The Royal College of Psychiatrists issued a survey to its members working in the National Health Service across the United Kingdom. It was in the field from Tuesday 1 September until Wednesday 9 September.

689 completed responses were received from across the UK out of a total available sample of 12,900, which equates to a response rate of 5.3%.

This summary will focus on the results regarding members’ reports of changes in workload across a range of interventions. A further summary will consider other issues covered in the survey such as: the challenges arising from greater focus on digital services and technology; wellbeing of psychiatrists; experience of racism; ecological distress and addiction services.

**Indirect harms – emergency and urgent mental health care**

College members were asked to provide an assessment of how the workload in their teams had changed across five broad categories of interventions or appointments compared to the same period last year. Examples of each category were provided in the survey, with members able to select ‘not applicable’ if necessary (such responses were excluded from the analysis). The first two categories related to urgent and emergency interventions, which were defined as below:

- Emergency interventions or appointments, e.g. MHA assessments, CTO recall, urgent safeguarding interventions, interventions following a ‘Red’ result for clozapine treatment etc.
- Urgent interventions/appointments (within 72 hours), e.g. follow up in the community following discharge from a Mental Health Hospital, interventions following an 'Amber' result for clozapine treatment, mental capacity and mental health act assessments urgent multidisciplinary assessment and intensive management and contingency planning in the community, etc.

57.7% of respondents from across the UK (320 of 555) confirmed there had been an increase in workload across the emergency interventions and 60.2% across the urgent interventions (317 of 527) compared to the same point in 2019, whereas 6.5% (36 of 555) confirmed a decrease in the emergency interventions and 6.5% (34 of 527) in the urgent interventions.
Across the nations and RCPsych regions in England, the percentages confirming an increase ranged from 46.9% in Wales (15 of 32) to 77.3% in Northern Ireland (17 of 22) for emergency interventions and from 50.9% in Northern & Yorkshire (27 of 53) to 73.9% in Northern Ireland (17 of 23) for urgent interventions.

The full responses are illustrated in Charts 1 and 2 below.

**Chart 1 – How has the workload in your team changed compared to the same point last year for emergency interventions or appointments? All definitive responses from across the UK and each of the RCPsych regions**
Indirect harms – routine mental health care

The remaining three categories of appointments and interventions covered in the survey are listed below:

- Appointments/ interventions usually conducted within 4 weeks, e.g. titration of psychiatric medications in the community, care co-ordinator interventions in the community, psychological interventions for mental illness in the community for secondary care, referral to psychological therapies etc.
• Appointments/ interventions usually conducted within 3 months, e.g. routine psychiatric referrals that are currently being triaged for a need for face to face assessment, review of lithium level and treatment, delivery of depot antipsychotic treatments and long acting injection treatments, etc.

• Appointments/ interventions usually conducted after 3 months, e.g. Care Programme Approach review, annual physical health check, neurodevelopmental assessments and diagnoses, employment advice and intervention, transfer of care from another Mental Health Service, preconception advice for women on psychotropic medication and a diagnosis of severe and enduring mental illness, etc. health act assessments urgent multidisciplinary assessment and intensive management and contingency planning in the community, etc.

In relation to appointments and interventions that are normally conducted within a four-week window, 42.4% of members (222 of 523) from across the UK confirmed that workload had increased compared to the same stage of 2019, meanwhile 18.9% (99 of 523) reported a decrease.

The highest percentage of respondents reporting increases in workload for such interventions were seen in South Eastern (57.1% or 36 of 63) and Northern Ireland (47.6% or 10 of 21). In comparison, the highest percentage of respondents reporting decreases in workload were seen in Northern Ireland as well (33.3% or 7 of 21) and Wales (32.3% or 10 of 31).

Chart 3 illustrates the full range of responses on appointments and interventions normally undertaken within four weeks.
In relation to appointments and interventions that are normally conducted within a three-month window, 21.7% of members (109 of 503) from across the UK confirmed that workload had decreased in comparison to 2019, meanwhile 28.6% (144 of 503) reported an increase.

The highest percentage of respondents reporting increases in workload for such interventions were seen in the South West (38.0% or 19 of 50) and Trent (36.8% or 7 of 19). On the contrary, the highest percentage of respondents reporting decreases in workload were seen in Scotland (30.6% or 15 of 49) and Wales (30.0% or 9 of 30).
The full range of responses on appointments and interventions normally undertaken within three months is shown in Chart 4.

**Chart 4 – How has the workload in your team changed compared to the same point last year for appointments/interventions usually conducted within 3 months? All definitive responses from across the UK and each of the RCPsych regions**

![Bar chart showing workload changes](chart)

Finally, for appointments and interventions that are normally conducted after three months, 25.4% of members (125 of 492) from across the UK confirmed that workload had decreased compared to the same point in 2019, while 20.1% (99 of 492) reported an increase.
The highest percentage of respondents reporting increases in workload for such interventions were seen in Northern & Yorkshire (28.0% or 14 of 50) and Trent (25.0% or 4 of 16). On the contrary, the highest percentage of respondents reporting decreases in workload were seen in Eastern (38.2% or 13 of 34) and Wales (36.7% or 11 of 30).

Chart 5 shows the full range of responses on appointments and interventions normally undertaken after three months.

**Chart 5 – How has the workload in your team changed compared to the same point last year for appointments/interventions usually conducted after 3 months? All definitive responses from across the UK and each of the RCPsych regions**

[Chart showing the distribution of responses across regions]