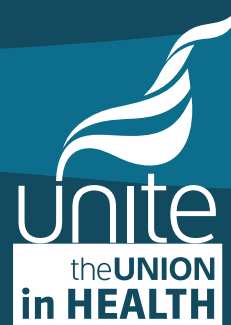


Unite the union's Applied Psychologists Organising Professional Committee

Discussion paper – *The Current State of Mental Health Services in England*
(April 2026)



Calling all Unite Applied Psychology members concerned about the state of community mental health services. **We are demanding safe and effective staff-to-patient ratios in every service.**

The background:

We write in response to increasing pressures on staff working in mental health services across the UK. There has been a totally unacceptable silence on mental health in the NHS 10 Year Health Plan for England: Fit for the Future, released in July 2025ⁱ.

In England, an estimated 43,800 preventable deaths occur every year among people with severe and enduring mental health difficulties. People with significant mental health problems die 15–20 years earlier than the general population (men around 59, women around 63)ⁱⁱ. Despite this, the NHS 10-year plan makes no reference to mental health life expectancy.

For mental health, there are longstanding issues of parity of esteem. There is often a contrast between rhetoric and reality across the UK. The Scottish Mental Health and Wellbeing Strategy – Interim Report (June 2025)ⁱⁱⁱ re-affirms ambitious aims towards “a Scotland free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible”. These aspirations contrast starkly with the reality that community, third sector and NHS mental health services, so vital to health and wellbeing, are being ruthlessly cut and service capacity reduced.

A Healthier Wales: Our plan for Health and Social Care (2018)^{iv} focuses on the wellness of the nation, including on the mental well-being of all, throughout their lives. However, the Healthcare Inspectorate of Wales Report (November 2025)^v highlighted ‘continued complexity and pressure facing mental health and learning disability services in Wales.’ There was a recognition that staff were dedicated but ‘the persistence of systemic issues requires urgent and coordinated action... to support improvement and ensure services are safe, effective, and person-centred.’

In Northern Ireland, the Mental Health Strategy 2021-2031^{vi} outlined the intention for person-centred care, taking a whole life, whole system approach and wanting to help improve people’s long term mental health. However, again, fine words don’t match stark reality. A recent survey from the Royal College of Psychiatry (October 2025)^{vii} reported that 89% of psychiatrists had witnessed or experienced moral injury – distress caused by being unable to meet patient needs due to systemic pressures.

ⁱ <https://bit.ly/3QaZCS6>

ⁱⁱ <https://bit.ly/4tjS91U>

ⁱⁱⁱ <https://bit.ly/3QqZX37>

^{iv} <https://bit.ly/4ccUyFl>

^v <https://bit.ly/4syMmUE>

^{vi} <https://bit.ly/4cJRUHF>

^{vii} <https://bit.ly/4teybpe>

The NHS is experiencing wilful neglect:

All this shows how mental health services everywhere are under severe strain and have been for years. We are a long way from the parity of esteem which has been long promised by successive governments. Services are under pressure to respond to long waits for help, with no extra clinical staff. In fact, many Trusts are currently facing significant additional cuts to budgets, which are meant to continue year on year^{viii}.

Services are under pressure to continue freezing posts, delaying recruitment, using redundancy to make 'savings', and operating with approaching 100,000 vacancies^{ix} to compensate for the lack of basic funding of these crucial services.

NHS Trusts in England, and in particular mental health services, are stuck in a vicious cycle of chronic under-funding where the lack of investment in community mental health prevention and support gets reclassified as 'debt' that further increases the prioritisation of short-term austerity over long term evidence-based decision making and efficacy. This vicious cycle costs more in money and human suffering over the longer term, and a short term of increasing pressure contributing towards what were 'previously unthinkable' closures to services^x.

Union members' concerns are being raised with us:

We have been contacted by members who are raising concerns about:

- Services for the public being threatened with cuts and/or potential closure.
- Insufficient staffing capacity to maintain safe services where staff are being pushed to increase productivity without extra resources.
- Persistent misapplication of Agenda for Change job evaluation processes at a local level, leading to down banding of posts, employees not receiving equal pay for work of equal value and/or the suppression of career development/progression.
- The introduction of 'wellbeing phone calls' to those individuals waiting for long periods without meaningful support is more common, as staff capacity and genuine intervention gets stripped away. Whilst this phone contact can be time consuming and promoted as 'risk assessment' or 'intervention', members report it as inadequate and often experienced as tokenistic or unhelpful by service users. Our members tell us that in some cases, Trusts are using a phone call every 28 days as a way to manipulate their figures to make their 'not contacted in over one month' statistics appear artificially lower than they should be.
- Less flexibility to accommodate people who need adjustments to engage with services, or who may need assertive outreach.
- Capped session numbers which mean that people are offered the same number of sessions regardless of their clinical needs, thereby not being consistent with new developments around personalised care.
- Service users being offered 'off the shelf', non-personalised and short-term group interventions only. Whilst accepting group therapy can be very effective for some, it is unsuitable for many. For example, people with more complex trauma or anxiety related challenges being offered groups more because of the shortage of one-to-one therapists rather than because it is clinically indicated.
- Service users being offered 'low level' therapeutic interventions without any or timely access to evidence based one-to-one therapy with a suitably qualified clinician.

