Royal College of College of Psychiatrists: Autumn Budget 2025

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About the Royal College of Psychiatrists:

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom. We work to secure the best outcomes for people with mental illness, intellectual disabilities, neurodevelopmental conditions and neuropsychiatric conditions by promoting excellent mental health services, training outstanding psychiatrists, promoting quality and research, setting standards and being the voice of psychiatry.

Key messages

Mental health facilities urgently need investment: Many NHS mental health estates are outdated and unsafe, with a high-risk maintenance backlog of £346.7m and 14% of sites predating the NHS. Poor infrastructure harms patient outcomes, staff wellbeing, and productivity, while increasing costs across the health system.

Targeted funding for discharge is critical: One in ten mental health beds are occupied by patients fit for discharge due to housing and social care delays, costing £395 per night and causing over 561,000 delayed discharge days last year. A £50m winter fund could ease patient flow and reduce system pressures.

Mental health waiting lists are soaring: Referrals awaiting treatment reached 1.8 million in June 2025, up 45% since 2022. Excluding mental health from elective care reform undermines parity of esteem and worsens health inequalities, delaying recovery and limiting employment opportunities.

Employment and welfare systems must support recovery: People with mental illness need wraparound employment support and fair benefits assessments. Current frameworks fail to reflect mental health realities, pushing individuals into poverty and increasing NHS demand.

Workforce shortages threaten service delivery: Recruitment and retention challenges persist, requiring national action. Recommendations include doubling medical school places for psychiatry and ring-fencing £45m annually for staff wellbeing, alongside investment in technology and workspace to reduce burnout.

Investment in the mental health estate

Improved therapeutic outcomes and patient safety are both dependent upon a functioning and high-quality estate. Across the 48 NHS mental health trusts in England, **much of the estate remains unfit for purpose**, posing serious challenges to those who receive treatment and care and to those who work in those facilities. These challenges are not merely confined to those around health and safety but also **hinder the positive impacts of treatment for many patients and adversely impact the wellbeing of the workforce**, **in turn affecting productivity** very broadly. Similarly, the way mental health care is provided in acute hospitals can put people at risk of poorer mental health outcomes.

An unfit estate also adds unnecessary financial costs to the wider health system, such as longer length of stay in acute settings and longer waits in A&E, thereby hampering the efficiency of service delivery not only in mental health care but across the NHS. Sustained investment in the mental health and learning disability estate across inpatient and community settings is therefore **integral to aiding recovery, improving patient flow through the care pathways** (to reduce inpatient stays and delayed discharge, which we know negatively impacts patients) **and enhancing the day-to-day experience of staff and patients, which would increase productivity levels of the former and enable the latter to return to work sooner, as committed to in the 2025/26 NHS England Planning Guidance.**[i]

The allocation of around £75m to mental health facilities as part of the updated Estates Safety Fund[ii] was a welcome development, however the data underlines the scale of the challenge that remains in relation to estates condition.

The high and significant risk maintenance backlog across mental health and learning disability sites was £346.710m in 2024/25. This has grown from £237.950m in 2023/24 (45.7% increase) or **£92.060m in 2019/20 (276.6% increase)**.[iii] Urgent investment to address high risk maintenance issues is crucial in order to 'prevent catastrophic failure, a major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution.'[iv] **14.3% of mental health and learning disability sites were built before the NHS was established. This can be compared to 8.5% of general acute sites.**[v]

Urgent investment in the mental health estate is also required to enable the Government to meet its commitment to parity of esteem. Mental health trusts have often missed out on a fair share of capital investment and had capital budgets decreased to help plug deficits elsewhere in the NHS. A Health Infrastructure Plan for Mental Health is now overdue, which should encompass inpatient and community services.

We understand that the dormitory programme had removed 973 such beds by the end of 2024/25 (out of 1,360 according to the latest published figures[vi]) and it would be deemed a significant success for the Government if **necessary additional investment was made to ensure all dormitories are removed as soon as possible.**

Investing in the estate would also help to address resource and capacity challenges when it comes to training the workforce and so support much needed workforce growth. We hear from members that teaching is becoming harder, due in part to work pressures and inadequate infrastructure. There is little time to teach medical students and it is harder to teach when clinics are conducted remotely. Members also report a lack of office space for administrative tasks, supervision, teaching, consultation and even space to have students sit in clinical settings. In addition, the age of too many buildings precludes the installation of the necessary technological infrastructure to enable efficient working through appropriate up-to-date digital technology.

