Opening doors

Ending the wait for better mental health support

What's inside

Acknowledgements

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Lived experience foreword

The voices of people with lived experience are central to this report. When we asked contributors what they would most like readers to take away from it, these were some of the messages they shared:

“To me, this report tells an all-too-familiar story of a fragmented system where people fall through the gaps, especially those deemed ‘too complex’. I’ve spent years fighting to be heard and am exhausted by feeling I must prove how unwell I am before I’m considered worthy of support. No one should have to reach crisis before getting help. I’ve lost count of how many times I’ve had to retell my story as professionals leave. We need a system that prevents crisis, not one that leaves people to deteriorate until they finally meet the threshold for help.”

Natalie

“A mental health system cannot be called accessible if people must reach crisis point before they are believed or offered help. As a mixed-race, queer, neurodivergent disabled person with experience of severe mental illness, I have seen how fragmented services and rigid thresholds can erase the whole person. I want readers to take away that good care is not only faster care: it must be relational, culturally responsive, trauma-informed and shaped with people who use services. My hope is for a no-wrong-door system where asking for help once is enough, and nobody is left deteriorating between services.”

Francesca

“I was diagnosed with bipolar disorder at 21, and the support I received through mental health services changed my life. During my darkest moments, compassionate professionals helped me find hope and belief in my future. Their care showed me that recovery is possible and that a diagnosis does not define a person’s potential. Today, I am able to work, contribute, and live a fulfilling life. I hope readers take away the importance of kindness, person-centred care, and listening to lived experience. My hope is for a mental health system where every person feels heard, supported, and empowered.”

Alison Ella

“This is an excellent report which resonates strongly with my lived experiences. I think this paper clarifies the need for individuals, families [and] communities to focus on how best they can support themselves and each other. We need community compassion and care; we need to become better at looking after ourselves.”

Sarah

“The pinnacle of this report is the importance of providing early, diverse and holistic intervention for individuals accessing mental health services. I wish to see a more proactive and consistent system from the earliest possible stage. From professionals developing meaningful, tailored interventions, to guiding individuals to welfare support and maintaining regular contact, these approaches can reassure that individuals are recognised and valued. Upon reflection, implementing these key principles can progressively regain the trust of individuals who’ve been inadequately addressed by the system.”

Shay

Executive summary

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. 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**

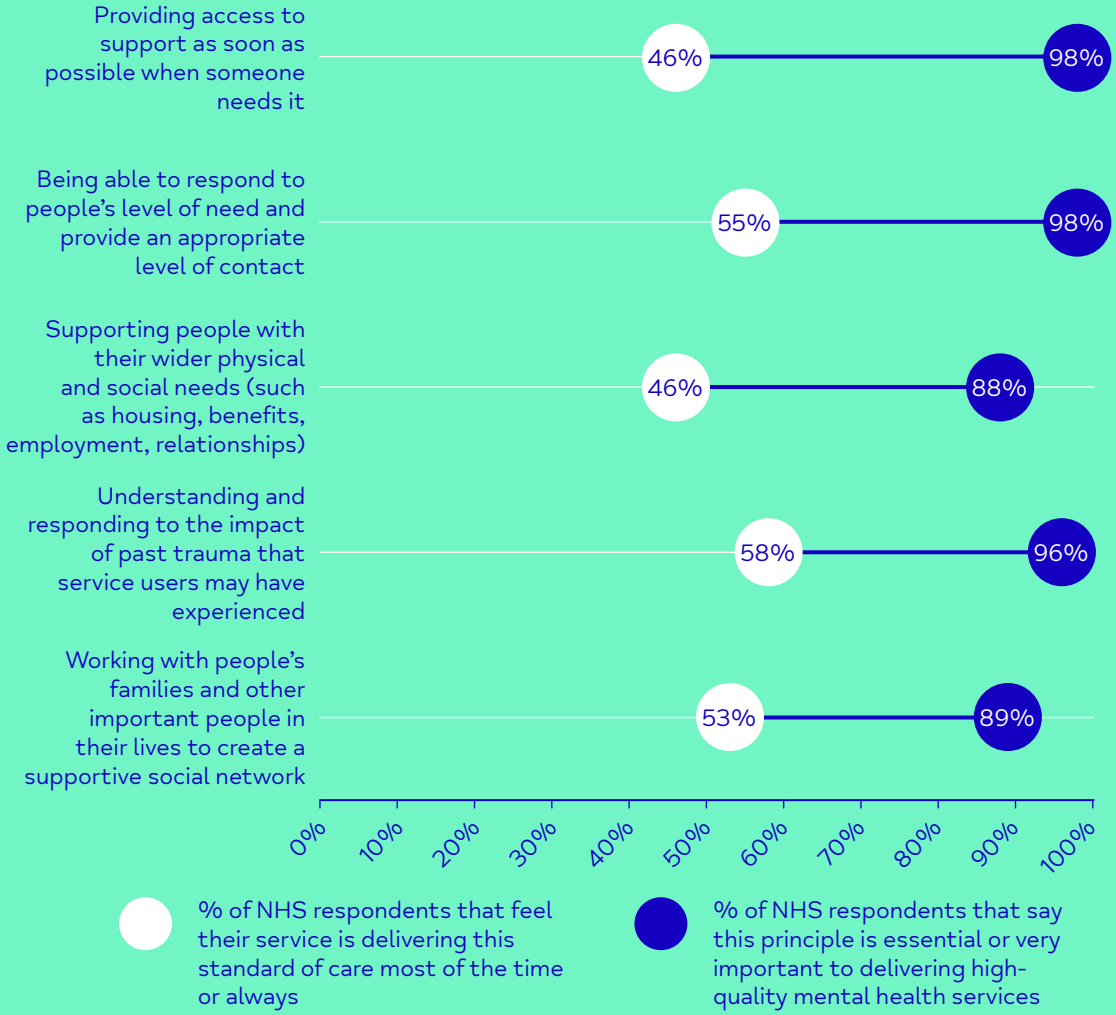
“It often feels like firefighting, I get so upset that I do not have the resources available to provide the care, support and treatment that is needed.” – **Mental Health Nurse**

“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.

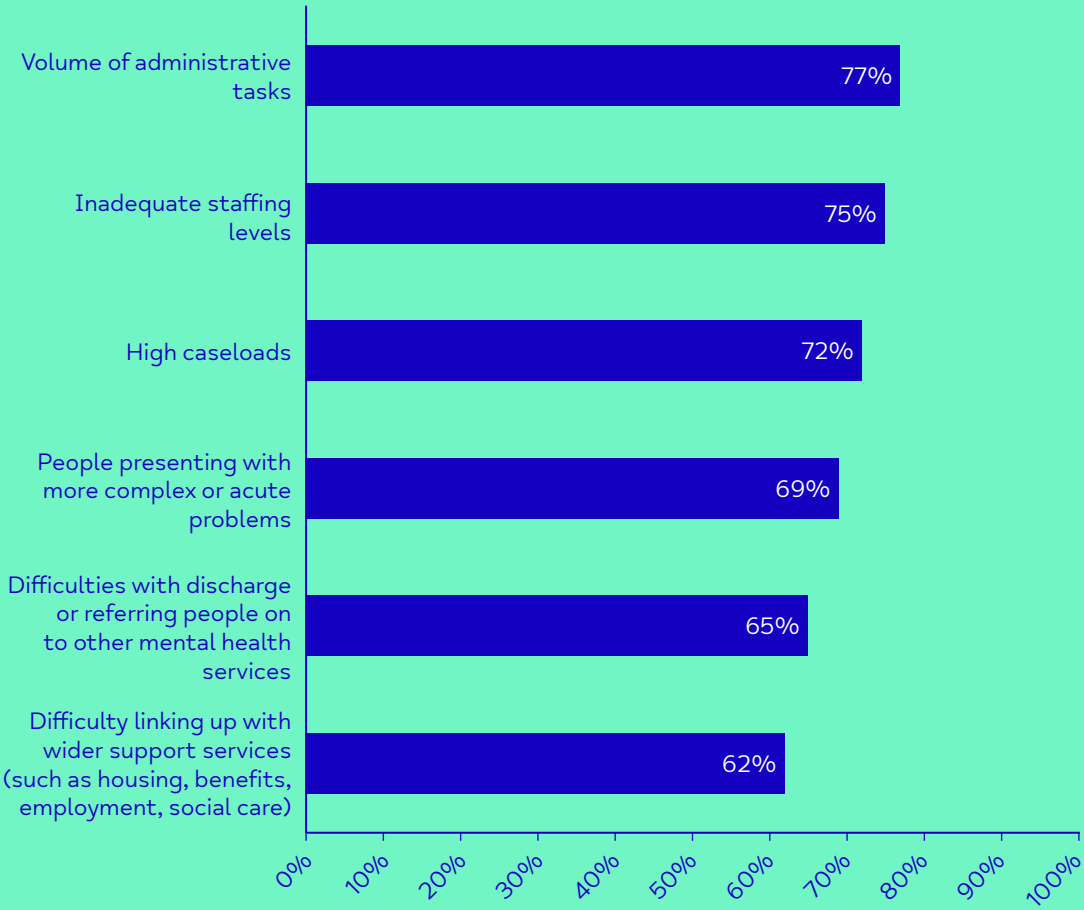
Figure 1: NHS respondents' views on the importance of principles versus their service's ability to deliver on them



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.

Introduction

Over the last quarter of a century, we have seen rising public and political attention on mental health, a government commitment to 'parity of esteem' with physical health, and a host of strategies and initiatives to improve services. And yet we continue to hear that people cannot get timely access to high-quality support, with profound consequences for them, their families and communities, and the country as a whole.

This is partly down to a simple equation of demand and supply: the level and complexity of mental health needs has increased due to a range of socio-economic factors, while the resourcing of services has failed to keep up, let alone redress the historic underfunding that was already hampering the quality of care available.

However, this report argues that the challenge runs much deeper. Services cannot meet rising demand with timely and high-quality care because the mental health system, and particularly the way people access it, is not sufficiently oriented towards understanding people's needs and building support around those needs. To fix this, we need to move towards a model of 'same-day open access' mental health support, building on what has been proposed and is now being implemented in Wales.[3]

The political context

At the time of publication, we stand at a moment of both challenge and opportunity for mental health. The new Prime Minister, Andy Burnham, has previously declared that "mental health is in many ways the issue of our time".[4] The Independent review into mental health conditions, ADHD and autism has made clear that very real rising levels of distress and mental ill health require a different response from services.[5] The 10 Year Health Plan for England has committed to a more preventative approach, built around

3 Welsh Government (2025) *Mental health and wellbeing strategy 2025 to 2035.* Available at: https://www.gov.wales/mental-health-and-wellbeing-strategy-2025-2035 (Accessed 16 July 2026).

4 Greater Manchester Combined Authority (2022) *England Manager and football managers across the Premier League, EFL and WSL back suicide prevention partnership as it rolls out across the country.* 27 April. Available at: https://www.greatermanchester-ca.gov.uk/news/england-manager-and-football-managers-across-the-premier-league-efl-and-wsl-back-suicide-prevention-partnership-as-it-rolls-out-across-the-country/ (Accessed: 24 July 2026).

5 Department for Health and Social Care (2026) *Independent review into mental health conditions, ADHD and autism: interim report.* Available at: https://www.gov.uk/government/publications/independent-review-into-mental-health-conditions-adhd-and-autism-interim-report (Accessed: 24 July 2026).

neighbourhood health services.[6] And a new cross-government mental health strategy is in development and could be the platform for bold and ambitious reform.[7]

The status quo is not sustainable. NHS data starkly illustrates how increased demand for mental health support in England has been accompanied by long waits. Between May 2021 and May 2026, the number of people in contact with secondary mental health and learning disability services increased from 1.45m to 2.36m.[8] In May 2026, 122,000 people – 34% of open referrals on community mental health services waiting lists – had been waiting for over a year.[9] For children and young people's services, this stood at 296,000 people – 52% of those on waiting lists.[10] We know that people's mental health problems tend to become more severe, complex and entrenched while they are waiting to access support.[11]

As well as the human impact, there is an economic imperative to act. Poor mental health in the workplace creates huge costs for employers and the state.[12] A growing number of people are receiving health-related out-of-work benefits due to poor mental health. Alan Milburn's review into young people 'not in employment, education or training' (NEETs) has highlighted how integral mental health needs are to the growing NEETs crisis.[13] Sir Stephen Timms' review of Personal Independence Payments (PIP) has acknowledged that the increased need

6 Department for Health and Social Care (2025) *10 Year Health Plan for England: fit for the future.* Available at: https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future (Accessed: 24 July 2026).

7 Department of Health and Social Care (2026) *Government to transform mental health care with new strategy.* 15 May. Available at: https://www.gov.uk/government/news/government-to-transform-mental-health-care-with-new-strategy (Accessed: 24 July 2026).

8 Based on: NHS England (2026) *Mental Health Services Monthly Statistics – May 2026.* Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/performance-may-2026 (Accessed 30 July 2026)

9 Ibid.

10 Ibid.

11 Mind & Centre for Mental Health (2025) *The Big Mental Health Report.* Available at: https://www.mind.org.uk/about-us/our-policy-work/the-big-mental-health-report/ (Accessed 20 July 2026); Rethink Mental Illness (2025) *Right Treatment, Right Time.* Available at: https://www.rethink.org/media/hpapzday/right-treatment-right-time-2025-report.pdf (Accessed 20 July 2026).

12 Department for Work and Pensions and Department for Business and Trade (2025) *Keep Britain Working: Final report.* Available at: https://www.gov.uk/government/publications/keep-britain-working-review-final-report (Accessed 20 July 2026).

13 Department for Work and Pensions (2026) *Young people and work: interim report.* Available at: https://www.gov.uk/government/publications/young-people-and-work-interim-report (Accessed 20 July 2026).

for disability benefits is in part driven by rising rates of poor mental health, potentially exacerbated by difficulties in accessing NHS support.[14]

The case for bold and ambitious reform

The new cross-government mental health strategy for England must present a comprehensive response to these challenges: addressing underlying social and economic drivers of poor mental health; ensuring services are funded, commissioned, managed and measured to provide high-quality care; and rethinking access to services so that everyone who needs support can get it as early and easily as possible.

This report focuses on what high-quality mental health support should look like, why this isn't being realised, and why rethinking access to support is critical to addressing rising demand and improving the quality of services.

Alongside Mind's wider experience of working on mental health policy, hearing from people with lived experience of mental health problems, and delivering services locally, we draw on three key sources of evidence (our full methodology is set out as an appendix):

- Our own survey of mental health professionals, conducted between March and May 2026. This report focuses on a sub-sample of over 800 responses we received from a range of mental health professionals working across NHS primary and secondary care services.
- Two workshops with people with lived experience of mental health problems and a range of mental health services – one with adults aged 26–70 and a second with young people aged 16–24. All quotes by people with lived experience in this report are drawn from these workshops.
- A detailed literature review looking at the latest evidence, data and policy developments in relation to access to and the quality of mental health services.

Part 1 of this report sets out the key characteristics of high-quality mental health support, as identified by people with lived experience of mental health problems and professionals working in mental health services. For each of these characteristics, we explore what they should mean in practice, how they are reflected in people's experiences of using services, and whether NHS mental health professionals feel able to deliver them.

Part 2 explores the barriers that are standing in the way of delivering high-quality support and the impact on mental health professionals who are often unable to deliver the quality of care that they want to.

14 Department for Work and Pensions (2026) *The Timms Review of Personal Independence Payment: interim report.* Available at: https://www.gov.uk/government/publications/timms-review-of-personal-independence-payment-interim-report (Accessed 20 July 2026).

Part 3 sets out the case that a model of same-day open access mental health support is critical to being able to meet rising levels of need with timely and high-quality care. We look at examples of same-day open access services and the proposals in Wales to extend this principle across the whole mental health system.

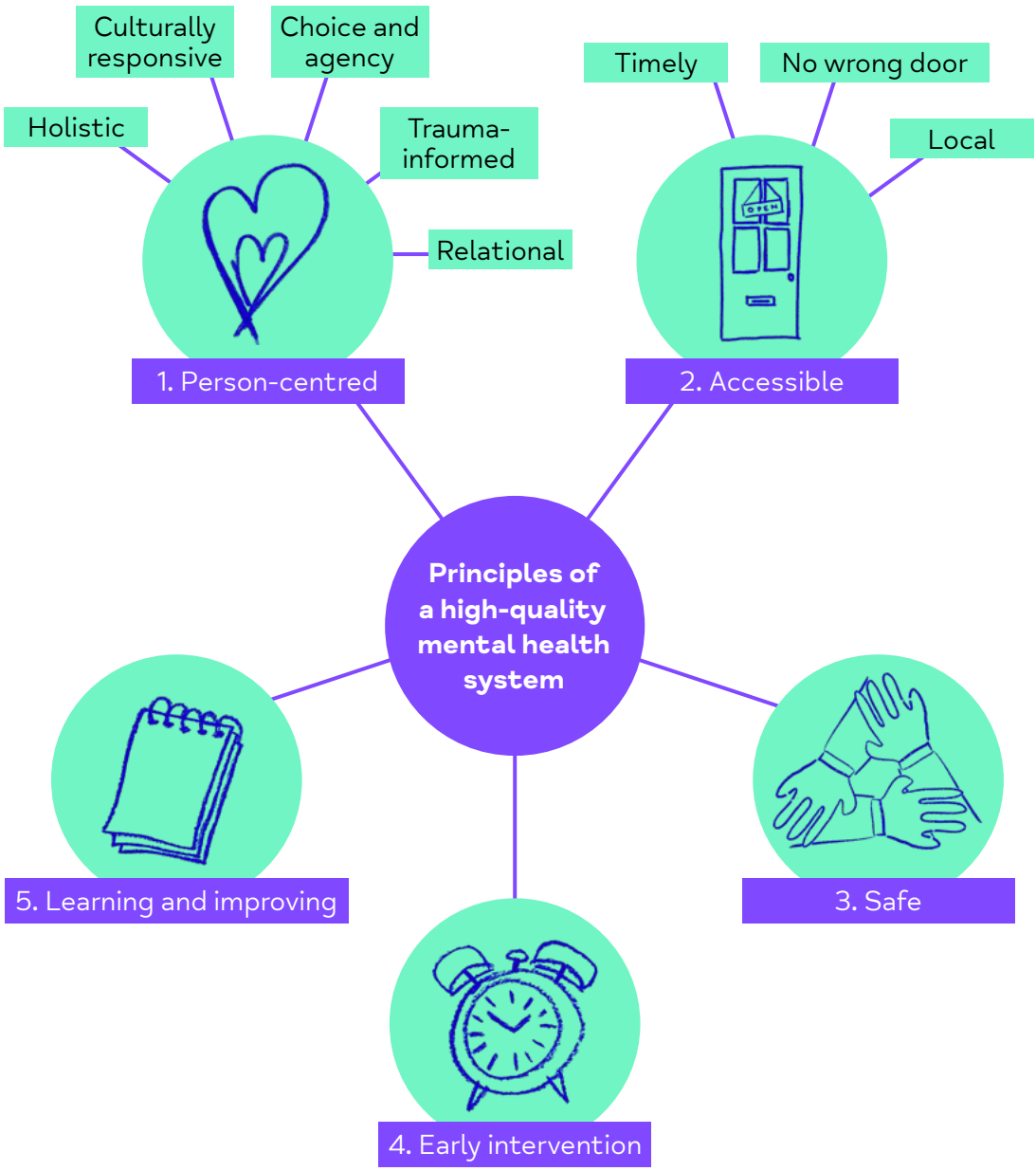
We end by setting out five key steps to move us towards a same-day open access model, recognising that there is much more work to be done, by Mind and others, to develop a detailed plan for how this transformative vision can be realised.