viii <https://bit.ly/4vOoYFV>

ix <https://bit.ly/4sw437r>

x <https://bit.ly/4tfkZAo>

- Staff being told they are personally and professionally responsible for people not only in treatment, but those waiting for help. This is very serious and troubling, particularly as staff shortages and 'community transformation' plans involve increasing number of mental health patients now having to cope without input from professional care coordinators and without the support and certainty that the 'Care Programme Approach'^{xi} provided or was supposed to provide.
- Staff concerns for the mental health of people with particularly complex needs requiring multi-agency and co-ordinated support, such as survivors of violence and abuse and offenders who have been released from prison without appropriate support.
- Staff who are working in dilapidated estates with not enough space to offer patient appointments as needed, due to a lack of clinical rooms.
- In a resource-starved context, with expectations of high access for service users, the public face long waits, shorter interventions or both. As a result, the systems staff are working in become less tolerant of the complexities which our clients face, either socially and/or psychologically. They are also systems where the impact on staff wellbeing is unacceptable (e.g. physical or mental health deteriorating and increasing moral injury)
- Concerns have also been raised about a lack of staff time or funding to access essential training and continuing professional development. As the government of the day talk about increasing training opportunities and funding for more applied psychologists, feedback from our members indicates that many newly qualified applied psychologists must look increasingly to the private sector for employment. The NHS trains our next generation of psychologists and private healthcare reaps the benefits.

Unite is concerned that initiatives like wellbeing telephone call-backs from 'unqualified' staff, simply conceal or obscure the fact that there are not enough staff to offer proportionate care, and appear to reduce waiting times. This disguises the high level of unmet need and lack of staffing to adequately address the high demand for therapy within NHS Trusts.

Unite is concerned that failing to offer proportionate care leads to inadequate help, increases a revolving door of re-referral and, as a result, the most vulnerable are often lost to services entirely, until they are in severe crisis and are a risk to themselves or others. It gives an illusion of services managing, which Unite members report to be entirely false. Unite is concerned that these conditions will create an intolerable context for staff to work in.

Being honest about safe staff-to-patient ratios:

Unite is aware that several years ago NHS England created a 'workforce calculator' tool, technology that efficiently calculates capacity and demand needs within various Early Intervention in Psychosis mental health services across the country.

The calculation involving how many patients do or should be entering services each year and how many corresponding staff are needed to effectively meet this demand is relatively straightforward, particularly with such 'workforce calculator' technology.

Whilst counting how many staff are needed to effectively support the number of patients in need within our communities is not complicated maths, it appears that no government, commissioners or NHS Trust executives are strongly advocating for adequate funding based on real world service need and service usage. Unite believes that the government's apparent aversion to counting and quantifying accurate capacity and demand figures is because it will expose the serious staffing and funding shortages in community mental health services across the country.

^{xi} <https://bit.ly/3QaBQWL>

Reducing inequalities in health is a human rights issue:

Unite is also aware that NHS mental health services are exposed to ongoing austerity and deprivation at rates that are not consistent across the country. It appears that some of our most disadvantaged or deprived communities receive less funding, despite having more people in need of services. An example is the city of Manchester^{xii}, where per person mental health funding is significantly lower than more affluent parts of the country and correspondingly, people with mental health problems are twice as likely to die years earlier than people with mental health problems in other parts of the country.

Unite members have been raising repeated concerns. Despite the 'community transformation' plans for community mental health services, members report in many areas this appears to be a "big plan with little funding". Members believe the inaction and mismanagement is purposeful, designed to undervalue staff, drive them to burnout, and risks their leaving the health service.

Unite members are concerned that this is part of a strategy of managed decline of state services, and a means to increase the number of private healthcare companies operating in the sector. Further, the obligation placed on commissioners across the country to spend at least 25% of already limited mental health budgets with Voluntary, Community and Social Enterprise sector (VCSE) organisations^{xiii} does nothing to address the secondary care staffing crisis.

The NHS is designed to be there for everyone regardless of whether they have the means to pay. It is one of the most important ways of reducing inequality in society, ensuring that all of us are as healthy as possible, and that we reach our potential in our civil society.

The ongoing push to bring in private companies to the NHS will result in widening health inequalities and lead to the end of care which is free at the point of need^{xiv}. We have seen the disastrous impact of privatising vital national infrastructure such as water, probation, education, services for children and older people, prisons and rail.

We must oppose efforts to bring the same disastrous decisions to mental health services.

Next steps:

As applied psychologists, we are highly concerned about this situation and want to hear from you if you are facing these kinds of issues where you work and live. We are gathering views on what is happening across mental health services and will be raising issues with national stakeholders and decision-makers. Alongside this work, Unite nationally is also looking at cuts occurring across the whole NHS and we would encourage members to engage in these discussions.

If you work in applied psychology services and want to discuss what's happening in your area, please get in touch. You can email dave.munday@unitetheunion.org, who will pass on your email to one of the Applied Psychology Organising Professional Committee reps for further follow up.

The Applied Psychologists Organising Professional Committee, Unite the union

^{xii} <https://bit.ly/4csr4Ca>

^{xiii} <https://bit.ly/4vxBVDy>

^{xiv} <https://bit.ly/3OlplXY>