Recommendations

- **Government to allocate and ring-fence funding to urgently address the high-risk maintenance backlog issues across mental health and learning disabilities sites**. New data is set to be published by NHS Digital on 16 October, however this amounted to £44m in 2023/24.[vii]

- **Government to explore the introduction of a 'mental health investment standard' for capital spending** to complement the existing system in place designed to support delivery of parity of esteem in revenue spending.
- As part of a longer-term ambition, the **Government to commit to ring-fenced capital funding for a new Health Infrastructure Plan for Mental Health**. Within this should be elements such as a new building and redevelopment programme; improvements to the therapeutic environment of mental health and learning disability/autism inpatient settings; and essential investment in community mental health facilities to support the neighbourhood health agenda at the heart of the 10 Year Health Plan (including digital infrastructure, clinical and office space).

Targeted funding to facilitate discharge

We know that around one in ten adult acute mental health beds are currently occupied by someone clinically fit for discharge. **Specific and targeted funding for mental health-related discharge packages would increase safe and effective discharges rates for patients who are currently occupying hospital beds, improving patient flow**. People are considered clinically ready for discharge when no further assessments, interventions and/or treatments are needed that can only be provided in the current inpatient setting. Ongoing challenges securing social care and housing support for patients are resulting in delayed discharges which has an impact across the health system.

Being proactive in the approach to housing, either through working with providers or charities, increases the likelihood of timely discharge. Across the country there are various examples of best practice, with the common theme of embedding housing in healthcare, much like employment or debt advice. Southern Healthcare NHS Foundation Trust (now part of Hampshire and Isle of Wight Healthcare NHS Foundation Trust) appointed a Housing Director and had no delayed discharge days in June 2024, for example.

There was previously £87m of funding for mental health discharge included in the package of recovery funding in 2021/22.[viii] Arguably, this helped to stem the tide of delayed discharge that year, where the numbers were comparable to pre-pandemic levels. The funding was non-recurrent and, in the year following its withdrawal, the number of delayed discharge days increased by 27.3% (408,945 compared to 321,341). **Subsequently in 2024/25 there were 561,839 delayed discharge days in mental health services, 74.8% above the level of just three years earlier**.[ix]

In 2023, the King's Fund estimated that a night's delayed discharge costs £395 per patient.[x] While funding is required to reduce the delays in discharge, this must be considered against the potential savings – this isn't about investing new money but instead utilising the money already in the system more efficiently.

Recommendation

- **£50m of funding for winter 2025/26 for specific and targeted mental health-related discharge packages**, drawing on the work of the Discharge Challenge in 2022.

Addressing elective waiting lists in mental health services

The NHSE mental health dashboard includes an estimate of the number of referrals to NHS funded community-based mental health services yet to receive their second contact. **As of June 2025, the number had reached 1.789 million, up from 1.592 million in June 2024**

(12.4% increase) and 1.232 million in June 2022 (45.1% increase).[xi] The referrals captured here are for pre-planned, non-urgent treatment, the very definition of elective care. There is no reason why elective care shouldn't cover both physical and mental health – **an essential step in achieving parity of esteem** – however the current distinction leaves **mental health care unable to benefit from the prioritisation granted to waiting lists under *Reforming Elective Care for Patients*.**[xii]

The NHS Mandate 2025/26 emphasised a commitment to 'support the NHS to maximise performance on the waits patients experience for mental health services'.[xiii] While this is welcome, it is unclear how it will be achieved without the dedicated resources and oversight assigned to elective reform. Additionally, **people living with severe mental illness (SMI) die on average 15-20 years earlier than the general population**[xiv]**, with 2 in 3 deaths occurring from preventable physical illnesses**[xv] – many of which will require elective treatment. The Government cannot truly commit to tackling health inequalities**, as is rightly emphasised within elective reform plans,** without any reference to those living with mental ill-health – some of the most vulnerable in society, facing the greatest health and societal inequalities. It must be acknowledged that there has been an increase in some of the risk factors for mental-ill-health over the past 15 years: financial insecurity; housing insecurity; food insecurity; loneliness and isolation.

Reducing mental health waiting lists will not only reduce pressures on NHS services, but will also support those waiting for treatment who are out of work or unable to work because of sickness to re-engage with employment. We know mental illness can be treated effectively, particularly when identified early, but care delays put people at risk of developing a more complex illness and making maintaining a job untenable. For example, a 2025 report from Rethink Mental Illness found 83% of respondents living with mental illness said their mental health deteriorated while waiting for support.[xvi] If people are unable to access treatment, they will not remain in school or university, they will not get into work or remain in work and this significantly affects their lives and individual prospects, but also the productivity and economic growth of the nation – because young people drive the economy.

Only by therefore reducing the mental health waiting list and ensuring timely access to treatment will we start to see improved outcomes and reduced pressures on the NHS. We know that this will in turn support the Government's ambitions to kickstart economic growth and break down barriers to opportunity. **The College is therefore advocating a range of steps that could be taken, aligned with Elective Reform Plan commitments and ensure more equitable focus is given to both mental and physical health care**.