01

Principles of a high quality, accessible mental health system

Drawing on insights from people with lived experience, professionals, and the existing literature, we identified five key principles that are critical to a high-quality mental health system.

Some of the headline principles are much wider in scope than others – namely person-centred and accessible – so it was important to break these down and explain exactly what it means to deliver on these principles.



These principles have been part of the lexicon of mental health reform for decades, without enough focus on clearly defining them or ensuring they are being realised. Below, we set out exactly what it means to deliver on these principles, share examples of services that embody them, and explore how the principles compare to the experiences of people using mental health services and the professionals delivering them.

Person-centred

Person-centred care focuses on the individual, respecting and being responsive to their needs, wishes and values in a holistic way. This means looking not just at a person's diagnosis (or the absence of one), but considering how meeting their social, emotional, cultural and practical needs can help support their mental health. This kind of care is built on strong relationships between the person, professionals, peers, loved ones, carers and the wider community. Person-centred care works best when all these people work in partnership to determine and deliver the best care for the individual.

Genuinely person-centred care supports people to develop the knowledge, skills and confidence to make informed decisions about how their needs should be met.[15] Conversations are focused on what people would like to achieve, what is important to them, and their goals and aspirations for the future.[16] Treating people with dignity, compassion and respect is essential to delivering person-centred care.[17]

Given the breadth of the concept and how widely used it is, it can be difficult to meaningfully gauge whether a service is truly delivering person-centred care. For that reason, we break it down into five key elements:

1. Holistic
2. Relational
3. Culturally responsive
4. Trauma-informed
5. Choice and agency

Holistic

"I'm a person, not a diagnosis"
– Adult with lived experience

Holistic mental health care looks beyond specific symptoms or diagnoses and addresses the interconnected physical, emotional, social and spiritual needs of an individual. This may involve providing clinical support, as well as practical support like help with debt, employment, housing or benefits, alongside peer support, social prescribing, community activities, and supported self-care.

15 The Health Foundation (2014), *Person-centred care made simple: What everyone should know about person-centred care.* Available at: https://www.health.org.uk/resources-and-toolkits/quick-guides/person-centred-care-made-simple (Accessed: 14 July 2026).

16 Social Care Institute for Excellence (SCIE) (n.d.) *MCA: Care planning, involvement and person-centred care.* Available at: https://www.scie.org.uk/mca/practice/care-planning/person-centred-care/ (Accessed: 9 July 2026).

17 The Health Foundation (2014), *Person-centred care made simple: What everyone should know about person-centred care.* Available at: https://www.health.org.uk/resources-and-toolkits/quick-guides/person-centred-care-made-simple (Accessed: 14 July 2026).

At its core, a service delivering holistic care recognises that people's different needs are interlinked, and that treating a person's mental health clinically while ignoring their living conditions or life circumstances will ultimately limit the effectiveness of their care.[18] For example, a person might receive support with their benefits claim at the same service they receive therapy, recognising that mental health is impacted by material conditions like poverty and housing. If a person is isolated, they might receive mental health treatment and be supported to join a peer support group, befriending group, choir, community gardening project or other community group to build social connection. A person struggling with addiction might receive support from addiction services and receive care for any physical health problems as well as mental health treatment, with clear communication and coordination between the professionals providing different types of treatment.

A system delivering effective holistic care allows someone to get different types of help and advice without needing several different referrals. This requires multiple agencies, including the NHS, social care, voluntary sector and community groups, working together in partnership, coordinating to deliver a care and support plan tailored to the individual's needs and goals.

18 Wilson, K. (2025) 'What do the social determinants of mental health mean for psychiatry, psychology and law?', *Psychiatry, Psychology and Law*, pp. 1–16. Available at: https://doi.org/10.1080/13218719.2025.2578533 (Accessed: 14 July 2026); Centre for Mental Health (2026) *Stability Beyond Care: Why Welfare Advice Matters for Mental Health*. Available at: https://www.centreformentalhealth.org.uk/publications/stability-beyond-care/ (Accessed 14 July 2026); King's College London (2026), *Mental health services must tackle poverty and isolation to improve outcomes, say researchers.* Available at: https://www.kcl.ac.uk/news/mental-health-services-must-tackle-poverty-and-isolation-to-improve-outcomes-say-researchers (Accessed: 14 July 2026); Beyond Pills All-Party Parliamentary Group (2024) *Shifting the Balance Towards Social Interventions: A Call for an Overhaul of the Mental Health System.* Available at: https://beyondpillsappg.org/wp-content/uploads/2024/05/Beyond-Pills-APPG-Shifting-the-Balance-Report-2024-1.pdf (Accessed 17 July 2026).

Examples of holistic care in practice

There are several examples of services across England and Wales seeking to deliver real holistic care which considers a person's wider circumstances and needs.

Credit: Money and Mental Health Policy Institute

One outstanding example is in Bethnal Green in London, where the Barnsley Street Neighbourhood Mental Health Centre's mission is to provide 24/7, holistic and culturally sensitive mental health support.

The service is delivered in partnership by Look Ahead, a not-for-profit housing association and social care provider, East London Foundation Trust, and the Tower Hamlets Mental Health Alliance. However, it brings together a much wider range of organisations including the Asian People's Disability Alliance, Carers Centre Tower Hamlets, ELOP (specialised LGBTQI+ mental health and wellbeing services), Mind in Tower Hamlets, Rethink Mental Illness, Working Well Trust and the Women's Inclusive Team.

Through this collaboration, people are able to access a wide range of support under one roof, including specialist mental health care, crisis support, guest beds for overnight stays, peer support, support work (including practical and emotional support), group and one-to-one therapy, social work (including care assessments and personal health budgets), employment support, carers support, welfare benefit and housing advice, and domestic abuse advice. It also offers social group activities ranging from cooking to filmmaking.

Early data from the Centre suggests a reduction in missed appointments ('did not attend'), including for people with severe mental illnesses; an improvement in waiting times for assessments and referrals to home treatment teams and crisis teams; and indications of lower numbers of people presenting at A&E.

People often find mental health services don't address their wider needs

People with lived experience of navigating the mental health system told us that their mental health problems are deeply connected to wider life experiences and physical health needs, and that they valued services that recognised this. The people we spoke to viewed supporting people to remain in work or other meaningful activity as central to recovery.

Others mentioned the importance of understanding how mental health interacted with their family life and caring responsibilities.

> "It's about being holistic and focusing on your life outside of receiving treatment. You're a person with difficulties but that doesn't mean those difficulties define you. And encouraging your personal development doesn't just look at fixing these difficulties."
> – **Young person with lived experience**

While examples of holistic support exist and are encouraging, the reality for most people who access mental health care is a narrow focus on clinical treatment, without appropriate help in other areas of life to support wellbeing and personal development.[19] The experiences of the people we spoke to show that providing clinical mental health support without considering someone's wider life circumstances will not, in many cases, be appropriate or lead to long-term recovery.

19 King's College London (2026) *Mental health services must tackle poverty and isolation to improve outcomes, say researchers.* Available at: https://www.kcl.ac.uk/news/mental-health-services-must-tackle-poverty-and-isolation-to-improve-outcomes-say-researchers (Accessed: 14 July 2026); Care Quality Commission (2026) *Community mental health survey 2025.* Available at: https://www.cqc.org.uk/publications/surveys/community-mental-health-survey (Accessed 21 July 2026).

Many people told us that the system did not feel interconnected:

> "We've got to start to invest in reablement, things like individualised, personalised support, employment workers that will actually work alongside you so that you can sustain employment and gain back some financial independence." – **Adult with lived experience**

Others recounted a lack of understanding from services of how their family life interacted with their mental health:

> "I'm a lone parent to three children. In failing to help me in the beginning, the knock-on effect was I had to go into hospital, my children needed looking after, and it snowballed." – **Adult with lived experience**

Young people with experience of being in care also shared how having multiple professionals involved in their lives meant accessing mental health support could feel like an additional burden. Being required to repeatedly explain their care experience to new professionals was described as a barrier to accessing support.

Overall, it was felt that the system is often not set up to deal with the complexity of people's needs.

> "It's very rare somebody has one mental illness and needs to be treated for one mental illness. I think there is very often a big combination of things, and these services are only set up to treat the very typical presentations of one mental illness, and they just cannot cope with people that have a mixture of things going on, and therefore those people fall through the gaps and end up with no support at all." – **Adult with lived experience**

The lack of recognition of, and holistic support with, social determinants of mental health can have a serious impact on people's lives and wellbeing. For example, one report found that for people experiencing both depression and financial difficulties, only being treated with talking therapy without any support for their financial difficulties decreases the likelihood of recovery from 48% to 22%.[20] For young people, a lack of holistic support can increase the likelihood of school absences, which will often require integrated support between health, education and social care.[21]

20 Money and Mental Health Policy Institute (2016) *The Missing Link: How tackling financial difficulty can boost recovery rates in IAPT.* Available at: https://www.moneyandmentalhealth.org/publications/debt-advice-boosts-iapt-recovery-rates/ (Accessed 21 July 2026).

21 Barriers to Education (2025) *Holistic Support: Exploring and addressing young people's needs across all facets of their life.* Available at: https://barrierstoeducation.co.uk/holistic-support-2/ (Accessed 21 July 2026).

"At certain crisis points, it is not appropriate for you to be working, and it is more harmful. But for me, going to work each day was the thing that kept me going. It gave me purpose. It was something I wanted to do, and it gave me a routine. And actually, the point in crisis where they removed my ability to work was the point where it got really dangerous." – **Adult with lived experience**

Staff face significant barriers to providing holistic care

Staff experiences show the significant structural barriers they face to delivering holistic care. Although 88% of NHS mental health professionals we surveyed felt that supporting people with their wider physical and social needs was essential or very important to high-quality care, more than half (54%) felt that their service wasn't able to live up to this most of the time.[22]

"In talking therapies, we are not generally working with mental health disorders as such, we are dealing with the psychological distress caused by poverty and debt, antisocial behaviour, unmet physical health needs, housing problems, undiagnosed autism and ADHD." – **Mental Health Practitioner**

Professionals told us that despite their desire to deliver holistic care, increased pressure and higher caseloads were impacting their ability to do so.

"It is an honour to work with clients towards their recovery. I feel very privileged that my role allows me to support clients holistically. However, in the 20+ years that I have [been] working in mental health, there is more pressure across all community mental health teams in terms of practitioners' time, with the caseload increases, which obviously has a knock-on effect on staff morale and stress levels." – **Therapist**

Another major barrier to delivering holistic care is the lack of joined-up working between agencies and limited availability of alternative pathways that support people's wider needs. Staff members described the system as fragmented, with challenges to collaborative working across services, a rapid decline in voluntary sector services, and a lack of focus on building resilient communities and helping people take charge of their long-term wellbeing.

"I like my job as a care coordinator as the team I work with is great – very supportive and very person-centred in their approach. However,

22 Survey respondents were asked to indicate how frequently they felt the service in which they worked was able to uphold each of 11 defined set of values and principles. Responses were recorded using a five-point Likert scale: Always, Most of the time, Sometimes, Rarely, and Never. For reporting purposes, responses were consolidated into two categories: Most of the time (which includes Always and Most of the time combined) and Sometimes/Rarely/Never.

> the caseloads are unmanageable, it is really hard to get services to work together and often the solution to help their wellbeing is obvious but impossible to achieve (e.g. getting them appropriate accommodation) because of lack of funding and red tape." – **Mental Health Nurse**

One staff member working in specialist addiction services spoke about inconsistencies in how community mental health teams collaborate with them, commenting on the need for joined-up working across housing, physical health, social care and healthcare.

> "[I] find it difficult to treat mental health solely in mental health care – [we] need the wider organisations and services for long-term engagement, social opportunity, etc. [We're] rapidly losing these third sector services which puts pressure on mental health services. Mental health is complex and involves the entire system – [we] need change in that system too." – **Mental Health Practitioner**

Relational

> "[There's] constant pressure to move people through services at the expense of building trusting therapeutic relationships." – **Psychiatrist**

'Relational' mental health care is an approach that prioritises authentic, trust-based and non-hierarchical relationships. It recognises the value of human connections and how this is fundamental to supporting a person's recovery.

A mental health service providing relational care creates an environment where service users and professionals are held as equals, working together to make decisions about the care and support that a person needs. A key factor in successfully delivering relational care and realising its benefits is fostering a workplace culture where every member of staff truly believes that shared decision-making leads to better outcomes. Staff must be on board with the idea that a decision about someone's treatment should never happen without them in the room. In this kind of service, shared decisions become the norm, power is more balanced, and both staff and service users feel more empowered.[23]

23 The Health Foundation (2016) *Person-centred care made simple: What everyone should know about person-centred care*. Available at: https://www.health.org.uk/sites/default/files/PersonCentredCareMadeSimple.pdf (Accessed 16 July 2026). Health Services Safety Investigations Body (HSSIB) (2024) *Mental health inpatient settings: Creating conditions for the delivery of safe and therapeutic care to adults.* Available at: https://www.hssib.org.uk/patient-safety-investigations/mental-health-inpatient-settings/investigation-report/#executive-summary (Accessed 16 July 2026).

Continuity is also central to the delivery of relational care. A person receiving relational care will have one key worker, so that their relationship has time to develop and trust can be built over time. As a result, people do not feel passed around from one person or service to another, having to retell their story and rebuild trust and rapport. Mental health professionals should be trained, recruited and managed with a focus on their relational skills.

Relational care is not just about the relationship between a patient and a professional. It's about working with a person's whole support network. If a person agrees, family, friends or other carers can be involved, for example, in therapy, decision-making or crisis planning. Doing so helps people to recover and stay well, acknowledging the important role that community plays in an individual's day-to-day wellbeing.[24] Relational care is also about recognising where this might not be appropriate or may even be harmful – for example, in cases where someone is experiencing abuse at home. Practitioners need to be well-trained to identify and work with these situations.[25]

Relational mental health practice in action

In 2025, North East London NHS Foundation Trust (NELFT) established a Relational Care Faculty to nurture non-hierarchical relationships between those needing mental health support, their family, their community and their care team. This relational care approach encourages staff to be alongside people in their distress, and to build compassionate, therapeutic relationships with the person at the centre of their support network and community. A core part of the model is Peer-supported Open Dialogue, which places the individual at the centre of their own care, and teaches staff to provide rights-based, least-restrictive, systemic care, involving the individual's chosen support network as partners. The approach helps achieve positive clinical outcomes for people, with key benefits including lower rates of relapse and fewer emergency visits, as well as fostering trusting relationships between staff and service users.

24 Making Families Count (n.d.) *Why Family Involvement Matters.* Available at: https://www.makingfamiliescount.org.uk/why-family-involvement-matters/ (Accessed 14 July 2026); NHS Health Research Authority (2019) *Effective family involvement to improve patient wellbeing and safety.* Available at: https://www.hra.nhs.uk/planning-and-improving-research/application-summaries/research-summaries/effective-family-involvement-to-improve-patient-wellbeing-and-safety/ (Accessed 14 July 2026).

25 Baukaite E., Walker, K. and Sleath, E. (2025) 'Breaking the Silence: Addressing Domestic Abuse in Mental Health Settings – Identification, Screening and Responding'. *Trauma Violence Abuse 26(3): 436-450.* Available at: https://pubmed.ncbi.nlm.nih.gov/39377491/ (Accessed 20 July 2026); Macdonald, M. (2021) *The role of healthcare services in addressing domestic abuse.* House of Commons Library. Available at: https://commonslibrary.parliament.uk/research-briefings/cbp-9233/ (Accessed 20 July 2026).

The gap between current care and relational mental health practice

The importance of relational practice was repeatedly identified as a priority by the people with lived experience we consulted. Many noted that the quality of support they received improved and felt more therapeutic when they worked with mental health professionals with whom they had built long-standing, trusting relationships. Professionals practising relational approaches demonstrated genuine empathy and care, related to and understood individuals and their needs, advocated on their behalf when needed, and fostered openness and transparency.

> "What I want is good old-fashioned interpersonal contact and [a] therapeutic relationship with any clinician..." – **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**

However, many of the people with lived experience we spoke to felt that the staff they had encountered often hadn't expressed care about them or their personal story, background or experiences. In these encounters, services seemed focused on processing people one after another, adopting a transactional, queue-based approach to care. They felt staff did not have time to engage or build relationships, nor to take a person-centred approach, given the pressures on them to move people through services.

> "When I was receiving care, it was like it's just your job for you, but for me, it's my whole life I'm missing out on..." – **Young person with lived experience**

Concerns were raised about the make-up of the mental health workforce and whether staff were being trained, recruited and managed to demonstrate the personal qualities service users felt are needed.

> "There has to be people who care about people in the system and want them to get better." – **Adult with lived experience**

Young people told us how the support they received varied between different members of staff, and how the continuity that is key to relational care often doesn't exist. Frequent staff changes created uncertainty and made it harder to build trusting relationships.

One young person described their experience of support as a "pendulum". At one end, they felt excluded from decisions affecting them, while at the other, they experienced care that actively involved them in decision-making and sought positive outcomes on their behalf. However, support

frequently shifted between these two approaches, even from one day to the next. This inconsistency reinforced the belief that meaningful involvement and high quality care depended on individual staff members, rather than it being embedded within the culture of services.

