone struggling with their mental health has access to timely and high-quality support.

We're Mind. We're fighting for a future where no mind is left behind.

We want to create a mentally healthy society.

Through our information, services and campaigns, we tackle stigma, barriers and isolation so that everyone can access mental health support when they need it.

Our campaigners speak out about the real issues affecting people with mental health problems. Be part of a powerful movement and join us in the fight for mental health at **mind.org.uk/campaign**

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