These include:

- **Full implementation of the mental health clinically-led review of standards metrics** to ensure children, young people and their families/carers, adults and older adults presenting to community-based mental health should start to receive help within four weeks from request for service (referral).[xvii]
- **Widening the definition of elective care to encompass mental health care and facilitate access to funding.**
- **Ensure people living with SMI who have a co-morbidity and face additional care barriers, are prioritised for physical health services and ensure that services are geared up to provide care to this underserved population.**

Supporting people with mental illness: Employment and Welfare reform

People living with mental illness should have every opportunity to **access meaningful employment** when they are clinically able to do so. This requires a system that provides comprehensive support, wraparound interventions, timely treatment, and workplace adjustments to enable individuals to thrive in work rather than be excluded from it.

Equally, for those whose illness is severe or complex, **an enabling benefits system should not be optional**; it is integral to treatment and recovery. Removing or reducing benefits for this group does not save money it simply shifts costs elsewhere. When people are pushed into poverty, their health deteriorates, placing additional strain on NHS services and increasing overall public expenditure.

The current benefits assessment framework compounds these challenges. The descriptors used to determine eligibility fail to capture the realities of living with mental illness, creating structural discrimination and leaving many without the support they need.

We urge Government to take forward the principles set out in the Charley Mayfield review, embedding a genuinely supportive model that helps people into work and sustains employment where possible. This approach would not only improve individual outcomes but also deliver wider economic and social benefits by reducing health inequalities and supporting recovery.

Workforce

The College welcomed the opportunity to respond to the 10-Year Workforce Plan call for evidence and the much-needed engagement with the sector.

There are significant retention and recruitment challenges affecting the mental health workforce, with professionals reporting high workloads, administrative pressures, challenges with working environments, time-pressures and poor work-life balance. This has an impact on staff wellbeing and makes early retirement more likely.

While our response addressed the call for evidence questions, we remain concerned that the questions did not adequately reflect the wider system pressures or the scale of workforce growth required in psychiatry. For example, local initiatives provide useful insights, but they cannot substitute for national-level action particularly as many services lack the resources or capacity to implement such interventions.

Delivering reforms, including those set out in the 10-Year Health Plan, will require significant investment. Without addressing workforce vacancies at a national level, these challenges will persist. Expanding the psychiatric workforce is critical to ensuring effective, preventative mental health care, safeguarding staff wellbeing, and enabling sustainable NHS service delivery. Strategic investment now will deliver long-term improvements in patient and staff outcomes.

Recommendations:

Staff recruitment:

- **Maintain commitments to double medical school places**, ensuring this is fully costed and delivered**,** with more medical school places put into schools with a proven track record of delivering consultants in shortage specialties including psychiatry.

Staff retention:

- Ensure **ring-fenced and recurrent funding of £45m to support the mental health and wellbeing** needs of NHS staff with funding of £5m earmarked for developing occupational mental health capacity and the remaining £40m ideally invested in mental health and wellbeing hubs nationwide.

- Ring-fenced investment that will ensure staff a) receive administrative support, b) can access working technology (including digital support to manage caseloads and to support clinical prioritisation, and c) have adequate space to carry out daily duties (including confidential consultations)

The RCPsych recently surveyed our UK-based membership asking about their experiences over the past year of local inpatient capacity pressures and how these have affected their decisions about patient admission, treatment and discharge in the year to February 2025. 1,012 members participated in the survey, 85% (860) of whom are based in England.

It revealed a **severe lack of local resources in mental health services and unacceptable gaps in treatment due to long-term underinvestment**. This means that many patients are reaching crisis point because they can't access timely psychiatric care, and even when they do, the lack of continuity makes it difficult to build therapeutic relationships.

- Key findings for England include:
  - **Almost half (47%) of respondents faced daily delays in timely admissions and/or the provision of inpatient mental health treatment,** because of issues with local or specialist capacity.
  - **44%** heard about patients **waiting for transfer to a suitable bed, while staying in a place of safety or in General Hospital Emergency Departments** (EDs), on **a daily basis**.
  - Over a **third (34%) admitted someone to a ward which was inappropriate for them**, including out of area placements, on **a weekly basis**.
  - **28%** of respondents **discharged someone to a placement which was inappropriate for them every week** (including temporary accommodation), followed by **26% who did so on a monthly basis**.
  - The **majority (81%) have experienced moral injury themselves or witnessed 'moral injury'** indicators amongst healthcare workers when making admission or discharge decisions in the context of local capacity pressures.
  - **Almost three quarters (73%) felt they had to make a decision on admission or discharge as a result of pressure from external factors**, rather than the patient's clinical need and best interests.
  - A similar proportion **(74%) are of the opinion that such decisions made about admission or discharge have compromised patient care and safety.**
- **Without sufficient psychiatrists, community mental health teams, and crisis support staff, people at risk cannot access the care they need when they need it**. Building capacity, improving retention, and supporting staff wellbeing cannot be optional; they must be the foundation for delivering safe, effective suicide prevention strategies.

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