> "It has been inconsistent, between the people who have supported and fought for me, and decisions made about me and care done to me with no input from me... So often clinicians won't discuss what they're thinking about your care and the options. Of course, it's got to be age-appropriate, but I don't think that that has been balanced to really allow for young people to be empowered in their care..." – **Young person with lived experience.**

We also heard about people caught up in a cycle of referral, discharge, and re-referral, with no consistent person overseeing their care. When clinicians changed, diagnoses were questioned, medication regimes altered, and long-term therapeutic relationships ended abruptly. For people with long-term, fluctuating conditions, this lack of continuity in relationships created uncertainty and risk. Budget pressures were frequently cited by services as justification for delays or reduced support, including not replacing staff, further compounding instability for service users.

> "I got a new psychiatrist who completely changed my medication regime and started questioning things that my long-term psychiatrist had put in place. Lack of continuity is so harmful." – **Adult with lived experience**

In perinatal contexts, people said the impact of frequent staff changes was particularly serious. One person described being left without a perinatal mental health nurse for almost three months post-pregnancy due to staff absence and lack of replacement, despite being high risk. They felt that appearing "well" during pregnancy contributed to services withdrawing too quickly. They reflected that without having access to long-term private therapeutic support they had paid for, they would have ended up being admitted to hospital. While discussing the importance of support, they stated: "This could be the difference in literally life and death for people." – **Adult with lived experience**

Staff face barriers to delivering the relational care they value

We heard from staff that they find their work meaningful and fulfilling when they can take a relational approach: embedding relationships at the heart of their work, having the opportunity to build relationships, and proving the therapeutic support that they know can make a difference.

Prioritising therapeutic relationships that provide consistent ongoing support was essential or very important to 98% of the NHS staff we surveyed. However, staff told us they struggle to deliver this care in the face of competing demands, with over a third (37%) feeling that the service they worked in was not able to do this most of the time.

"I find much of the work very meaningful and gratifying and I get most pleasure from the relationship-building and therapeutic work, but the sheer workload, volume of admin and pressure to juggle so many competing priorities is really stressful and overwhelming." – **Social worker**

Mirroring what we heard from people with lived experience, staff spoke about feeling pushed to deliver a more transactional service.

"[There's] 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. In my team, I feel we do manage to maintain a more therapeutic approach, but it's hard work as [we're] often under scrutiny from management." – **Psychiatrist**

When asked about working with people's families and other important people in their lives to create a supportive social network, 89% of NHS staff who responded said they thought this was essential or very important. However, 47% felt that the service they work in is unable to live up to this most of the time.

Some staff felt positive about the future when telling us about the use of initiatives such as Open Dialogue, which can offer person-centred, compassionate care with continuity built in.

"Opportunities such as Open Dialogue should be embraced as a systemic change, so rather than offering to a few, it's offered as first point, allowing us to really hear and understand what's important to the patient and family/those nearest to them. Their agenda, not ours, if this is an issue important to them, then we need to hear this and not place these ever-increasing thresholds to care that are applied. It seems to be rationing of care and support with only the most extreme cases being looked at." – **Clinical Practitioner**

Choice and agency

"I think there needs to be [an] element of people having their own agency, to have some element of designing their own form of mental health care." – **Adult with lived experience**

People having choice and agency in their care is essential in a modern, rights-based mental health system, and has been shown to be more effective and lead to better treatment outcomes.[26] From the point of first

26 Mayor, S. (2016) 'Patients offered choices about psychological treatment have better outcomes, study shows', *BMJ*, 352, p. i216. Available at: https://doi.org/10.1136/bmj.i216 (accessed 14 July 2026); Hormazábal-Salgado, R. *et al.* (2024) 'Person-Centred Decision-Making in Mental Health: A Scoping Review', *Issues in Mental Health Nursing*, 45(3), pp. 294–310. Available at: https://doi.org/10.1080/01612840.2023.2288181 (Accessed 14 July 2026)

contact, people should be treated as active partners in their care, trusted to understand their own needs and supported with clear, accessible information that enables them to make informed decisions.

In practice, this means that shared decision-making becomes standard across all services. Individuals should be able to make a genuine choice as to where and how they receive care, and between different providers and treatment approaches. Making this a reality requires sufficient time for professionals to listen to people carefully, explain their options, and ensure they've fully understood.

The availability of services also plays a key role in offering genuine choice. For example, it wouldn't be considered a true choice between digital and face-to-face therapy if the wait for face-to-face treatment was far longer than for digital.

Care planning is a central mechanism through which choice and agency are realised. For example, under the Mental Health Act, Advance Choice Documents (ACDs) allow individuals to set out their care and treatment preferences when they are well, for use in any future instance that they are detained under the Act. The idea is that professionals should be guided by these documents to respect a person's wishes and encourage them to be transparent and accountable if those wishes are not followed.[27]

A service that prioritises choice and agency should co-create care plans jointly between individuals and professionals. They should reflect a person's treatment goals and remain flexible and adaptable over time as circumstances change.

Embedding choice and agency also requires that people's legal rights are actively upheld in day-to-day practice. Any decisions to depart from a person's stated wishes should be clearly and transparently documented, and people should have the opportunity to challenge treatment decisions they disagree with. This becomes particularly important when people are detained in hospital against their will. When people may have trouble making choices about their care, professionals must take practical steps to support them to participate as fully as possible and to access independent advocacy that can help them to do this.

When choice and agency are embedded in this way, the benefits are significant. People are more likely to feel heard and respected, and in turn have greater trust in the service they're accessing.[28] This leads to improved outcomes and lower

27 Mind (n.d.), *Mental Health Act reform*. Available at: https://www.mind.org.uk/about-us/our-policy-work/mental-health-act-reform/ (Accessed 14 July 2026).

28 World Health Organisation (WHO) (2022) *Autonomy in health decision-making – a key to recovery in mental health care.* Available at: https://www.who.int/news-room/feature-stories/detail/autonomy-was-the-key-to-my-recovery (Accessed 16 July 2026); Stanhope, V., et al (2013). 'Examining the Relationship between Choice, Therapeutic Alliance and Outcomes in Mental Health Services'. *Journal of personalized medicine, 3*(3), 191–202. Available at: https://doi.org/10.3390/jpm3030191 (Accessed 16 July 2026).

treatment dropout rates.[29] Building this trust is particularly important for marginalised communities, those who have previously had negative experiences with services, and people struggling with trauma – for example survivors of abuse.[30] Building a trusting relationship based on communication, agency and choice can make people more likely to seek care, engage with and remain in treatment. It has also been shown to lead to more positive experiences of the care received.[31] This was reflected by the people with lived experience that we spoke to, who placed high importance on having choice and agency in their treatment.

> "Positives were when practitioners listened without rushing, explained options clearly, and offered choices." – **Adult with lived experience**

A young person with lived experience described co-created care plans in Children and Young People's Mental Health Services positively, reflecting that their "care plan was completely co-created and very detailed and was available for everyone to see." – **Young person with lived experience**

29 ohnson, C. (2025) 'The impact of patient choice on uptake, adherence, and outcomes across depression, anxiety and eating disorders: a systematic review and meta-analysis'. *Psychol Med.* 7:55:e32. Available at: https://pubmed.ncbi.nlm.nih.gov/39916348/ (Accessed 29 July 2026); Windle, E. *et al.* (2020) 'Association of Patient Treatment Preference With Dropout and Clinical Outcomes in Adult Psychosocial Mental Health Interventions'. *JAMA Psychiatry* 77L294. Available at: https://doi.org/10.1001/jamapsychiatry.2019.3750 (Accessed 29 July 2026).

30 Care Quality Commission (CQC) (2025) *Addressing health inequalities through engagement with people and communities: Building trust.* Available at: https://www.cqc.org.uk/local-systems/integrated-care-systems/framework-engaging-people-and-communities/health-inequalities-engagement-framework/prepare/building-trust (Accessed 21 July 2026); Black Mental Health and Wellbeing Alliance (2024) *Black Mental Health Manifesto.* Available at: https://www.bmhwa.co.uk/the-manifesto (Accessed 21 July 2026); Women's Aid (2021) *Survivors deserve to be heard: The reality of the barriers to mental health support.* Available at: https://womensaid.org.uk/the-reality-of-the-barriers-to-mental-health-support/ (Accessed 21 July 2026).

31 Gaebel, W. et al. (2014) 'EPA guidance on building trust in mental health services'. *European Psychiatry* 29: 83-100. Available at: https://www.europsy.net/app/uploads/2013/11/EPA-Guidance-on-Building-Trust-in-Mental-Health-Services.pdf (Accessed 21 July 2026); Brown, P. et al. (2009) 'Trust in Mental Health Services: A neglected concept'. *Journal of Mental Health* 18(5): 449-458. Available at: https://kclpure.kcl.ac.uk/portal/en/publications/trust-in-mental-health-services-a-neglected-concept/ (Accessed 21 July 2026).

Examples of treatments that embed choice and agency

There are many VCFSE organisations that embed choice and agency into their service models.

For example, Mind in Croydon's mission is to "provide support, information and advice to empower anyone experiencing a mental health problem". The organisation offers several types of advice, guidance and signposting services, both in person at their Health and Wellbeing Space and via a telephone Information Service. This gives people the opportunity to speak about their situation and access information about support they can receive from Mind in Croydon and other local organisations. This enables them to make informed decisions about the type of support they would like to access. Through a Mental Health Personal Independence Co-ordinator Service, Mind in Croydon supports people with Severe Mental Illnesses to take agency over their Personal Recovery Plans and to live independently.

Mind in Croydon also offers Mental Health Advocacy services for those accessing community mental health services and those detained under the Mental Health Act. This service supports people to be heard and listened to in relation to their care and treatment, and to understand their legal options, rights and choices.

People often feel voiceless in their treatment

While good examples of services promoting choice and agency exist, experiences across the country vary, with some people describing feeling a loss of control and disempowerment through their interactions with services.[32] This can lead to feelings of helplessness and hopelessness, loss of trust in services (which may deter people from seeking help in future), and worse treatment outcomes.[33]

People we spoke to described feeling unheard and unable to speak up for their own rights, including in decisions about medication.

> "...no one believes me when I speak, no one is listening." – **Adult with lived experience**

32 Care Quality Commission (CQC) (2025) *The state of health care and adult social care in England 2024/25.* Available at: https://www.cqc.org.uk/publications/major-report/state-care/2024-2025 (Accessed 16 July 2026); Clarke, F. (2021) *My experience of hospital during a mental health crisis*, Mind. Available at: https://www.mind.org.uk/information-support/your-stories/my-experience-of-hospital-during-a-mental-health-crisis/ (Accessed 17 July 2026).

33 Care Quality Commission (CQC) (2025) *The state of health care and adult social care in England 2024/25.* Available at: https://www.cqc.org.uk/publications/major-report/state-care/2024-2025/access/mh (Accessed 29 July 2026); Lejeune, J. (2022) *Young People Often Feel Invalidated by Mental Health Emergency Service Providers.* Available at: https://www.madinamerica.com/2022/08/young-people-often-invalidated-objectified-mental-health-emergency-service-providers/ (Accessed 29 July 2026).

Another person reflected that when they raised concerns about the help they were getting, the responsibility was often placed back on them.

"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**

Many described feeling like they were not meaningfully involved in discussions, and that decisions were not always clearly explained. They didn't always know what options were available and felt unable to influence their care, which made it harder for them to engage with services.

Young people emphasised the particular challenges around episodes of crisis and the "amount of control that [services and professionals] have over you at that period of time". We heard that younger children can often be excluded from decisions about their own care, even when they feel able to contribute.

"It makes children feel like things are being done to them instead of done with them." – **Young person with lived experience**

Young people told us that professionals feel unsure about how much to share with them or how to involve them appropriately, which leaves them feeling left out of decisions.

"So often clinicians won't discuss how they're feeling about your care and how they're thinking about the options. Of course, it's got to be age-appropriate and it's very important, but at the same time, I don't think that that has really been balanced well, and there's not as much policy around it to really allow for young people to be empowered in their care and be able to explain things." – **Young person with lived experience**

People told us they want to speak openly about their goals, what has and hasn't worked, and what they want from services.

"People should be able to choose what they need, with guidance from professionals. You know yourself best, you know what's going to work for you, if you have all the options and informed choice." – **Young person with lived experience**

Staff value choice and agency – but services don't always enable this

Almost all NHS professionals we surveyed (98%) agreed that it is essential or very important to empower people to have an active role in making decisions about their care and support.

However, this isn't always followed through in practice, with over a third (34%) of these respondents feeling that their service wasn't able to live up to this principle most of the time.

Most NHS respondents (96%) agreed that ensuring legal rights are explained and respected is essential or very important to high-quality care. But 25% felt their service wasn't able to live up to this principle most of the time.

Staff expressed deep commitment to their roles and highlighted the moral distress of seeing declining patient care while having limited power to influence the systems contributing to it.

> "I love my role, I give it my all every single day. But working within the trust that I do and seeing every single day the patient care decline and being in a powerless position to do anything about that... to be complicit in a system such as this one, how can anyone who stands firm in upholding human rights, choice and autonomy?" – **Specialist Role, Inpatient and Residential Care**

There is also work being done by some professionals to embed 'choice and agency' into the services they provide. Staff told us that they believe they are working hard to improve these systems and that services have improved over time.

> "I am currently not in a clinical role, however I strongly believe that we do strive to improve mental health treatment and as the Trust I work for invests in staff exploring alternatives, treatment has definitely evolved in my era... words such as co-production and practices whereby the patient is at the centre of care are now embedded in everyday practice, patients are now offered choices, [and are] well informed in regard to medication and treatment options, which I am sure has improved the patient experience." – **Occupational Therapist**

Culturally responsive

> "Services [and] professionals should be culturally competent and culturally safe. For me, that means being treated as a whole person: my language, faith, family roles [and] migration story are seen as strengths to build on, not problems to fix." – **Adult with lived experience**

A mental health service that is culturally responsive recognises that a person's culture, background and identity can affect how they experience mental health. It understands these differences when providing support to meet the needs of individuals. This includes considering a person's ethnicity, nationality, religion, language, sexuality, disability and gender.

This principle in practice means removing barriers to accessing support and improving experiences of care for marginalised communities. It recognises that people from marginalised communities may experience higher risk factors and

different social determinants that shape their mental health.[34] It also acknowledges that people may experience symptoms differently, prefer different treatments, or have varied attitudes towards help-seeking. Culturally responsive care is shaped around what people need. It is fair, inclusive, and challenges racism and discrimination. It helps people feel understood, represented and not judged.

Culturally responsive services are designed with marginalised communities, empowering them to make decisions about their own care. Services are run by or partner with local charities, community organisations and mainstream services to deliver this principle. They share knowledge and learning about what works to strengthen and improve relationships with specific groups.

In practice, effective support looks at the whole person, considering the social, emotional, spiritual, and financial factors that can impact the mental health of people from different cultural backgrounds. This may include providing interpreters and translated information leaflets, enabling people to work with therapists that belong to the same community as them, offering any reasonable adjustments people might need to access services in a way that works for them, and ensuring that all staff are trained in anti-racism. Culturally responsive services make it easier for marginalised communities to find and access the right support when they need it.[35]

Examples of effective culturally responsive care in practice

There are many examples of culturally appropriate care being delivered effectively.

Based in London, Nafsiyat is an intercultural therapy centre that provides free psychotherapy and counselling services in over 20 different languages. The team includes professionals from diverse backgrounds who are sensitive to the therapeutic needs of cultural minority groups. This service combines therapy with practical support, helping people with benefits, housing, legal advice, translation and financial literacy. It acknowledges the impact of

34 Mental Health Foundation (2026) *The Foundation Reports: The state of mental health inequality in the UK.* Available at: https://reports.mentalhealth.org.uk/foundation-reports/report/ (Accessed 20 July 2026); Black Mental Health and Wellbeing Alliance (2024) *Black Mental Health Manifesto.* Available at: https://www.bmhwa.co.uk/the-manifesto (Accessed 20 July 2026); Pierce, M. *et al.* (2025) *Understanding drivers of recent trends in young people's mental health.* Youth Futures Foundation. Available at: https://youthfuturesfoundation.org/publication/report-understanding-drivers-of-recent-trends-in-young-peoples-mental-health/ (Accessed 20 July 2026).

35 National Children's Bureau (2024) *Delivering person-centred care and support for the UK's culturally diverse communities.* Available at: https://www.researchinpractice.org.uk/media/nlqpcvr3/adults_fb_supportingworkacrosscultures_web.pdf (Accessed 16 July 2026).

social inequality and works to address both emotional wellbeing and the root causes of poor mental health. Outreach workers actively connect with people in the community to assist them in accessing these services.

Similarly, Solace provides psychotherapy to refugees and asylum seekers across Yorkshire and the Humber regions. This service supports displaced people living with the effects of trauma and persecution. Practitioners provide talking therapy through interpreters, group stress management sessions, and a programme of pain management.

Building trust and helping people feel safe enough to engage with support takes time, understanding and training. Making services culturally responsive helps people to access support, build confidence in services, and stay engaged longer.

People face barriers to accessing culturally responsive care

People with lived experience told us how important culturally responsive care is and just how impactful it can be when you find it.

When describing the importance of the principle, one person told us that both services and professionals "should be culturally competent". For them, this means their identity and experiences should be seen as "strengths to build on, not problems to fix".

Many people spoke about the difference it made when they met professionals who shared their cultural background or identity.

> "I was transferred to someone who was from a south Asian background like me, she was a woman, she listened to me. If we had more people who were attuned and who matched with people from a similar cultural background or empathy, it could change a lot of things." – **Adult with lived experience**

Being understood without having to over-explain or justify your experience was described as transformative. One person spoke about their experience of being part of the LGBTQ+ community and described finally getting care from someone who was "also queer" as "the first time I felt like I really was getting help." – **Adult with lived experience**

Although there are positive examples, people with experience of mental health problems told us that the lack of culturally responsive services and staff remains a barrier.

Too often, services are not set up to understand and address the cultural and familial barriers people face to seeking help. People from racialised groups spoke about the stigma around mental health and worries that seeking support could have negative consequences. There were concerns around being seen as "releasing information" that could get their parents "in trouble". Cultural expectations made it harder for some young people to talk openly about mental health with parents and at

school. For one person, seeking help felt like they were "letting their family down".

