


Rethink
Mental
Illness.



our mental
health system

Right Treatment, Right Time

How delays in accessing care and treatment are pushing people into crisis



When someone's mental health starts to decline, acting quickly is crucial.

The right treatment at the right time can mean the difference between recovery and crisis. For many living with mental illness, getting timely treatment and support is their biggest worry.

As this report shows, delays in treatment can prove critical and cost lives.

Record levels of investment have led to improvements to mental health services over the last decade. There has also been a much-needed consensus that early, community care is better, and significantly less expensive, than treating crisis.

However, recent challenges, such as the pandemic and the cost-of-living crisis, have increased demand, putting immense pressure on health and care staff and budgets. Many people are stuck on waiting lists, with about 1.2 million people waiting for mental health treatment¹. Our analysis found that those waiting the longest for adult community mental health care (727 days) have waited twice as long as those waiting for elective care (315 days)².

This report, based on a survey of 656 people living with mental illness, shows how delays in accessing mental health care have a devastating impact on people's lives. These delays come at a huge personal cost and often require more urgent, extensive, and expensive interventions from services.

As the country looks to the first term of a new government, we are calling on ministers to seize the opportunity to make tangible improvements and fix our mental health system. This includes immediate health and care investment and prioritisation, followed by longer term reform across all government departments to stem the growing demand.



"

When you ask for help for a relapse with OCD, before it spirals downwards until you can't cope, you need help sooner rather than waiting for months & months on a waiting list.

Person living with mental illness

"

Delays in care

The results revealed serious concerns about delays in care, worsening mental health, and costly alternatives.

Two-thirds



of respondents (66%) said they **did not receive mental health support** for an appropriate **period of time**.

Four out of five



people (80%) said their **mental health deteriorated** while **waiting for support**.

One third



of people (35%) said they **sought private mental health treatment**, despite the **cost-of-living crisis**.

Care denied

Respondents told us they were too unwell for some services, but not unwell enough for others, leaving them without proper care.

2 in 5



respondents (41%) were **denied support from mental health services** on the grounds that their condition **was not considered severe enough**.

35%



of people said they were **denied support** from mental health services because their **condition was considered too severe**.

Lack of tailored support and treatment

The results showed that people's mental health worsened before they received treatment, and many struggled to find the right care.

1 in 5 

(20%) reported an **absence of specialist services tailored to their diagnoses** or needs, such as services for eating disorders or complex PTSD.

One third



of respondents (34%) said they **asked for support** from a specific mental health service but were **told it was not available.**

“

I asked for therapy, but I was told 2 years waiting list.

Person living with mental illness

”

“

Psychological therapy to help manage intrusive thoughts was not available.

Person living with mental illness

”



Falling through the gaps

In 2018 we published the report *Right Treatment Right Time*, which highlighted the long waits and gaps in treatment experienced by those living with mental illness. That same year, the All Party Parliamentary Group on Mental Health reported that too many people were being told they were 'too unwell' for talking therapies but 'not unwell enough' for more specialist mental health services³. **Six years later, our analysis shows that these issues persist.**

Over these six years, services have received significant funding, and in many parts of the country community mental health services have been transformed with the aim of providing an 'open door' to support. But across England the challenges of recent years have driven up demand and staffing has been stretched, with, at times, **1 in 5 mental health nursing posts not filled**⁴. In May 2024, Integrated Care Boards (ICBs), which plan and fund NHS services for their local populations, were attempting to find savings to plug a combined £3 billion deficit⁵. These challenges are emerging against a backdrop of soaring referrals for mental health support, with monthly average referrals increasing by one-fifth between 2019-20 and 2023-24⁶.

Waiting times for many remain lengthy, and thresholds to qualify for treatment are a barrier to accessing the right care.



The devastating cost of delays and lack of support

The impact on people's lives when they experience delays in accessing care and treatment is clear. For people whose mental health did deteriorate as they waited for treatment, many experienced a mental health crisis and needed costly urgent and emergency care, with over 1 in 4 (26%) saying they were admitted to hospital for mental health treatment.

Devastatingly, two-thirds of people (65%) whose mental health deteriorated said they experienced suicidal thoughts, and for one quarter (25%) it led to a suicide attempt.

Other answers told further stories of lives put on hold, with over one-third of people (34%) saying they needed to take time off work and a small but significant number of people saying they lost their home or were placed in supported housing (4%).

Common themes also emerged from the responses, indicating the impact on people's physical health, increased isolation, social withdrawal, and strain on relationships. There was also a clear impact on people's ability to function in their daily lives, often resulting in job losses or significant career changes.

25%

of respondents said the **lack of care resulted in a suicide attempt.**


1 in 3

people (34%) said they **needed to take time off work.**

Lost my job due to being signed off sick with mental health initially.

Person living with mental illness

I have become a recluse.

Person living with mental illness



The impact on public services

The impact on public services is multi-faceted, with mental health problems costing the UK economy at least £118 billion a year⁷.