People also shared experiences where they encountered language barriers and struggled with the lack of availability of interpreting services across many health settings.

When services do not work with people from marginalised groups to design services in their communities, they are less able to understand and respond to their needs. This further entrenches barriers to access, meaning people from marginalised groups may enter mental health services at a much later stage – often when they reach crisis point – and may be subject to more restrictive interventions.

Staff face barriers to implementing culturally responsive care

Mental health professionals who responded to our survey feel strongly about culturally responsive care. Almost all NHS professionals we surveyed (96%) believe that it is essential or very important to provide care that is responsive to people's cultural identities, values and needs. However, over a third (34%) felt their service is unable to live up to this principle most of the time.

Some staff from marginalised communities felt that services were less likely to value their views.

> "...if you are a BME [Black and Minority Ethnic] worker with lived experience or carer responsibility, your views are less likely to count or be sought." – **Psychiatrist**

Staff recognise that the workforce needs to be equipped with the right skills to meet the needs of specific groups.

> "We need cultural competency training across services to address culture, ethnicity, gender, and disability. Race-based trauma is HIGHLY missed as a root piece to individuals' trauma and chronic stress." – **Mental Health Practitioner**

Data monitoring to understand needs, measure progress, and hold services to account helps to reduce mental health inequalities, support continuous learning, and improve services over time.[36]

Trauma-informed

> "Unfortunately, [my] past experience with mental health services has added to my trauma." – **Adult with lived experience**

36 NHS England (2024) *Inequalities in mental health and why this data is a priority.* Available at: https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/submit-data/data-quality-of-protected-characteristics-and-other-vulnerable-groups/inequalities-in-mental-health-and-why-this-data-is-a-priority (Accessed 16 July 2026); Committee of Public Accounts (House of Commons) (2023) *Progress in improving mental health services.* Available at: https://publications.parliament.uk/pa/cm5803/cmselect/cmpubacc/1000/report.html#heading-1 (Accessed 16 July 2026).

Trauma can be caused by a range of experiences, including childhood adversity (such as abuse and neglect), domestic abuse, violence and discrimination. This can lead to mental and physical health problems and impact whether, and how, someone is able to access mental health services.[37] Trauma-informed care takes this into account, and is usually based on the "four Rs":

- **Realise:** all people at all levels have a basic realisation of the widespread impact of trauma.
- **Recognise:** people within organisations can recognise the signs and symptoms of trauma, and how it can affect individuals and communities.
- **Respond:** organisations respond by integrating trauma-informed principles into their practices, processes and policies.
- **Resist:** organisations resist implementing practices that may re-traumatise individuals.[38]

Trauma-informed mental health care understands and responds to the relationship between people's life experiences and the development of mental health difficulties. Care is grounded in an understanding of how previous trauma can impact a person's needs, including their ability to feel safe and develop trusting relationships with mental health professionals. Mental health professionals, alongside key professionals in educational settings, social care and other public services, should be trained to recognise the signs and symptoms of trauma and how to support people who have had traumatic experiences.

Trauma-informed care means listening to and valuing people's stories, creating safe spaces, and showing understanding and empathy. It means taking these stories into account when delivering services, and putting specific processes in place which support the prevention of re-traumatisation, including not forcing people to recount their stories multiple times to be able to access support. While processes are important, trauma-informed care must also be based on a culture of communication, learning, co-production and adaptation around people's needs.

37 UK Psychological Trauma Society (n.d.) *Trauma-informed approaches in healthcare.* Available at: https://ukpts.org/trauma-informed-approaches-in-healthcare/ (Accessed 17 July 2026); Women's Aid (2021) *Survivors deserve to be hard: The reality of the barriers to mental health support.* Available at: https://womensaid.org.uk/the-reality-of-the-barriers-to-mental-health-support/ (Accessed 17 July 2026); Stoycheva, V. (2023) *5 Reasons Why It May Be Hard to Seek Support After Trauma.* Available at: https://www.psychologytoday.com/gb/blog/the-everyday-unconscious/202305/5-reasons-why-it-may-be-hard-to-seek-support-after-trauma (Accessed 17 July 2026).

38 Frontiers (2025) *Trauma-informed Care on mental health wards: staff and service user perspectives.* Available at: https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2025.1578821/full (Accessed 16 June 2026); NHS England (2025) Trauma-informed and harm-aware inpatient care. Available at: https://www.england.nhs.uk/long-read/trauma-informed-harm-aware-inpatient-care/ (Accessed 16 June 2026).

Trauma-informed practices will look different depending on the context

There are many ways trauma-informed practices can be built into services, and there are lots of great examples of this.

South East Essex Trauma Alliance is a small core team – comprised of a psychotherapist, an assistant psychologist and a half-day-per-week consultant psychologist – based in the local mental health trust. The team promotes trauma-informed practice to create safer, more inclusive and empowering services, with the goal of changing organisational and systemic cultures. They work with a membership made up of around 30 teams and organisations that have pledged their commitment to becoming trauma-informed, spanning health and social care, charities, social enterprise groups and emergency services. They work with Lived Experience Ambassadors on initiatives such as the Trauma Buddy passport: a pocket-sized card for patients to write down what triggers them to recall traumatic events, the signs to look out for, and what staff can do to support them.[39]

There are many examples of VCFSE organisations incorporating trauma-informed practices and supporting other organisations to do so. One of those is Cambridgeshire, Peterborough and South Lincolnshire (CPSL) Mind, which co-designed The Sanctuary with people with lived experience. The Sanctuary is a space for people needing crisis support that is designed to feel welcoming and calming, rather than clinical. It is staffed by professionals who aim to provide practical and emotional support without judgement. One person who used this service said: "Rather than a clinical experience, it provides a person-centred approach, meaning I can easily talk things through with someone who understands and can help me."

CPSL Mind also offers other services, including the Victim and Witness Support Service, helping those whose mental health and wellbeing has been impacted by crime, and a training course on Trauma-Informed Communication for organisations, designed to strengthen understanding of trauma-informed practice and, more specifically, how collaborative communication supports this practice.

39 Centre for Mental Health (2024) *Creating Safer, More Inclusive Services: Towards Trauma-Informed Practice.* Available at: https://www.centreformentalhealth.org.uk/creating-safer-more-inclusive-services-towards-trauma-informed-practice/ (Accessed 16 June 2026); Essex Partnership University NHS Foundation Trust (2025) *People with lived experience helping to increase understanding of trauma.* Available at: https://www.eput.nhs.uk/news/people-with-lived-experience-helping-to-increase-understanding-of-trauma/ (Accessed 16 June 2026).

Some people with lived experience find that mental health services add to their trauma – instead of helping them with it

The people with lived experience we spoke to identified a need for better trauma-informed practice across the system. People felt it was important to have support that acknowledges the complex role trauma can play in contributing to mental health problems and in shaping people's engagement with support services.

Some people recounted how their interactions with mental health services had compounded their trauma rather than alleviating it.

> "Being trauma-informed is a MUST. Unfortunately, my past experience with mental health services has ADDED to my trauma, rather than feeling supported and listened to." – **Adult with lived experience**

People shared that their experiences in mental health hospitals added to their trauma, and that experiencing repeated seclusion and restraint was re-traumatising.

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

The Health Services Safety Investigations Body (HSSIB) noted similar issues, observing incidents of re-traumatisation in their investigation into inpatient mental health settings. HSSIB raised concerns about whether staff have the skills and knowledge to deliver trauma-informed care.[40]

Staff don't always feel able to provide trauma-informed care

For the mental health professionals we surveyed, understanding and responding to the impact of past trauma that service users may have experienced was critical. 96% of NHS staff who took part in the survey described this as essential or very important in being able to deliver high-quality mental health services. However, 42% felt their service was unable to live up to this principle most of the time.

> "There are so many incredible staff out there that want to do an amazing job, but nationally there is a lack of strategy and leadership around how to provide truly integrated and trauma-informed care." – **Psychologist**

Another staff member pointed specifically to the need for racial trauma training, focused on competency around the lived experiences and needs of racially minoritised groups.

40 Health Services Safety Investigations Body (HSSIB) (2024) Mental health inpatient settings: Creating conditions for the delivery of safe and therapeutic care to adults. Available at: https://www.hssib.org.uk/patient-safety-investigations/mental-health-inpatient-settings/investigation-report/ (Accessed 17 July 2026).

"I think there's a great need for racial trauma training and I don't mean DEI [Diversity, Equality and Inclusion]. I mean actual competency training around the lived experiences and needs of racial minority groups." – **Mental Health Practitioner**

Accessible

It often takes a lot of courage for people to reach out for help with their mental health. It is therefore important that when they do so, help is accessible. This means that support is available when they need it, close to home. It also means that the system is easy to navigate, offering any reasonable adjustments that people might need to access services in a way that works for them.

In this section, we explore three core principles of accessible mental health care: timeliness, locality, and a "no wrong door" approach.

Timely

"I have the compassion and the qualities to support these families, but feel we are letting them down with the waiting times and the limited staff that are available to carry out the assessments." – **Mental health professional working in children and young people's services**

Timely access to mental health services allows people to access the support they need quickly, at the right time, and without delays. They don't have to wait for weeks, months or even years for an assessment or treatment. People should be met with a meaningful intervention at the point that they decide to reach out. This intervention should be therapeutic, exploring why someone is struggling, their circumstances and their wider needs. It should lead to an agreed plan, which may involve linking people into other services and support.

Receiving the right care at the right time gives people the best chance of recovery and increases the likelihood that people will be able to engage in day-to-day activities like work, study, leisure activities and maintaining relationships.[41]

Timely access to mental health services will mean different things for different people depending on their level of distress. For someone in an emergency who may have attempted

41 Rethink Mental Illness (2025) *Right Treatment, Right Time.* Available at: https://www.rethink.org/media/hpapzday/right-treatment-right-time-2025-report.pdf (Accessed 16 July 2026); Reichert, A. and Rowena, J. (2018) 'The impact of waiting time on patient outcomes: Evidence from early intervention in psychosis services in England'. *Health Econ* 27(11): 1772-1787. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC6221005/ (Accessed 28 July 2026); Department of Health & Social Care (2023) *Mental health and wellbeing plan: discussion paper.* Available at: https://www.gov.uk/government/calls-for-evidence/mental-health-and-wellbeing-plan-discussion-paper-and-call-for-evidence/mental-health-and-wellbeing-plan-discussion-paper (Accessed 28 July 2026).

to harm themselves, timely support means a prompt response from crisis teams and emergency services. For those in crisis who do not need emergency medical care, this might mean receiving support through crisis cafes, safe havens or 24/7 helplines. For people experiencing more mild or moderate mental health problems, access to support in daytime hours may be sufficient.

Examples of timely access improving care and outcomes

An internationally renowned example of timely access to care is the Trieste model. With an open-door approach and no waiting lists, this model operates through a network of 24/7 community mental health centres, integrated with other services like supported housing and home care, with strong links into social services. The Trieste model has seen reductions in the number of mental health inpatients, emergency presentations, involuntary treatments and deaths by suicide.[42]

The Early Support Hub model is another service model with a strong focus on timely access, with around 70 currently operating in England. They offer holistic support for young people aged 11-25 on a self-referral basis. Many early support hubs have no thresholds for access and multiple access points, including drop-ins, online platforms, phone support and outreach, to ensure young people can get help when they need it. This means young people can get support much more quickly than, for instance, through CAMHS. The model is guided by the Youth Access Quality Framework, which outlines key principles such as accessibility and flexibility so that services can adapt to young peoples' individual needs in the local area, including by tailoring their opening hours. Early findings from an independent evaluation commissioned by the Department for Health and Social Care (DHSC) suggest young people value these hubs for their accessible, holistic approach, and for fostering community.[43]

42 Neville, S. and Peel, M. (2024) 'How a small Italian city became a model for mental health care'. *Financial Times*. Available at: https://www.ft.com/content/61e29758-eb9d-4399-b1d1-e2f7bf476a41 (Accessed 29 July 2026); Council of Europe (2021) *Trieste Model – 'Open Door – No Restraint System of Care for Recovery and Citizenship' – Italy*. Available at: https://www.coe.int/en/web/human-rights-and-biomedicine/-/trieste-model-open-door-no-restraint-system-of-care-for-recovery-and-citizenship-- (Accessed 30 July 2026).

43 Mind (2025) *Care Before Crisis: How the UK government can turn the tide on young people's mental health.* Available at: https://www.mind.org.uk/news-campaigns/our-campaigns/children-and-young-peoples-mental-health/care-before-crisis-our-report-on-young-peoples-mental-health/ (Accessed 30 July 2026); Youth Access (2026) *Early support hubs in focus.* Available at: https://www.youthaccess.org.uk/publications/policy/early-support-hubs-focus (Accessed 30 July 2026).

Most people aren't receiving timely care

For people with lived experience who attended our workshops, timely support was identified as critical, with people emphasising how delays in access can significantly worsen their mental health problems and increase feelings of distress.

For most people experiencing mental health problems, the first port of call for support is their GP. Unfortunately, many people will hold off even seeing a GP until their mental health problems become unmanageable. They then face long waits without support for mental health services that are often restricted and rationed.[44]

One person described being on a waiting list for specialist care for two years, repeatedly being told to "just wait" when they tried to access help in the meantime. Others told us about how difficult it is to need support now while being told that there is no option but to wait.

We also heard that long, uncertain waiting periods left people feeling abandoned and unheard, and solely responsible for managing their wellbeing when they are least able to and are at their most vulnerable.

> "I can't just do nothing for 21 months... and I asked what's available in the meantime. But apparently nothing." – **Adult with lived experience**

Young people raised how difficult it can be to get an appointment with their GP, and that they find it stressful when there is a lack of follow up and information about timelines and next steps is unclear. This is especially a problem when referral to another service may result in them being placed on a long waiting list.

We heard that even the expectation of long waits discouraged people, particularly young people, from seeking help in the first place. One young person said they found support difficult to access because of "the waiting times and the uncertainty about what help is available". Others said this left them reluctant to seek the support they need. The uncertainty about whether they will be seen and the lack of response they often face undermines young people's confidence in being able to get the

44 Care Quality Commission (CQC) (2025) *High demand, long waits, and insufficient support, mean people with mental health issues still not getting the support they need.* Available at: https://www.cqc.org.uk/press-release/high-demand-long-waits-and-insufficient-support-mean-people-mental-health-issues (Accessed 16 July 2026); Rethink Mental Illness (2024) *Patients leaving GP appointments after not discussing all worries.* Available at: https://www.rethink.org/news-and-stories/news-and-views/2024/patients-leaving-gp-appointments-after-not-discussing-all-worries/ (Accessed 16 July 2026); The Health Foundation (2026) *Half of the public avoided contacting their GP about a health concern, new polling shows.* Available at: https://www.health.org.uk/media-office/press-releases/half-of-the-public-avoided-contacting-their-gp-about-a-health-concern-new-polling-shows (Accessed 16 July 2026); Mind & Centre for Mental Health (2025) *The Big Mental Health Report.* Available at: https://www.mind.org.uk/about-us/our-policy-work/the-big-mental-health-report/ (Accessed 16 July 2026)

help they need from services. In the meantime, young people described how their mental health often deteriorates, making them more likely to fall out of work or education and face barriers to returning.

For some, the lack of access to timely care drives them to seek out less formal sources of support. Mind's recent survey of adults in Britain found that 18% of respondents had used AI chatbots to support their mental health or wellbeing in the past year. Of those who had used AI chatbots in this way, 60% said they used them instead of formal support for various reasons, including 18% who used them because they couldn't access formal support.[45]

People also described the impact of long waits between assessment and treatment. Many said they wanted services to be in contact and acknowledge them even if immediate support is not available, rather than being left without information, in limbo and in silence.

Participants described late at night as a time when support is needed but can feel particularly limited, especially when options are restricted to helplines. Being told repeatedly to attend A&E, sometimes after other avenues had failed, increased fear and deterioration rather than providing relief.

> "I was told in the end to attend A&E. I am neurodivergent and the thought of sitting in A&E for ten hours filled me with utter horror, so I deteriorated further." – **Adult with lived experience**

Participants told us about understaffing, staff in constant crisis mode, and a lack of genuine therapeutic input during crisis admissions. These experiences reinforced the sense that the system often intervenes too late, and sometimes in harmful ways.

Staff want to deliver early support – but system pressures are getting in the way

The views of staff echoed those of people with lived experience, recognising that timely access to the right support is vital for patient safety, trust and engagement with services. Staff are keen to provide safe and effective care, and to reduce the moral distress caused by long waits and unmet need. For staff, timely support is not just about speed; it's about being able to build therapeutic relationships early and to work together with people towards better mental health outcomes.

Almost all of the NHS professionals (98%) who responded to our survey agreed that providing access to

45 2,019 people aged 18+ across England, Wales and Scotland were polled by Yonder Data Solutions, on behalf of Mind, in the w/c 15th June 2026 and data was weighted to the latest Census figures on Gender, Age, Social grade, Tenure, Working Status, Ethnicity and GO region. Respective question base sizes: 2,004; 336 - all analysis excludes those selecting "prefer not to say".

support as soon as possible when someone needs it is essential or very important to delivering high-quality mental health care. However, 54% of these respondents felt their service is not able to do this most of the time.

Staff highlighted that demand for services has grown at a faster rate than resources and funding. Tensions between different parts of the mental health system, with overstretched GPs, community mental health services and emergency services, add to the delays for service users.[46] Staff are frustrated that they are unable to deliver the kind of timely support that is critical to high-quality mental health care.

> "When clients are having to wait 3+ years to be seen for interventions such as trauma therapy, it really does affect you negatively when you can see that the clients are suffering more because of this, and there is nothing you can do about it." – **Psychiatrist**

> "There are huge gaps within mental health services between primary care and secondary care. Primary care services will often decline individuals struggling with emotional regulation, though many often don't meet the criteria for secondary mental health care [and] therefore are unable to access appropriate support. There are significant waits for inpatient admissions, leaving patients in the community to become more and more unwell before a bed is identified and a delay in treatment." – **Psychotherapist**

We heard about workforce shortages, with vacancy, turnover and absence rates all too high, and rates of recruitment and retention too low, in parts of the mental health system. NHS staff find that they end up managing crises and providing narrow clinical support, rather than providing the timely care they know works.

> "It is incredibly frustrating to be working in a service which is actively being defunded, while politicians will speak about how funding is increasing. The reality is, services are working with significant staffing vacancies while being told that they are not allowed to recruit to fill vacant posts. Those using services are growing increasingly and justifiably frustrated by long waiting lists, while being unaware of the extent of staffing depletion in teams, and the fact that this depletion is not due to a lack of people applying to posts, but to a Trust policy of not filling vacant posts due to government instructions to cut costs by seemingly any means necessary." – **Psychologist**

46 Department of Health & Social Care (DHSC) (2026) *Independent Review into mental health conditions, ADHD and autism: interim report.* Available at: https://www.gov.uk/government/publications/independent-review-into-mental-health-conditions-adhd-and-autism-interim-report/independent-review-into-mental-health-conditions-adhd-and-autism-interim-report#why-services-are-under-pressure (Accessed 16 July 2026).

The result is a system without the frontline service capacity to keep up with demand, preventing staff from delivering the care they want to provide, with millions of people with mental health problems facing high thresholds for care and waiting months or even years before receiving treatment.[47]

"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**

Local

A truly local mental health system offers care close to where you live, without creating a postcode lottery in the quality and availability of services.[48] Most services are delivered at a local (or "neighbourhood") level, with more specialised services provided across a larger area or regional level. The services that exist in an area should be determined by the needs of the local population, and co-designed with them. Fully integrated local services should be provided through partnerships between the NHS, local authorities, the VCFSE sector, educational institutions, workplaces and other local organisations.

Local care should be physically accessible, including in more remote areas. Services should be available in community locations – such as town and village halls, leisure centres, community organisations and schools – particularly in rural and coastal areas, where a bespoke hub may not be possible. This, in combination with outreach services, can help to foster non-stigmatising, non-medicalised spaces for marginalised groups.[49] For those who aren't able to leave home

47 Rethink Mental Illness (2025) *Right Treatment, Right Time.* Available at: https://www.rethink.org/media/hpapzday/right-treatment-right-time-2025-report.pdf (Accessed 16 July 2026); The NHS Alliance (2019) *Mental health services: addressing the care deficit.* Available at: https://thenhsalliance.org/resources/mental-health-services-addressing-the-care-deficit (Accessed 16 July 2026).

48 Palmer, N. (2024) *Mental health services are a postcode lottery dependent on council politics.* Brunel University of London. Available at: https://www.brunel.ac.uk/news-and-events/news/articles/Mental-health-services-are-a-postcode-lottery-dependent-on-council-politics (Accessed 16 July 2026); Children's Commissioner (2023) *A postcode lottery: the picture facing children's mental health services.* Available at: https://www.childrenscommissioner.gov.uk/blog/childrens-mental-health-services/ (Accessed 16 July 2026).

49 World Health Organisation (WHO) (2025) *From isolation to inclusion: community-based mental health care.* Available at: https://www.who.int/news-room/commentaries/detail/from-isolation-to-inclusion---community-based-mental-health-care (Accessed 16 July 2026); National Institute for Health and Care Research (NIHR) (n.d.) *How can mental healthcare services meet the needs of people from ethnically diverse groups.* Available at: https://evidence.nihr.ac.uk/alert/how-can-mental-healthcare-services-meet-needs-people-from-ethnically-diverse-groups/ (Accessed 16 July 2026); Priebe, S. et al (2012) 'Good practice in mental health care for socially marginalised groups in Europe: a qualitative study of expert views in 14 countries' *BMC Public Health* 12:248. Available at: https://doi.org/10.1186/1471-2458-12-248 (Accessed 16 July 2026).

easily, home visits should be available.

Local care involves providing crisis support in the community. This can include short-stay beds in comfortable, non-stigmatised environments, for example 24/7 neighbourhood mental health centres. There should be enough local or regional mental health hospital beds to meet demand, and people who are detained under the Mental Health Act should be treated close to home.

Digital solutions can also enable local care. Online therapies can be available for people with mild to moderate mental health conditions, including online appointments and supported self-help. However, digital solutions must be underpinned by inclusive design and adequate digital literacy support. It should never be the only option, and should only be used by people who actively choose to do so. Digital solutions should supplement, rather than replace, local services which are physically accessible to all residents.

This sentiment is supported by Mind's recent polling data: 84% of respondents said ensuring people can always access mental health support or advice from a real person – not just AI chatbots – was very or somewhat important to them.[50]

The neighbourhood model could deliver high-quality local mental health care

The neighbourhood health model has the potential to deliver accessible, joined-up, local mental health care – if funded and implemented properly. There are already examples of the benefits this approach can deliver.

Kentish Town Health Centre integrates health and social care services in one building. There are bookable group spaces which are used by local services and partners, including housing and mental health. The Integrated Neighbourhood Team includes GPs, district nurses, social workers, mental health practitioners, physiotherapists, occupational therapists and social prescribers. Home visits are enabled through a fleet of bicycles, allowing teams to navigate the local area quickly and reducing their reliance on car travel and other modes of public transport.[51]

Local care should not only rely on neighbourhood health centres or hubs. There are examples of drop-in services in non-clinical community settings

50 2,019 people aged 18+ across England, Wales and Scotland were polled by Yonder Data Solutions, on behalf of Mind, in the w/c 15th June 2026 and data was weighted to the latest Census figures on Gender, Age, Social grade, Tenure, Working Status, Ethnicity and GO region. Question base size: 2,008 (excludes those selecting prefer not to say)

51 Community Health Partnerships (2025) *Case Study: Paving the Way for Neighbourhood health at the Kentish Town Health Centre.* Available at: https://communityhealthpartnerships.co.uk/case-study-paving-the-way-for-neighbourhood-health-at-the-kentish-town-health-centre/ (Accessed 17 July 2026).

which make services more local, accessible and non-stigmatising. The Whitehawk Community Health Hub is a community-based initiative designed to reduce health inequalities in one of Brighton's most deprived areas. Operating as a weekly drop-in service at a community hall, the Hub brings together a multidisciplinary team – including clinicians, mental health practitioners, social prescribers and benefits advisers – to provide integrated, person-centred support without the need for an appointment.[52]

Solent Mind in Hampshire is another example of an organisation focused on providing local services that are accessible to anyone who needs them. This includes several Wellbeing Centres and out-of-hours mental health service drop-in centres across different localities. Solent Mind focuses on embedding their teams in local communities, for instance through engagement with events such as Portsmouth Pride, HMS Collingwood's open day and Southampton Football Club's 'Let's talk mental health' match day. Solent have also created a collaborative with Andover Mind, Havant and East Hants Mind, No Limits and Two Saints to bring together safe havens across the local area, improving crisis care for local people and making it more accessible.[53]

Mental health care can be a postcode lottery

The people with lived experience we spoke to stressed the importance of being able to access support close to where they live, in their local community. They also highlighted the importance of services being accessible and high quality, regardless of where you live. Young people with lived experience said that mental health support should be available in a wider range of settings, including schools, youth clubs, universities, GP practices and sports clubs. They felt that clinical environments were not always appropriate or accessible for everyone.

> "Location needs to be discussed, as if it's too clinical, people might not find it welcoming." – **Young person with lived experience**

However, many felt they couldn't rely on the availability of local care. They felt it was unfair how some people, due to their postcode and geographic location, were able to access support more easily than others. They also spoke about how the quality of support varied depending on where you live. This sentiment is supported by research from the University of Brunel on the significant variation in local spending on mental health

52 The King's Fund (2026) *What is neighbourhood health?* Available at: https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-is-neighbourhood-health (Accessed 17 July 2026).

53 Solent Mind (n.d.) *Reaching High, Reaching Far, Growing Together! Our Strategy 2024-27.* Available at: https://www.solentmind.org.uk/about-us/our-strategy/ (Accessed 29 July 2026); Solent Mind (2025) *Impact Report 2024-25.* Available at: https://www.solentmind.org.uk/about-us/reports-and-accounts/ (Accessed 29 July 2026).

services.[54] One young person spoke about how certain types of treatment may only be available in a particular part of a city, with residents in other areas not able to access them.

Multiple people spoke about being afraid to move to a different city or area because of the risk of being cut off from local support, and the uncertainty about what kind of care they would be able to access.

> "People don't realise how mental health care has an impact. We are a family of four, it's a growing family. Ideally, we'd like to move to a bigger place, but my biggest worry is if we move outside of London, I'll have to start afresh with a brand new service. Nobody knows me, funding we know is already being cut, how am I going to survive if there is nothing? If I have to travel an hour, two hours to see my psychiatrist, how is that going to fit into my daily care?" – **Adult with lived experience**

The "no wrong door" principle

> "I've had [the] experience... of being passed from service to service and there's just no link between them." – **Adult with lived experience**

A mental health system with "no wrong door" ensures that wherever someone first reaches out for help, they are met with support rather than barriers. It recognises that people don't always enter the mental health system in neat or predictable ways. For some it will be through their GP, others through a teacher, a social worker, a community organisation or housing officer, and for others via the police. Under a "no wrong door" approach, all of these settings are valid entry points, and they are all equipped to respond.

"No wrong door", if delivered effectively, removes the burden from individuals. It helps ensure support is based on need, not how well someone fits into a particular service model. People aren't required to navigate a complex system, repeatedly explain their situation, or "prove" they deserve help. Instead, it creates

54 Palmer, N. (2024) *Mental health services are a postcode lottery dependent on council politics*. Brunel University of London. Available at: https://www.brunel.ac.uk/news-and-events/news/articles/Mental-health-services-are-a-postcode-lottery-dependent-on-council-politics (Accessed 16 July 2026); Children's Commissioner (2023) *A postcode lottery: the picture facing children's mental health services*. Available at: https://www.childrenscommissioner.gov.uk/blog/childrens-mental-health-services/ (Accessed 16 July 2026); Care Quality Commission (CQC) (2025) *The state of health care and adult social care in England 2024/25*. Available at: https://www.cqc.org.uk/publications/major-report/state-care/2024-2025/access/mh (Accessed 16 July 2026).

an expectation that services will work together to guide someone through the system and take shared responsibility for their care.

Staff working across different settings that have adopted a "no wrong door" approach have the confidence and training to recognise mental health needs, have an initial conversation, and connect people to the right support. These systems are designed so that people don't get stuck between thresholds, where they are told they are "too ill" for one service but "not ill enough" for another.

Successful examples already exist of "no wrong door" in action

In Somerset, the Open Mental Health Alliance brings together NHS services, local government and voluntary sector organisations into a single, coordinated system. People can enter through a range of access points, including a 24/7 helpline, and are then connected to one of four locality hubs. From there, they can access a wide range of support, including clinical treatment, crisis services, housing and financial advice, and peer support. Wherever someone enters the system, they are guided to the right support without being passed around. In their 2024/25 impact report, the Alliance highlight how their approach had significantly reduced pressure on the NHS, including a 35% reduction in hospital bed days for mental health, a 15% reduction in mental health A&E attendances, and savings of £6.1 million to the NHS in bed day costs.[55]

Similarly, Sussex's Neighbourhood Mental Health Teams are designed around a "no wrong door" model. These teams bring together primary care, specialist services and voluntary sector partners into one multidisciplinary offer. People can self-refer, and support is tailored to their needs, whether that involves mental health care, physical health checks, or help with housing or employment. Strong links with community organisations help ensure people can access support beyond traditional clinical services.

People's care is falling short of the "no wrong door" principle

For the people with lived experience we spoke to, the importance of "no wrong door" came down to something very simple: when someone asks for help, that moment matters. It can take a huge amount of courage to reach out, and what happens next can shape whether someone continues to seek support or withdraws from it altogether. It is therefore essential that people are not turned away by the first service they encounter.

People experiencing mental health problems also tell us how important

55 Open Mental Health (2025) *Our Impact 2024/25*. Available at: https://openmentalhealth.org.uk/plans-and-progress-omh-reports-and-strategy/

continuity is: to be able to move between services without starting from scratch, retelling your story, or losing support along the way.

Despite the positive examples above, many of the experiences shared with us reflect a system that is still a long way from consistently delivering a "no wrong door" approach.

> "I first asked for help through my GP and was referred on, but I faced long waits, repeating my story multiple times, and uncertainty about what would happen next." – **Adult with lived experience**

High thresholds remain one of the biggest challenges.[56] People we spoke to described them as confusing, inconsistent and often arbitrary. Many people shared the same experience of being told they did not meet criteria for a service, with little explanation or guidance on what to do next. In some cases, people were effectively left without any support at all.

> "I was following my crisis plan to the tee... I was doing everything they said I should do and then was up against brick wall, brick wall, brick wall, brick wall. And at that point, I didn't know what to do. I was suffering... It's always, "Oh, I'll pass your message on. I'll pass the message on."... No one wants to take on my case. No one wants to." – **Adult with lived experience**

Some people told us they were encouraged to self-refer to talking therapies, only to be told they were "too unstable" to be accepted. Others, already under secondary care, shared that they were unable to access talking therapies because it was assumed their needs were being met elsewhere, even when they weren't.

One-person recounted how they lost access to weekly therapy through a high-risk eating disorder service after 6–7 years when the service went through changes. They were redirected to a different service where they were told they did not meet the criteria and were discharged. This left them without specialist support for months as their mental and physical health deteriorated, eventually leading to their detention under the Mental Health Act.

Transitions between services are another common point of difficulty for service users. Young people described the experience of moving from children and young people's services to adult services as abrupt and poorly planned. Young people shared experiences of higher thresholds, fewer options, and a lack of involvement in decisions about their care. One young person with

56 Care Quality Commission (CQC) (2026) *People waiting too long for mental health care and becoming more ill while they wait, CQC finds*. Available at: https://www.cqc.org.uk/press-release/people-waiting-too-long-mental-health-care-and-becoming-more-ill-while-they-wait-cqc (Accessed 16 July 2026); British Medical Association (BMA) (2026) *Children and young people's mental health services in England*. Available at: https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/children-and-young-people-s-mental-health-services-in-england (Accessed 16 July 2026).

lived experience reflected that adult services often felt limited to "either mild services or services for crisis and very little in-between," making it difficult to find appropriate ongoing support.

Across all these experiences, a common theme was the lack of joined-up working. People often had to repeat their story multiple times, navigate different systems separately, and rely on individual professionals to coordinate their care. What people often experienced was a system that is fragmented, rather than seamless.

Staff want to provide joined-up care – but face barriers to doing so

There is recognition among staff that a "no wrong door" approach benefits the workforce as well as service users. When services collaborate and share responsibility, it reduces pressure on individual teams and avoids duplication of effort.

> "If all agencies showed compassion towards each other and the work we are all trying to achieve, and we worked collaboratively more often with a more open door approach between us, this would share the burden... and empower the workforce." – **Occupational Therapist**

While 98% of NHS professionals we surveyed felt that being able to respond to people's level of need and provide appropriate support was essential or very important, 45% of them felt their service was not able to live up to this principle most of the time.

Listening to the experiences of staff shed light on why delivering a "no wrong door" approach can often be difficult in practice.

Resource pressures are a major factor. High demand, limited funding and workforce shortages mean that services often have to prioritise managing waiting lists rather than providing flexible, person-centred care.

> "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**

This creates difficult trade-offs and can push services towards more rigid thresholds, even when staff know this isn't in people's best interests.

Siloed working is another barrier. Even where there is a willingness to collaborate, different organisations often operate under separate pressures, systems and priorities. Joint working can feel like a "nice-to-have" rather than a core part of the job, particularly when teams are already overstretched.

> "Everyone's overwhelmed, so sometimes it feels impossible to get joint work done because nobody feels able to take on what is seen as extra work." – **Psychologist**

Finally, the lack of interoperable IT systems also makes it harder to create the seamless pathways that a "no wrong door" approach requires.[57]

Safe

"People are also discharged from wards far too early without a proper plan, with bed flow being prioritised over recovery." – **Mental Health Nurse**

Safe mental health care is compassionate, person-centred and empowering. The people with lived experience we spoke to told us feeling safe involves building trust with staff, being listened to and heard, and being understood. Medicines should be used safely, there should be support for a person's physical health, and the environment should be designed to minimise harm to people at risk of self-harm or suicide.

A safe system doesn't rely on coercive interventions, restraint or intrusive surveillance to prevent harm. Instead, there is a well-embedded understanding and culture that these interventions should only be used as a last resort. Services must also be safe for people from marginalised communities and must anticipate their needs and any risks to their safety.

Mental health professionals providing safe care create a culture of openness and transparency. They listen to service users when things go wrong, and learn from their mistakes, alongside their colleagues and managers.

A safe environment will have skilled, experienced staff and sufficient staffing levels. Staff told us about the importance of a positive team culture. In a service delivering safe care, staff know that their wellbeing is important to managers and that they will be supported in their work. They are free to speak up if they see something is wrong, and they can discuss risks and take action without fear of blame.

The mental health system must also ensure public safety where someone's poor mental health may contribute towards them posing a risk to others. In some situations, this will be a decision about whether or not someone is detained under the Mental Health Act. Across the board, public safety should start with early intervention, effective community support, proactive outreach, culturally responsive care and shared responsibility between services.

57 British Medical Association (BMA) (2024) *"It's broken": Doctors' experiences on the frontline of a failing mental healthcare system*. Available at: https://www.bma.org.uk/what-we-do/population-health/supporting-peoples-mental-health/failing-mental-healthcare-system (Accessed 16 July 2026); Digital Care Hub (2025) *Poor information sharing is harming care – now is the time for change*. Available at: https://www.digitalcarehub.co.uk/poor-information-sharing-is-harming-care-now-is-the-time-for-change/ (Accessed 16 July 2026; Care Quality Commission (CQC) (2025) *The state of health care and adult social care in England 2024/25*. Available at: https://www.cqc.org.uk/publications/major-report/state-care/2024-2025 (Accessed 16 July 2026).

Safe care in practice

In 2024 NHS England introduced the National Culture of Care Standards: 12 co-produced standards for mental health care aiming to improve experiences and outcomes for patients and staff in inpatient mental health services. The vision of Culture of Care is for people to be able to consistently access a choice of therapeutic support, and to be and feel safe. All care should be trauma-informed, autism-informed and culturally responsive. The programme aims to improve the culture of inpatient mental health and learning disability wards for patients and staff so that they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work.

The Restraint Reduction Network is a charity leading an international movement to reduce and prevent the use of restrictive practices. They are a network of committed organisations and individuals promoting positive, trauma-informed and rights-based cultures across education, health and social care services. They advocate for the elimination of all inappropriate and unnecessary restrictive practices. The Restraint Reduction Partners Programme offers organisations who are committed to reducing their use of restrictive practices an opportunity to undertake an ongoing development programme focused on culture change and improving practice. The programme supports organisations through a facilitated theory of change and implementation process to support restraint reduction and to prevent toxic cultures.