Research from the London School of Economics found that almost three-quarters of this cost (72%) is due to the lost productivity of people living with mental health conditions, and the number of people who are 'economically inactive' due to mental ill-health is rising⁸. There is also a substantial impact on health and care budgets, as mental health crises are much more expensive to treat due to the lengthier treatment and hospital stays needed. A step change is needed to stem this tide and shift the dial of prioritisation and spending upstream to ensure people receive the right treatment at the right time.

Recommendations

This report shows the impact of waiting for treatment on people living with mental illness, as well as the wider system.

This cannot be seen as simply an 'NHS problem', when the causes of the surge in demand for NHS mental health services are multi-faceted. This is why it is vital that mental health is prioritised across government departments both in the short term and long term.

We want to see a government commitment to fix our mental health system by delivering:

1

Mental health services which support people in crisis but also focus on prevention.

2

A long-term strategy to improve mental health across government, addressing drivers of mental illness.





1

Mental health services which support people in crisis but also focus on prevention.

Urgent investment in health and social care and ICB accountability to resolve the current crisis

Although this report paints a negative picture regarding unmet mental health needs nationally, there is promising progress in some areas through the transformation of community mental health services, delivered by the NHS, local authorities and VCSE organisations. Co-production and close involvement of the VCSE sector in delivering these services has made them more joined-up, responsive, and tailored to need. However, pressure on ICB budgets threatens to divert funding from these innovative approaches to plug financial deficits. The new government needs to ensure ICBs retain effective models of community mental health care by ensuring accountability and financial controls over the ring-fencing of funds.

In Somerset, after 5 years of transforming their community mental health care, the ICB is reporting a 16% reduction in mental health hospital admissions. This shows that prioritising and funding earlier, community interventions over a sustained period of time can have system-wide benefits.

A focus on clinical and non-clinical mental health roles in the first term

To cut mental health waiting lists and prevent people from reaching crisis points, investment is needed in the NHS workforce, with a particular focus on community mental health.

Investment in both clinical and non-clinical staff is much needed to add capacity to the already stretched NHS workforce and support individuals with both clinical and non-clinical needs. This should include roles like Mental Health Navigators, which an independent evaluation has demonstrated are effective at helping to reduce isolation, encourage engagement in healthy behaviours and ensuring adherence to treatment⁹.

Our findings make it clear that too few people can access the treatment they need. Therefore, this should also include staff to expand the delivery of psychological therapies for those in contact with community mental health services for adults and older adults living with severe mental illness. We must also invest in clinical research to develop new treatments that could prove more effective in helping people manage mental illness symptoms and improve their quality of life.

2

A long-term strategy to improve mental health across government, addressing drivers of mental illness.

A long-term cross-government strategy

We want to see a long-term cross-government strategy to improve mental health across all government departments, addressing the drivers of mental illness. This plan must seize every opportunity to improve outcomes, from schools to workplaces, from the social security system to housing. For example, increasing the availability of supported housing can help people be discharged into the community faster when they are well enough, freeing up hospital capacity. Equally, we must improve the social security system so it is compassionate rather than punitive, acting effectively as a safety net for people if they're unwell, with mechanisms to safeguard people's mental health and wellbeing.

A transformed whole-system approach to community care for children and young people

Prevention also means addressing mental health needs among our children and young people. The number of young people with mental health conditions in England nearly doubled between 2017 and 2023, with nearly 1.4 million now living with mental health conditions¹⁰. While our survey focused on adults, it is clear that we must also consider the impact on demand for adult services when children with unmet needs transition to adulthood. Building on the existing pledge to expand early support hubs, we urge the new government to deliver a comprehensive, whole-system transformation of mental health services for children and young people, bringing together the NHS, care, schools, and community groups to keep them out of hospital.



A note on methodology:

The findings from this survey reflect the experiences of people living with mental illness in England and their carers. 656 complete responses were received through the online survey, which ran during February and March of 2024.

We asked people about their experiences during the last two years, after the pandemic restrictions came to an end in England.

Please note while every effort was made to ensure a diverse range of respondents, this should not be considered a nationally representative survey.

Endnotes

1. <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/mental-health-pressures-data-analysis>
2. Calculation made by comparing waits for those in the 92nd percentile for incomplete RTT pathways [NHS England (2024) to 90th percentile waits for referrals accessing community mental health services for adults and older adults with serious mental illness still waiting for a second contact [NHS England (2024) Mental Health Services Monthly Statistics – Performance, [March 2024](#)]
3. All Party Parliamentary Group on Mental Health (2018) [Progress of the Five Year Forward View for Mental Health: On the road to parity](#)
4. [NHSE director 'concerned by 20pc nursing gap' amid push to tackle poor culture | News | Health Service Journal \(hsj.co.uk\)](#)
5. [NHSE imposes new financial regime in bid to make plans acceptable | News | Health Service Journal \(hsj.co.uk\)](#)
6. NHS England (Various years) [Mental Health Services Monthly Statistics](#)
7. [Mental health problems cost UK economy at least £118 billion a year - new research \(lse.ac.uk\)](#)
8. [Rising ill-health and economic inactivity because of long-term sickness, UK - Office for National Statistics \(ons.gov.uk\)](#)
9. <https://www.tavinstitute.org/projects/i-needed-that-level-of-support>
10. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up>



**our mental
health system**



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

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