Care is not always safe

People with lived experience of mental health services told us that effective care is based on a foundation of physical and psychological safety. For care to be effective, people and their families need to feel safe.

However, people with lived experience of mental health services highlighted to us that terms like “safe” are often open to interpretation. This raises questions about who defines these concepts. What is considered safe care may vary across professionals, services, and models of delivery, rather than being grounded in people’s experiences and preferences.

Concerns about the safety of crisis and inpatient care were high on the agenda for the people we talked to. They called for a fundamental change in the way care is provided, “a revolution in inpatient and crisis care”,

mentioning unsafe environments, distressing experiences such as physical and sexual abuse, and suicides on wards.[58]

> "I know I've been physically assaulted in hospital before and hospitals are actually being shut down because of how poor their care is. I know people personally that have passed away in hospital... The hospital should be the only place where they feel safe, yet they are still failing people." – **Adult with lived experience**

Poor outcomes were raised, with people sharing their experiences of not getting the care they needed to recover. The general narrative around mental health care in hospital was negative and bleak. We also heard about safety being seen as a risk assessment procedure, with rigid checklists alienating people and prioritising institutional reputation over true psychological and physical security.

> "I only ever heard negative stories about inpatient care. I can't remember the last time I heard a good positive story about someone in inpatient care. And that's absurd that we're living like this. And when I was in hospital this time, it really felt like no one asked why I was there. They have to check safety, safety, safety. I get it. But I left the hospital kind of feeling worse than when I went in because the reason why I was there wasn't ever addressed. It was just about constantly ticking boxes. I get it. Again, safety is so, so important. But we're more than just these tick boxes, these safety checks." – **Adult with lived experience**

Challenges for staff providing safe care

Almost all NHS mental health professionals surveyed (98%) agreed that the principle of managing the risks of someone causing harm to themselves or others is essential or very important when delivering mental health services. Confidence in whether services are able to live up to this principle was high too, with 88% of NHS respondents feeling their services were able to live up to this principle always or most of the time.

Staff were clear that when they have the time to deliver evidence-based treatments and to build safe, therapeutic relationships with people, care is more effective and work is more rewarding. However, 12% of NHS respondents said they were only able

58 National Confidential Inquiry into Suicide, Homicide and Safety in Mental Health (NCISH) (2025) Annual report 2025: UK patient and general population data, 2012-2022. Available at: https://sites.manchester.ac.uk/ncish/reports/annual-report-2025/ (Accessed 16 July 2026); Care Quality Commission (CQC) (2026) Monitoring the Mental Health Act in 2024/25. Available at: https://www.cqc.org.uk/publications/monitoring-mental-health-act/2024-2025/environment (Accessed 16 July 2026); Mind (2024) Mental health hospitals are 're-traumatising' patients. Available at: https://www.mind.org.uk/news-campaigns/news/mental-health-hospitals-are-re-traumatising-patients/ (Accessed 16 July 2026).

to manage the risk of harm to self or others "sometimes". In a setting where patient safety is fundamental, this suggests some services may not always have the capacity, resources or support needed to manage risk consistently.

We heard how not being able to provide safe care can lead to psychological and emotional distress for professionals working in mental health services. The impact of rationed care, overwhelming caseloads, long waiting lists, bed and funding shortages, and witnessing people's mental health deteriorate as a result, was profound.

> "I'm a deeply feeling person and I find that the more I really connect with what's going on and how systems work, the more I find it hard to justify continuing to be part of the system. Even though I can recognise that I'm trying my best to make a difference and that others are too, people at the centre of care are still experiencing harm at the hands of services and I find that ethically really conflicting." – **Occupational Therapist**

Our survey shows that professionals are committed to treating service users with dignity and respect at all times, free from stigma and discrimination. Nearly all NHS staff we surveyed (99%) considered this to be essential or very important in delivering high-quality mental health services. Positively, 87% also felt that they were able to do this always or most of the time.

Our findings reflect a strong commitment among staff to delivering high-quality care, including treating people with dignity and respect, tackling stigma and discrimination and ensuring services are safe and effective. For one professional, the solution was simple:

> "The one thing that would make the biggest difference is having adequate staffing and manageable caseloads. With more time per patient, I would be able to provide more thorough assessments, build stronger therapeutic relationships, and deliver more personalised care. This would lead to better patient outcomes, improved safety, reduced burnout among staff, and overall higher-quality mental health services." – **Psychiatrist**

Early intervention

"What would help most is earlier, easier access, clearer communication between services, and follow up that doesn't drop off after the first session. That would have reduced my anxiety and helped me engage sooner and more consistently." – **Adult with lived experience**

Early intervention aims to offer people support as soon as signs of poor mental health emerge, so they don't develop into more acute, complex and entrenched issues. Early intervention is an important principle, distinct from timely care. A system can be timely at providing care when people are in crisis, yet be poor at providing effective interventions early enough in someone's journey to prevent them reaching crisis point.

A mental health system that is effective at early intervention puts resource into getting people support as soon as they start to struggle with their mental health. Since 50% of mental health problems present by the age of 14 and 75% by the age of 24,[59] it is especially important to provide early intervention for young people.

Support might mean one-to-one counselling or group therapy, or local community groups that teach coping strategies. For people at higher risk of developing mental health conditions, early intervention could mean access to specialised services, such as Early Intervention in Psychosis (EIP) services, which have been shown to improve long-term outcomes for young people.[60]

Over time, early intervention can deliver important cost savings for the NHS. By getting people the right support early on, we can prevent more people from reaching crisis point and needing more costly, intensive interventions later in life.

Early intervention in action

Lancashire Mind's six Early Intervention Hubs provide comprehensive mental health support for young people across Lancashire, making mental health support accessible for young people aged 11–25 at the earliest point of need. These hubs offer a mix of wellbeing coaching, workshops, drop-in

59 Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593.

60 Rethink Mental Illness (n.d.) Briefing: *Early Intervention in Psychosis (EIP)*. Available at: https://www.rethink.org/campaigns-and-policy/campaign-with-us/resources-and-reports/briefing-early-intervention-in-psychosis-eip/ (Accessed 16 July 2026).

sessions and signposting, as well as a resilience programme for 11-14 year olds, and employability workshops for young people aged 16+.

A "whole school approach" embeds mental health and wellbeing into a school's culture, practice and ethos through collaboration between leaders, staff, pupils, families and the wider community. It strengthens in-school support through Senior Mental Health Leads, mental health support teams, educational psychologists, counsellors, and pastoral teams, alongside clear referral pathways to external services. Staff training, inclusive policies, and wellbeing-focused frameworks help identify unmet needs early, address wider social factors, and create safe, supportive environments where all pupils can thrive. Worth-It is an organisation aimed at supporting schools to implement and strengthen whole school approaches, by providing resources, running programmes and sharing best practice.

Access to early mental health support is limited

People with lived experience of mental health problems told us that early intervention helps them tackle problems before they become severe or enduring, and to reduce the risk of crisis. They provide people with an opportunity to get support for their mental health, to learn coping mechanisms and strategies to stay well, and to move forward with their lives.

Many people told us that their mental health crises could have been avoided if their concerns were taken seriously when they were first raised.

However, many spoke of reaching out for help numerous times when they were struggling, only for their concerns to be dismissed or minimised, or to be told their problems were not serious enough to meet the thresholds for support. A lack of accountability within the system was frustrating for some, especially when staff refused to acknowledge the barriers they had faced when trying to get help earlier. They found it particularly upsetting to be asked why they had not asked for support earlier.

> "Had someone listened in those eight weeks, I think crisis could have been averted." – **Adult with lived experience**

Not being believed was an issue for some. Being able to recognise triggers, track moods or clearly describe symptoms often led to the assumption that they did not need support. One person described how it felt like the system punished them for being able to recognise, manage and communicate their problems, leading to them being stonewalled, isolated or unsupported. Others spoke about the "burden of being articulate and intelligent" within the mental health system, and only being paid attention to if they looked "dishevelled". One person described how they ended up being sectioned after repeatedly flagging that their mental health was deteriorating and being ignored.

Many highlighted the difference

between early intervention in mental health and physical health care. They described a lack of parity right across the spectrum, from the first signs of mental health problems to the most acute crises. Some mentioned that it was only once their mental health had severely impacted their physical health that they were taken seriously by the system.

Staff are supportive of a system that prioritises early intervention

98% of NHS mental health professionals who responded to our survey agreed that providing access to support as soon as possible when someone needs it is essential or very important. However, over half (54%) felt their service was unable to live up to this principle most of the time.

Staff responding to our survey highlighted the benefit of early intervention to catch potential mental health problems early on, reducing the need for hospital visits, cutting healthcare costs, and leading to better outcomes in education and work.

> "Early intervention and prevention of any illness would prevent long-term crisis and presentation in more acute stages... We need to focus on a more holistic approach." – **Employment Specialist in secondary care**

They stressed how early intervention can give people a better chance of making a full recovery, prevent mental health problems from escalating, and reduce the impact on a person's wellbeing, relationships, family and working life.

> "[We need] much better early intervention, and adolescent mental health care, to stop people ever needing secure services." – **Occupational Therapist in a forensic secure service**

> "There seems to be a lack in early intervention/primary care preventing people from reaching the point where they need secondary care where the teams are already overfull." – **Mental Health Nurse**

Despite recognising its benefits, professionals recognise that early intervention mental health services are underdeveloped, and that accessible community or drop-in support for people is not consistently available. The VCFSE sector has a strong track record of providing open-access, drop-in services. However, the sector has faced rising costs and reduced funding in recent years, leading to the reduction, and in some cases closure, of services.[61]

Staff highlighted the need for a radical move away from siloed mental health

61 Butler, P. (2025) 'Samaritans closures show brutal reality of financial crisis for UK charities', *The Guardian*, 25 July. Available at: https://www.theguardian.com/society/2025/jul/25/samaritans-closures-brutal-reality-financial-crisis-uk-charities (Accessed: 16 July 2026).

services towards a whole-system approach that prioritises and properly funds early intervention as a key part of mental health care.

"If we had joined-up working, with housing, physical health, social care and us, things could be far more streamlined. We need big changes and a 'building resilient communities' approach... Including people's networks within their treatment. Allowing people to become experts in their own health and wellbeing. These would actually result in lower admissions, higher retention of staff and less strain on mental health services as a whole." – **Mental Health Nurse**

A commitment to learning and improving

"I've noticed that some people are doing lived experience and co-production really well. Others are using it as a bit of a tick-box exercise." – **Adult with lived experience**

The final principle that defines a high-quality and accessible service is a commitment to learning and improvement. Services that do this well are co-designed, openly and proactively encourage feedback, act based on that feedback, and are transparent about the quality of their service.

Effective co-design involves professionals working in local services, service users and the people that care for them, providers and commissioners, all working together to design and improve services. These partnerships treat everyone equally, and respect and value different backgrounds and experiences. This helps everyone involved to feel valued and invested in the design and improvement of services. Evidence shows that services that are co-designed with those who use them tend to more effectively meet people's needs.[62]

Openness to feedback is critical. In a service that does learning and improving well, all service users and those that care for them are given the opportunity to share open and honest

62 National Collaborating Centre for Mental Health (2019) *Working Well Together: Evidence and Tools to Enable Co-production in Mental Health Commissioning*. London: National Collaborating Centre for Mental Health. Available at: https://www.rcpsych.ac.uk/improving-care/nccmh/service-design-and-development/working-well-together (Accessed: 16 July 2026); NHS England (2023) *How co-production is used to improve the quality of services and people's experience of care: A literature review*. London: NHS England. Available at: https://www.england.nhs.uk/long-read/how-co-production-is-used-to-improve-the-quality-of-services-and-peoples-experience-of-care-a-literature-review (Accessed: 16 July 2026).

feedback – without the fear that it will negatively impact the care they receive in the future. They feel listened to and confident that action will be taken in response to their feedback. Staff working in these services feel able to provide feedback on care that requires improvement, without the fear of repercussions. Services and commissioners should proactively seek out feedback rather than wait for it to be shared. To embed a learning and improving approach, there must be a culture across all levels of an organisation that genuinely values feedback.

It is essential that feedback and other key data metrics are not just collected. They must be routinely reviewed by providers and commissioners and used to make improvements to the service. Services should look for examples of what works well and speak to providers about how they can apply this learning to their own services. It is vital that services communicate to service users and staff about how their feedback has been used and what changes have been made as a result. This is key to building a culture of trust within the service, both amongst service users and staff, and to encouraging people to continue to share feedback about their experiences. More broadly, data should be shared publicly and presented in a clear, accessible way, so providers, decision-makers and the public can understand it.

Finally, it is important that data collection efforts are focused on the metrics that matter most. This means ensuring staff are not so overburdened by paperwork that they're unable to spend time building therapeutic relationships with the people they are there to help. The whole system should be focused on measuring metrics that best reflect the experiences and outcomes of patients. Mental health care, at its core, is relational, and the most effective care is grounded in human connection and understanding. Measuring the number of contacts a person has had with a service sheds no light on how effective that service was. Both providers and commissioners should work with people with lived experience and their loved ones to develop outcome measures that capture people's experience of a service, and the therapeutic benefit the service delivered for them.

Learning and improving in practice

Having the right data, and using it effectively, can support learning and improvement across services.

For example, the London Mental Health Dashboard was designed and commissioned by Transformation Partners in Health and Care, working alongside stakeholders and the NHS Benchmarking Network in 2016. This was one of the first publicly available dashboards, initially created as a planning tool to bring key data into one place, making it easier for people to use. It uses a wide range of metrics from multiple data sources, allowing comparisons across different systems to help identify what is working well and where improvements are needed. 'Deep dive' reports are produced to summarise trends and give an up-to-date picture of the health and wellbeing of people in London. It can also be used to create tailored reports at provider level. It has been widely recognised for improving data transparency and for including wider determinants of health, to provide a more complete view of the health system. This has helped people better understand their population's needs and identify where services can be improved.

Another example highlights how co-design and lived experience involvement can support learning and improvement. A national Experience-Based Co Design (EBCD) initiative was carried out across four NHS mental health trusts in England to improve access and experiences of ethnic minority communities. The programme brought together service users, the people who care for them, and professionals, to better understand the challenges these communities face. Participants shared their experiences through interviews, focus groups and workshops, helping to shape both local and national implementation strategies. Actions were identified, including partnering with communities and voluntary sector organisations, offering culturally responsive services, and creating space for conversations about race, culture and racism. This approach helped services and providers to gain a deeper understanding of people's experiences and identify practical ways to make services more inclusive and responsive.

People who use mental health services want to be involved in improving them

People told us that they want their lived experience embedded into shared learning and the improvement of services. This includes involving them in decision-making processes that shape the design and delivery of services. They felt that genuine opportunities should be created for co-production, and feedback from service users should be acted upon.

They also spoke about the importance of extending this approach beyond local service input, so that lived

experience meaningfully informs national policymaking. This would help to ensure policy decisions reflect real-world needs, experiences and outcomes.

People felt there should be more emphasis on getting people with lived experience into the professional workforce.

> "I think there should be a bigger focus on getting people with lived experience into the mental health sector as professionals and making it easier for them to get in. The professionals that I had who were most impactful in a positive way for me, had experience themselves. I think they're more understanding, and it would be a better idea to have a better pathway into mental health care, so that we get more professionals who know what it's like." – **Adult with lived experience**

People also mentioned that involvement of people with lived experience needs to be meaningful and not tokenistic.

> "Some people are doing lived experience and co-production well, and some using it as a tick-box exercise." – **Young person with lived experience.**

Staff often find it difficult to provide feedback when they witness poor care

Some staff describe feeling ostracised, unsafe or that their career progression will be impacted if they try to speak up about poor care.

> "It's an ongoing challenge if you want to progress your career but don't agree with current practices – left feeling very psychologically unsafe to call out poor practice or even to try to work in a more collaborative way that puts equal weight on the bio, psycho and social." – **Social Worker**

> "Staff are blamed, hierarchy is absolutely prevalent, and you are not respected or allowed to work autonomously." – **Mental Health Practitioner**

Others describe feeling unheard, reflecting that more senior managerial staff do not listen to staff working directly with patients.

> "It seems like front line workers understand the issues... and continuously ask for support. But above operational manager levels there is not much response. Urgent changes that need to be made can take months to years to implement." – **Social Worker**

Staff also describe their frustration with data collection, which they feel is not improving patient care.

> "It is now driven more by data and targets, [the] business model just looks at data and has no humanistic approach." – **Mental Health Nurse**

This reflects a wider need to focus on measuring what matters. This means identifying what metrics give the most accurate reflection of the quality of care, rolling back on recording data that doesn't reflect this, and plugging the gaps where critical data is not being recorded.

02

System pressures are preventing staff from delivering high-quality care

“[I’m] morally injured [due to] working in constantly morally distressing environments.” – **Psychiatrist**

Delivering the care that's needed

Mental health professionals who responded to our survey told us about their commitment to providing high-quality mental health care, and the satisfaction and joy they get when they are able to do so. However, we also heard about the frustration and sadness they experience when it is difficult, even impossible, to provide high-quality, timely, safe, compassionate care for people with mental health problems.

> "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**

As we have reflected in the earlier chapters of this report, there was overwhelming agreement across the respondents to our survey on what constitutes high-quality care.

However, professionals often find that in practice their service falls short of these principles and fails to deliver the standard of care they believe people need. Our survey revealed that over a third (34%) of NHS respondents don't feel able to provide the standard of care they feel is needed most of the time.

For many, things are not improving. 43% of NHS respondents felt that their ability to deliver this standard of care had declined over the last 12 months.

There are, however, pockets of progress. We heard from some respondents how their services are taking a more holistic approach to mental health care, supporting people to have agency over their own care. There was noteworthy support for changes to professional practice, such as adoption of the Open Dialogue model, with staff mentioning how it not only benefited service users but also made their jobs more rewarding.

> "I feel incredibly lucky to be in the unusual situation, working within an Open Dialogue team where we can offer people person-centred, compassionate care with continuity in-built. Our team has retained the same staff members for over five years... I'm involved in the development of Open Dialogue in my Trust, and I find it hugely rewarding. It has [had] incredibly positive feedback from service users, carers and staff." – **Open Dialogue Practitioner**

We also heard from many staff who love their jobs, despite the challenges they face.

> "Despite the huge stress on staff, it is a privilege to do this work." – **Psychiatrist**

System pressures are impacting on the quality of care staff can deliver

> "It's tough – it always has been – but I have done it for a long time, and I am committed to a career in mental health. It is difficult working within this system. None

of us go to work to do a bad job but sometimes it's impossible to do a good job due to the constraints we work under... I work in a great team who are committed to getting our patients well. Please highlight to the general public that we are doing our best in a very constrained system." – **Mental Health Practitioner**

The qualitative evidence from our survey provides us with more detail about the systemic pressures and constraints faced by mental health professionals in their daily working lives. We heard about inadequate staffing levels, high caseloads and demand, increasing complexity, time-consuming administrative tasks diverting staff away from patients, fragmented care, and a lack of wider support services. Underpinning these issues were concerns about inadequate funding for mental health services in general.

What shines through from the testimonies is that many mental health professionals are dedicated to providing the best care for their patients, but are frustrated that doing this is not always possible, and the inability to do this comes at a significant personal cost.

"This survey is validating in acknowledging the acuity and significance of the challenges we are facing in mental health services currently – [it] has become much harder to deliver the care we want to be in a position to deliver." – **Psychologist**

1. Inadequate staffing levels and workforce retention

Our survey asked professionals about how much these challenges impact on the quality of care they can provide. One of the highest scoring challenges was inadequate staffing levels, with 75% of NHS staff reporting that this impacted on the quality of care they can provide a lot or quite a lot. In addition, concerns about workforce retention and low morale leading staff to leave the profession, with important skills and experience being lost as a result, came through clearly in what staff told us.

"I've worked in inpatient mental health services for the past 11 years and sadly the services have never got better. Due to all [of the challenges] this has led to high turnover of staff, and the service has lost valuable staff members. Sadly, the new staff we have seen coming in have no experience, limited training and left in a short period of time." – **Occupational Therapist**

2. High caseloads

"For the past two years I've worked over 100 hours per week just to stay on top of my caseload (which has tripled in that time) and complete all the paperwork. I only get paid for 37 hours and I get no compensation for working all the overtime it is expected that I will work. It's a completely thankless job and at no point have I ever felt valued or appreciated." – **Psychotherapist**

High caseloads were identified as a key challenge, with 72% of NHS respondents reporting they are impacting quite a lot or a lot on the quality of care they can provide for people using their services.

"[We need] more staff and lower caseloads!! This would have a huge impact on the quality of treatment for service users. As a therapist, I preach and advise patients to create more balance and time for themselves but it's impossible for me to do this due to the sheer volume of work. I can burnout very quickly and it impacts how much I can support others." – **Psychotherapist**

High caseloads are leaving professionals with less time to build rapport with service users, or to deliver personalised care and long-term therapeutic support. Rising caseloads and overwhelming demand on services mean that no matter how hard they work, staff cannot meet the level of need coming through their doors. Staff are distressed that people with mental health problems are going without care and risking deterioration or relapse.

"Caseloads too big for staff to give adequate care. Staff sometimes get compassion fatigue as they are burnt out themselves, then care is poor." – **Peer Support Worker**

3. People presenting with more complex or acute problems

69% of the NHS staff we surveyed felt that people presenting with more complex and acute problems is impacting quite a lot or a lot on the quality of care that they can provide. This was reinforced by staff responses to the survey's free text questions, where staff highlighted that people with mental health problems are more likely to be more unwell or in crisis by the time they are able to access care. Staff also identified long waiting lists and external socio-economic pressures as factors that are driving the increasing prevalence and complexity of mental health problems.

"The level of complexity is ever increasing, mainly due to people not accessing help when they need it. Wishful thinking of mental health problems going away or somehow [being] addressed with less qualified staff is not going to help. We need appropriately trained staff in roles that [are] proved to be working. Dilution of roles or empty words on prevention without appropriate level of treatments are major barriers." – **Psychiatrist**

4. Volume of administrative work

Frustration about the number of administrative tasks that clinical staff need to complete was a recurring theme. Staff who are busy with paperwork are less able to spend the time they want and need to with people they are supporting. 77% of NHS respondents said that the volume of administrative tasks impacted the quality of care they could provide quite a lot or a lot.

> "Too much time counting, typing, meetings with too many staff involved. Keeping data bases and writing reports about why we haven't done something, NHS should be employing more admin so we can see patients. I have a full-time and a part-time job all rolled into one." – **Mental Health Nurse**

5. Lack of joined-up working

Difficulty linking up with wider support services – such as housing, welfare, employment and social care – was a challenge for 62% of NHS respondents, who felt this impacted on the quality of care they can provide quite a lot or a lot. Professionals are aware that housing, unemployment, debt and other social problems are key drivers of poor mental health, but the services they work in are unable to fix this on their own.

> "I enjoy my work and job – I have worked in mental health for 17 years and feel it is a vocation; however, the NHS organisation and structure make the work more challenging. I also feel that the complexity of mental health problems due to the economical and psycho-social issues of the

area I work in means recovery and improvements can be more challenging to achieve and difficult to measure. There is too much expectation on services." – **Occupational Therapist**

This is exacerbated by poor integration between services across the mental health sector and beyond, leading to treatment gaps for patients and siloed working. 65% of NHS respondents felt that difficulties with discharge or referring people on to other mental health services impacted on quality of care a lot or quite a lot.

"Services are increasingly becoming silos rather than collaborative due to the waiting times and staff issues." – **Psychotherapist**

"...Working with/liaising with other agencies is becoming harder and harder as we all retreat into our professional silos." – **Mental Health Nurse**

Impact on people using mental health services

Staff are also clear that these pressures are having a knock-on impact on outcomes for people using their services. High percentages of NHS staff responding to our survey felt that the pressures they faced were impacting on service users in the following ways:

- Reduced trust in mental health services (85%)
- Deterioration in mental health while waiting for care (85%).
- Poorer experiences of care (84%)

"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. There seems to be a lack in early intervention/primary care preventing people from reaching the point where they need secondary care where the teams are already overfull." – **Mental Health Nurse**

Working in mental health is challenging and resulting in moral distress

"I am leaving my organisation because of the moral injury it causes me when I am unable to provide the care people need and deserve." – **Social Worker**

A fundamental part of any good mental health system is the people working in it. Without happy, healthy and supported staff, it is impossible to provide the services that people with mental health problems need, which in turn impacts on staff wellbeing and fulfilment.

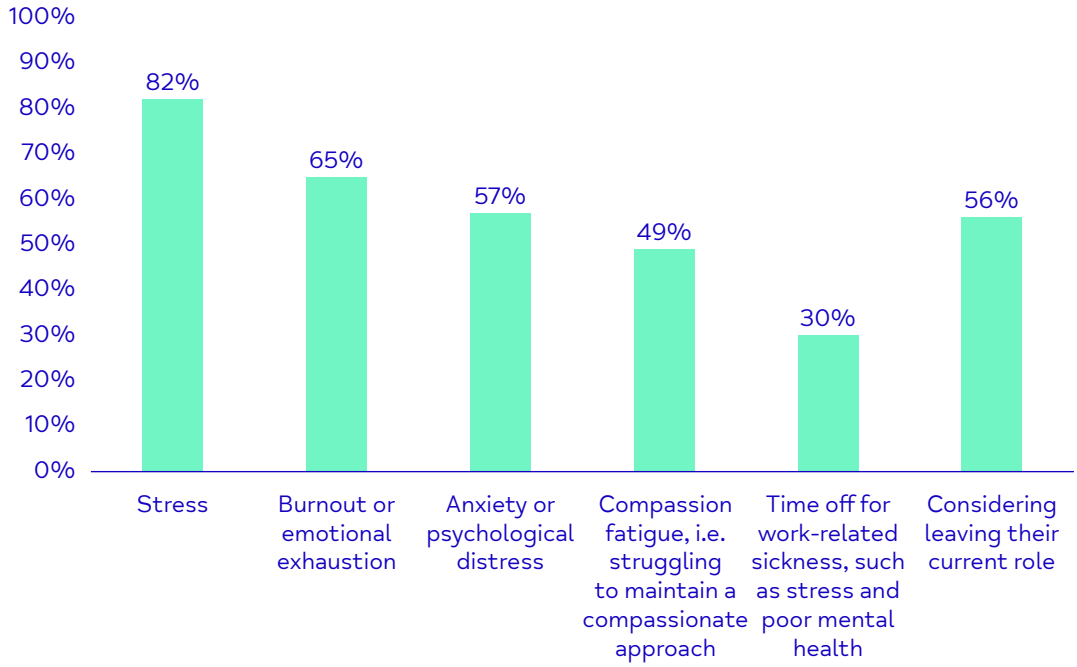
"We can't expect mental health professionals (or anyone) to pour from an empty cup – that's no good for patients or clinicians." – **Psychologist**

We know that providing care to people experiencing mental health problems can sometimes be difficult and demanding work. Through our survey, we found out more about how the system pressures and demands are affecting staff wellbeing. 42% of NHS respondents said that their role has had a negative impact on their mental health and wellbeing.

"Lack of resources, services running on the goodwill of staff at breaking point. How can we care for others when we can't care for staff. FYI, I love my role and the children and families I work with absolutely provide me with the job satisfaction that keeps me in the role, however, it's at a personal cost and not a long-term option." – **Looked After Children Specialist Nurse**

Those who said their work had negatively impacted their mental health were asked about how this translated to staff experiences at work. The graph below sets out these concerning findings.

Figure 3: Percentage of NHS respondents who have experienced the following impact at work



"It's horrible, heartbreaking and unsustainable. I worked so hard for three years doing my nurse degree, and I have now been qualified five years, and I am already trying to figure out a way of working outside of the NHS." – **Mental Health Nurse**

There was not much optimism about things improving for staff in the future. Almost half (47%) of NHS staff who'd experienced one of these impacts at work felt that this had worsened over the last 12 months. For some staff, the outlook is bleak.

"Year-on-year increased referrals and expectations. Fear culture within with higher risk patients. Colleagues burning out sooner and absence, having to then cover caseloads. Restructuring and essential staff roles being axed without consultation. Blurred lines between what is mental illness and who is responsible. GP and primary care reluctant to be involved. Criticism in media. Poor pay and ever worsening conditions. Worst in 30 years qualified and practising." – **Mental Health Nurse**

"It has been tough before, but I've never thought about leaving the NHS as much as I have done in the last two years. I don't feel listened to, valued or respected at work. My contribution is not seen as important, and the role of psychology is constantly undervalued." – **Psychologist**

To be able to provide high-quality mental health care, services must have the right number of staff in the right roles, with the right values and appropriate knowledge and skills. However, simply recruiting more staff will not resolve these issues. Supporting the wellbeing and mental health of the workforce is also essential. As well as providing better mental health support to professionals themselves, creating a system that enables staff to deliver high-quality care will go a long way in addressing wellbeing concerns. This is key to making mental health services a good place to work, attracting new recruits and retaining existing staff.

"The mental health morbidity in mental health staff is another key issue. There is a pressing need for access to high-quality mental health support for mental health staff. EAPs [Employee Assistance Programmes] or low-level counselling type offers are not enough!" – **Psychiatrist**

Mental health professionals know that they can truly make a difference in people's experiences of mental health care and their ability to go on to live fulfilling lives. But the bottom line is that they themselves must be properly supported and equipped to do this.

03

Reimagining our mental health system

The current system isn't working

The evidence in this report paints a picture of a system that is too often not working for the people who need support, nor the staff trying to provide it. Staff and patients are aligned on how they want and need services to operate, but systemic constraints are preventing this from being realised.

The rising level and complexity of mental health need is not being met with sufficient resource to ensure that there are enough high-quality professionals, working in well managed teams, who are able to support people in modern, safe and therapeutic physical environments. Addressing funding shortfalls is critical, but it won't solve the problem. Without a more fundamental rethink of how people first access support and how their needs are understood and responded to, additional investment risks being absorbed into a system that is not capable of effectively responding to these needs.

The starting point for addressing the complex challenges in our mental health system should be to tackle one core problem: we do not take enough time upfront to properly understand a person's needs.

Most people initially access mental health services through a short conversation, usually a ten-minute appointment with their GP.[63] Many GPs do a great job in talking to people about their mental health, but there is only so much they can cover in ten minutes,[64] and the support options they can offer are limited. These tend to consist of medication and/or NHS Talking Therapies for those with less acute needs, or a referral into secondary mental health services for those with more acute needs.[65]

People are often required to meet rigid thresholds and sit on long waiting lists for different services and the support they receive is limited by strictly defined service boundaries. This experience isn't unique to people struggling with their mental health for the first time. Often people will encounter this experience repeatedly,

63 Naylor, C., Bell, A., Baird, B., Heller, A. and Gilburt, H. (2020) *Mental health and primary care networks: Understanding the opportunities.* The King's Fund and Centre for Mental Health. Available at: https://www.kingsfund.org.uk/insight-and-analysis/reports/mental-health-primary-care-networks (Accessed: 16 July 2026).

64 Salisbury, H. (2019) 'The 10 minute appointment', *BMJ*, 365, l2389. Available at: https://doi.org/10.1136/bmj.l2389. (Accessed 16 July 2026).

65 Mind & Centre for Mental Health (2025) *The Big Mental Health Report.* Available at: https://www.mind.org.uk/about-us/our-policy-work/the-big-mental-health-report/ (Accessed 16 July 2026);
NICE (2019) NICE Impact Mental Health. Available at: https://www.issup.net/files/2019-05/NICEimpact-mental-health.pdf (Accessed 16 July 2026).

as they are directed to support that doesn't meet their needs and end up back at square one asking for help again.

Over time this rising demand, paired with decades of underfunding, has resulted in a system that prioritises managing demand over understanding and meeting people's needs. A person's care is built around what the system can provide rather than what they need, and it often fails to explore or address a person's wider support needs.

The result is that many people spend a long time waiting for support that may only partially meet their needs. They often then end up bouncing around the system, repeatedly being referred and discharged, having to retell their story and navigate complex care pathways. People are often told they're "too unwell" for one service and "not unwell enough" for another. And when the approach is entirely clinical, the underlying cause of their distress often goes unaddressed.

This failure to understand and meet people's needs earlier leads to people developing more severe, complex and entrenched problems in later life. In many cases, it pushes people into mental health crisis, leading to increased contact with more acute parts of the system, such as emergency departments and inpatient care.[66]

Rising rates of poor mental health, particularly among young people, are having a huge impact on employment and the benefits system. The interim report of the Milburn Review identified that "the front door of the NHS is part of the problem" and that slow access to appropriate mental health support is contributing to the NEET crisis.[67]

The inability to understand and properly meet people's needs early on has impacts on the system as well as the person. Often, people are placed on clinical pathways, when the support they actually need may be practical, social or some mix of all three. This is creating greater demand for, and pressure on, a service that may not be appropriate or effective. Not only is this inefficient, but it drives services to prioritise managing demand. Crucially, the absence of high-quality conversations and interventions upfront is not containing demand – it is displacing it into more acute and costly parts of the system.

66 British Medical Association (BMA) (2024) *"It's broken": Doctors' experiences on the frontline of a failing mental healthcare system.* Available at: https://www.bma.org.uk/what-we-do/population-health/supporting-peoples-mental-health/failing-mental-healthcare-system (Accessed 16 July 2026); Care Quality Commission (CQC) (2025) *The state of health care and adult social care in England 2024/25.* Available at: https://www.cqc.org.uk/publications/major-report/state-care/2024-2025 (Accessed 16 July 2026); Healthwatch (2023) *Pressures in mental health: How are people being affected?* Available at: https://www.healthwatch.co.uk/blog/2023-10-10/pressures-mental-health-how-are-people-being-affected (Accessed 16 July 2026).

67 Department for Work and Pensions (DWP) (2026) *Independent report: Young people and work: interim report.* Available at: https://www.gov.uk/government/publications/young-people-and-work-interim-report (Accessed 16 July 2026).

As we've heard from mental health professionals, this type of work can be demoralising. Staff feel immense pressure, while also feeling unable to deliver high-quality care that meets people's needs. As we explored earlier in this report, the knock-on impact of this is staff burnout, compassion fatigue and difficulties with recruitment and retention.

"I feel like the standard psychiatric model has had its day and we need to shift quite rapidly towards a holistic biopsychosocial model. This is touted but realistically the services are so stretched that essentially most people get medication and little else. Not for want of trying by professionals, but by the wider systemic mismanagement, resource allocation and ever-increasing pressure on the front door. We are still very much treating the symptoms of distress rather than targeting the cause (socioeconomic factors, poverty, etc). The front door of mental health services is growing narrower whilst the queue grows longer, and this model is simply untenable." – **Social Worker**

The system needs a fundamental redesign, centred around high-quality conversations

We need a fundamental shift in how we think about access to mental health support. At the heart of this shift is a simple but transformative idea: that when people reach out for help – whether for the first time or after many years of engagement with services – they should have rapid access to a high-quality conversation about their mental health and wider support needs.

These high-quality conversations would form the foundation of a shift towards a 'same-day open access' model of mental health care, designed and delivered to offer flexible, relational and person-centred support.

In open access models, the initial conversation is not a gatekeeping exercise. It is more than just an assessment. It is a meaningful conversation about someone's needs, which builds a holistic understanding of their circumstances. It should allow the person and the professional to work together to determine the best support for them, whether that is clinical, social, practical or a combination. Importantly, the conversation itself should have

therapeutic benefit, making people feel heard, understood and validated.

This approach recognises that not all mental health needs require a clinical response. For some people, that initial conversation may be enough – helping them to understand and sit with what they are feeling and to think about how they may respond. For many, the most effective approach to managing their distress may be practical support with their housing, or opportunities for social connection and peer support. For others, medication, one-to-one therapy or longer-term clinical support may be the best approach. A high-quality conversation upfront provides the foundation for understanding what is driving distress and guiding people towards the support most suited to their needs.

These conversations will not, in and of themselves, address all of the 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 – such as the range of services available, staff capacity and culture – to meet those needs, and the resources and reforms necessary to deliver this.

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 inappropriate services, open access models aim to direct people to the right support first time. By identifying and addressing their needs earlier, this approach prevents people's mental health deteriorating, reduces pressure on clinical and acute services, and helps individuals to move towards recovery or living well with mental illness.

Same-day open access is already being adopted in parts of the UK and internationally

Open access is not a new concept. It is an approach that is being successfully implemented in parts of the UK and internationally.

Same-day open access in Wales

In 2025, the Welsh Government set out its 10-year Mental Health and Wellbeing Strategy,[68] with the ambition to achieve same-day open access at its core. The strategy was developed in recognition of the growing demand that the current system is struggling to meet the need to provide support for the socio-economic issues that underpin many experiences of poor mental health. The aim is to move away from traditional tiered models of care towards more flexible, trauma-informed, recovery-based approaches. The ambition is to create a system where people can access a variety of services depending on their needs and readiness to engage, and where they can have same-day access to care without a referral. The Welsh Government has set out nine core components of open access mental health support:

1. Systems are co-designed with people who bring diverse perspectives and experiences
2. Systems reflect a variety of diverse options and include both formal and informal services
3. The promotion of safety is distributed across the system
4. System and service improvement is achieved through continuous monitoring and quality improvement cycles
5. Recovery-orientated and trauma-informed approaches are clearly and consistently integrated at all levels of the system of care
6. People have same-day access to multiple levels of care
7. Resources and services are guided by a One-at-a-Time approach
8. Services are flexible, data-informed and collaborative
9. Care is person-centred

The Welsh Government based their model of open access care on a framework developed in Canada called

68 Welsh Government (2025) *Mental health and wellbeing strategy 2025 to 2035*. Available at: https://www.gov.wales/mental-health-and-wellbeing-strategy-2025-2035 (Accessed 16 July 2026)

Stepped Care 2.0. The framework is designed to enable timely and accessible care with the flexibility to meet people's wide-ranging needs. People have access to care on the same day they show up, via a range of access points, and sessions are guided by what they choose to focus on, rather than a rigid assessment that may not fit their immediate needs. Evidence from Canada demonstrates how the model has led to significant reductions in waiting times and improved experiences and outcomes for those accessing youth mental health services.[69]

20 demonstrator programmes have now been set up across Wales to provide open access support, providing the foundation for wider expansion.[70]

24/7 neighbourhood mental health centres are delivering a form of open access care

A key commitment in the 10 Year Health Plan in England was the opening of 24/7 neighbourhood mental health centres that offer walk-in support for people with severe mental illness.[71] So far, there are six pilot sites in England offering support which is close to home and easy to access.[72] They are designed to offer same-day support without a referral, while also providing continuity of care, maintaining a team that can develop therapeutic relationships with service users.

The centres are intended to provide personalised and flexible care, breaking the mould of demand management that we see in other parts of the system. Instead, there is a focus on listening to what matters to people and building a plan with them. This is delivered by a joined-up team of clinical professionals, peer-support workers, social care staff and community partners running the service. Alongside mental health support, people can access practical support, such as with housing or employment, to effectively meet their wider needs.

This model of care currently being piloted in England reflects the principles of open access and is a positive step forward. We should be aiming to expand this approach

69 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)

70 Welsh Government (2026) *New standards set out what good mental healthcare looks like in Wales.* Available at: https://www.gov.wales/new-standards-set-out-what-good-mental-healthcare-looks-wales (Accessed 16 July 2026).

71 Department of Health and Social Care (DHSC) and Prime Minister's Office (2025) *Fit for the future: 10 Year Health Plan for England.* Available at: https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future (Accessed 16 July 2026).

72 The NHS Alliance (2026) *Delivering the left shift: the 24/7 neighbourhood mental health pilot sites.* Available at: https://thenhsalliance.org/resources/delivering-the-left-shift-the-247-neighbourhood-mental-health-pilot-sites (Accessed 16 July 2026).

more widely across whole systems, providing open access support to people with all levels of mental health need, enabling earlier intervention.

Open access for young people in parts of England

For young people in England, there are around 70 early support hubs currently in operation, built on the Youth Information, Advice and Counselling Services (YIACS) model of the 1960s.[73] They offer holistic support for young people aged 11–25, on a self-referral basis. With no access thresholds, young people can get help more quickly. Early support hubs deliver a range of services which are co-located under one roof. This not only includes providing mental health and wellbeing support, but can also include a range of other services, including employment advice, housing advice, and sexual health services. By providing holistic support, hubs can effectively address some of the underlying causes of young people's mental health problems as well as their symptoms.

Early support hubs are tailored to the local community, meaning services are better integrated and can be more responsive to the needs of young people within that area. Hubs are well placed to reach groups of young people who would not otherwise engage with more traditional NHS services, and are able to be more culturally responsive. Research by Youth Access found that hubs engage higher proportions of LGBTQIA+ young people and young people from racialised communities, including Black people.[74]

Many local Minds operate an open access approach

The nature and position of local Mind offices within their communities allow many to operate an open access approach. Local Minds often report that people reach out to them for help and reassurance before they even contact their GP.

Both Manchester and Doncaster Mind have looked at ways to help make sure those reaching out for support end up in the right place. Manchester Mind has a dedicated Welcome and Access Team whose role is to ensure everyone who contacts the organisation for support has a positive experience. The team take the time to explore why they have approached Manchester Mind and work diligently to ensure everyone is connected to support specific to their needs.

Doncaster Mind uses a similar first-point-of-contact principle. Anyone looking to access services provided by Doncaster Mind first undertakes

73 Youth Access (2026) *Early support hubs in focus.* Available at: https://www.youthaccess.org.uk/publications/policy/early-support-hubs-focus (Accessed 16 July 2026).

74 Youth Access 2020, 'The effectiveness of VCS youth counselling services and their role within the mental health system'. Available at https://www.youthaccess.org.uk/sites/default/files/uploads/files/summary-of-research-into-yiacs-effectiveness.pdf

a 40-minute conversation that seeks to understand their needs and match them with the services on offer.

Other local Minds, including Solent Mind and Mind in Croydon, have developed open-access models that link into both primary and secondary care pathways. They operate as crucial entry points into their respective systems, ensuring that the specific and individual needs of those seeking help are understood and that they are not over-escalated into inappropriate pathways.

Taking open access from service to system level

> "Frustratingly, we can work therapeutically in that moment and give people a good experience of care, but they're then let down by the system as a whole." – **Psychiatrist**

Early support hubs, local Minds and 24/7 neighbourhood mental health centres are just a few examples among many services that take an open-access approach and deliver more effective and tailored support – without being overwhelmed by demand. However, there is a limit to what can be achieved by an open-access service in isolation. We need open access to be embedded across the system as a whole.

As an example, currently, a voluntary sector organisation may have a detailed conversation with someone about their mental health and wider support needs. However, without the ability to link up with the rest of the system, and without that conversation carrying weight with other services, it is difficult to meet the support needs that have been identified. Across the board, the mental health system must adopt a joined-up approach to same-day open access.

Five key steps to realise the ambition of same-day open access

A shift to same-day open access can't happen overnight. It will require a strategic, system-wide effort over many years. Five key steps will be required to deliver this transformation:

1. **Commit to a transition towards same-day open access in the upcoming 10-year mental health strategy**

   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.

   Numerous mental health plans and strategies have been developed over successive decades that have made positive strides but ultimately haven't gone far enough to ensure that growing levels of need are met with timely and high-quality support.

Given the growing demand for support and the impacts for individuals and society, we cannot afford to wait for the benefits of incremental reform. The upcoming mental health strategy is an exciting opportunity to finally take the bold action that is required. At the heart of this should be a commitment to follow the lead of Wales and commit to a transition towards same-day open access.

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

   In Wales, the NHS, VCFSE sector and others are already working closely together with Stepped Care Solutions to develop models of implementation and set up demonstrator sites that are beginning to deliver the shift to open access across the nation.

   There is a huge and unique opportunity here to learn from a system that is already a few steps into the process of making the change that we want to see in England. We must work closely with partners in Wales, building on their blueprint for change and sharing learnings from the process.

3. **Start to measure what matters for high-quality care**

   To move to a system that genuinely delivers on the principles of high-quality care, we must ensure we measure and monitor what matters. Nationally and locally, we need to see a shift from measuring activity to meaningful outcomes. Outcome measures should capture whether support has helped people to move towards the changes they wanted to achieve and whether their experience of services lived up to the principles set out in this report.

   Developing the right set of outcome measures will be critical to delivering a 10-year mental health strategy that successfully makes the shift to same-day open access. This work must involve partners across the mental health system and people with lived experience. Mind will be developing further work on outcome measures and how to ensure they are integral to how support is delivered.

4. **Put in place the resources required to make the shift**

   To start enabling the mental health system to deliver the high-quality conversations required to better understand people's needs, we need to shift resources towards providing more skilled and expert 'listening capacity' up front. We must also ensure that funding follows people to the necessary support identified through those conversations.

   In part, this will be about how resources are allocated at an Integrated Care Board (ICB) level. However, we cannot escape from the fact that until this transition has been embedded, there will still be significant excess demand on current clinical pathways. It will not be feasible to fund the development of new pathways by simply transferring resources from existing ones. The savings associated with a more preventative approach will come, but not overnight. The Government must be willing to make the financial commitment

required to put an end to the cycle of high thresholds and rising demand for services that aren't meeting people's needs.

5. **Position mental health within a wider model of neighbourhood health**

   A successful shift to neighbourhood health will require a concerted effort to break down barriers between physical and mental health systems, social care and wider local or combined authority support, and the VCFSE sector. Local areas will need to be granted the powers and given the incentives and expectations to design and deliver this shift to a same-day open access model of mental health support in partnership with physical health providers.

   We must avoid falling into the trap of identifying an effective service and making it the blueprint for all systems up and down the country. A shift to same-day open access means adopting the core principles of the model, while tailoring design and delivery to the needs of the community it serves. This must be done through co-production with service users to both build trust and ensure it reflects their needs.

This report is our opening pitch on the need to shift to a same-day open access model of mental health support. We will be producing further work on how this vision can be realised, how it can help deliver culturally responsive support, and what we should be measuring to ensure that the shift is achieving the impact we believe it should. Mind will also be supporting the Institute for Public Policy Research (IPPR) to undertake work on what a more fully-realised model of neighbourhood health (or 'community-centred health') should mean for mental health.

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 and provide the clarity of purpose required to ensure that everyone struggling with their mental health has access to timely and high-quality support.

Appendix: Research methodology

This report draws on three key sources of evidence:

1) Literature review

To gain a comprehensive understanding of developments in mental health services, we carried out a comprehensive review of the existing literature during March and April 2026, covering evidence available up until April 2026. This included academic research, government policy and practice, an analysis of mental health data sets. We also examined research and grey literature such as reports from charities and professional bodies, including Mind's previous research.

2) Online workshops for people with lived experience

In March and April 2026, we convened two 2.5-hour online workshops with people with lived experience of the mental health system. Workshop discussions covered what it's like to access mental health care in England and Wales today and gathered views on what a high-quality, accessible mental health service would look like.

Our first workshop in March involved 11 adults aged 26–70. 12 young people aged 16–24 took part in our second online workshop in April 2026. Members of both groups belonged to a broad range of ethnic backgrounds, religious backgrounds, genders and sexual orientation.

Participants from both workshops had lived with a range of mental health conditions including, anxiety, depression, bipolar disorder, panic disorder, anorexia and eating disorders, as well as neurodivergent conditions. All participants had experience of the mental health system, having accessed services across primary care, crisis emergency support, non-NHS or voluntary sector provision, inpatient care services and Child and Adolescent Mental Health Services (CAMHS).

3) Our mental health professionals survey

In March 2026 we launched an anonymous online survey to gather people's experiences of what it's like working in mental health services today. The survey sought to understand what high-quality care means to mental health professionals, whether they are able to deliver the quality of care that they want to, and if not, what is standing in the way.

The survey ran for eight weeks from 13 March to 7 May 2026. 1,500 people began the survey and around 1,200 proceeded to give substantive responses. As responses to individual

questions were optional, base sizes per question vary and more detail on this can be found below.

We received responses from a wide range of mental health professionals including psychiatrists, mental health nurses, social workers, psychologists, occupational therapists, counsellors and psychotherapists. Staff were working in primary and secondary NHS mental health services, in the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector – including in local Minds - and in private practice.

Most respondents (89%) were working in England, with 9% working in Wales. We received a good geographic spread of responses across all the English NHS regions. Just over 70% of those who completed the survey were working in the NHS, and 30% worked in non-NHS roles. Respondents to the survey ranged in age from 21 years old to 79 years. Of the NHS staff who responded, 86% had more than four years' experience supporting people, and 36% had been supporting people with mental health problems for over 20 years.

We are very grateful to the many charities, membership and professional bodies, and unions that supported us by promoting the survey to their members and networks.

Demographics	Lived experience workshops		Mental Health Professionals Survey All	
Location				
England	20	87%	1,339	89%
Wales	3	13%	128	9%
Outside England and Wales	0	0%	33	2%
Gender				
Man	8	35%	204	20%
Non-binary	2	9%	17	2%
Woman	12	52%	747	74%
Prefer not to say	0	0%	40	4%
I use another term	1 (gender fluid)	4%	7	1%
Are you trans?				
Yes	1	4%	12	1%
No	0	0%	955	95%
Unsure	0	0%	2	0%
Prefer not to say	0	0%	39	4%

Ethnic background				
Arab or Arab British	0	0%	2	0%
Asian or Asian British	7	30%	55	5%
Black or Black British	4	17%	35	3%
White or White British	9	39%	811	80%
Mixed	3	13%	27	3%
Prefer not to say	0	0%	58	6%
Other ethnic group	0	0%	27	3%

Survey questions Base sizes

Question	**Total count answering**	**NHS respondents**
If you're happy to complete the survey, please begin by telling us whether you work in England or Wales (if you work in both countries, please select where you work most often) England Wales Outside England and Wales	1,500	923
Which English region do you work in? East of England London Midlands North East and Yorkshire North West South East South West	1,210	846
What is your profession? Advocate Assistant Practitioner Clinical Practitioner Counsellor Mental Health Practitioner Occupational Therapist Peer Support Worker Practice Nurse Psychiatric or Mental Health Nurse Psychiatrist Psychologist Psychotherapist Social Worker Support Worker Other role. Please specify	1,311	915

What sector do you primarily work in? NHS - primary care NHS - secondary care Other public sector - e.g. local authority Voluntary sector or charity Private sector Self-employed Other sector. Please specify	1,313	923
Which of the following options best describes the type of service you work in? Primary care Community-based care Specialist services, e.g. early intervention in psychosis, eating disorders, personality disorders Crisis care Inpatient and residential care Psychological therapies Children and young people's care Other. Please specify	1,305	915
How long have you worked in roles supporting people with mental health problems? Less than a year 1-3 years 4-10 years 11-20 years More than 20 years	1,319	922
Values and principles: How important do you believe the following values and principles are to delivering high-quality mental health services? *Essential/Very important/ Moderately important/Slightly important/Not important* Prioritising therapeutic relationships that provide consistent ongoing support Providing access to support as soon as possible when someone needs it Understanding and responding to the impact of past trauma that service users may have experienced Supporting people with their wider physical and social needs (e.g. housing, benefits, employment, relationships) Empowering people to take an active role in decisions about their care and support Working with people's families and other important people in their lives to create a supportive social network Ensuring people are treated with dignity and respect at all times, free from discrimination and stigma Managing the risks of someone causing harm to themselves or others Being able to respond to people's level of need and provide an appropriate level of contact Ensuring people's legal rights are explained and respected Providing care that is responsive to people's cultural identities, values and needs	1,194	834

How often do you feel the service you work in is living up to these values and principles? *Always/Most of the time/ Sometimes/Rarely/Never*	1,120	795
Thinking of your own role, how often are you able to deliver the standard of care you feel is needed for service users? *Always/Most of the time/Sometimes/Rarely/Never*	1,110	791
Has your ability to deliver the standard of care you feel is needed for services users changed over the last 12 months? *Significantly improved/Somewhat improved/No change/Somewhat worsened/Significantly worsened*	1,102	787
Challenges and quality of care. To what extent do the following challenges impact on the quality of care you or your colleagues can provide? *A lot/Quite a lot/A little/ Barely at all/Not a challenge I encounter* Inadequate staffing levels High caseloads Poor management People presenting with more acute or complex problems Volume of administrative tasks Not being able to spend enough time with service users to understand and address their needs An unsafe physical environment Lack of culturally appropriate care Risk aversion and blame culture Difficulties with discharge or referring people on to other mental health services Difficulty linking up with wider support services (e.g. housing, benefits, employment, social care) Lack of opportunities for training or professional development	1,079	772
What do you think is the impact of these challenges on outcomes for service users? Please select all that apply. Poorer experiences of care Reduced trust in mental health services Deterioration in mental health while waiting for care Poorer recovery rates and risk of relapse Increased use of more restrictive practices Worse outcomes for minoritised groups, e.g. people from racialised communities and LGBTQIA+ people Strain on relationships, families and carers Not being able to stay in or return to work Being less able to live a fulfilling life Other impact. Please specify	1,035	750

What do you think is the impact of these challenges on staff? Please select all that apply. Burnout, stress and mental health problems Higher sickness absence Poorer decision-making Reduced ability to effectively manage risks and keep people safe Loss of professional fulfilment and lower morale Compassion fatigue and reduced ability to deliver compassionate care Higher staff turnover Less ability for professional development and progression Other impact, please specify	1,031	751
Your experiences. How does your role impact on your mental health and wellbeing? Positively/Quite positively/ Neutral/no impact/Quite negatively/Negatively	1,028	742
Have you experienced any of the following at work? Please select all that apply - Selected Choice *Stress* *Burnout/emotional exhaustion* *Compassion fatigue, i.e. struggling to maintain a compassionate approach* *Anxiety/psychological distress* *Taking time off for work-related illness, e.g. stress, poor mental health* *Considering leaving your current role* *Other. Please specify*	944	686
If you have experienced any of the impacts listed above, has this improved or worsened in the last 12 months? Significantly improved/Somewhat improved/No change/ Somewhat worsened/Significantly worsened	948	690
Do you currently use mental health services? Yes/No/ Prefer not to say	1,019	736
How old are you in years?	1,012	731
Which of the following best describes your gender? - Selected Choice Man Non-binary Woman Prefer not to say I use another term	1,015	733
Are you trans? Yes No Unsure Prefer not to say	1,008	728

Which of the following best describes your sexual orientation. Please select all that apply to yourself. - Selected Choice Asexual Aromantic Bi+ Gay or lesbian Heterosexual / straight I prefer not to say I use another term	1,014	732
How would you describe your ethnic background? - Selected Choice *Arab or Arab British* *Asian or Asian British* *Black or Black British* *White or White British* *Mixed* *Prefer not to say* *Another background. Please specify if you wish*	1,015	732

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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