Briefing from the Royal College of Psychiatrists:

10 Year Health Plan for England

September 2025

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About the Royal College of Psychiatrists

The Royal College of Psychiatrists (RCPsych) 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 and neurodevelopmental conditions by promoting excellent mental health services, training outstanding psychiatrists, promoting quality and research, setting standards and being the voice of psychiatry.

Introduction

This briefing summarises the 10 Year Health Plan for the NHS in England and considers the implications for mental health services, the psychiatric profession, and the important next steps for its implementation.

Context

In October 2024, the Prime Minister and the Secretary of State for Health and Social Care launched Change NHS, gathering views across the sector about how to shape a new 10 Year Health Plan for England to 'get the NHS back on its feet and to make it fit for the future'; RCPsych has been involved throughout the process of developing the Plan.

The Plan comes six years after the previous Government's Long Term Plan, ten years on from the Five Year Forward View, and nine years on from the connected Five Year Forward View for Mental Health.

RCPsych's role

We submitted our vision for the 10 Year Plan in December 2024, developed with input from across RCPsych. The College also contributed to a joint Mental Health Policy Group (MHPG) response.

Over the next ten years, we want to see a marked improvement in the delivery of mental health services. Without comprehensively addressing the core components of service delivery, the NHS will continue to face challenges in ensuring therapeutic care and patient safety. In our submission, we provided specific recommendations for the three planned policy shifts and called for a reaffirmed commitment to deliver parity of esteem between mental and physical health, covering areas such as:

- **Delivery of the full suite of approved mental health waiting time standards to improve timely access to care in the community**, alongside the **necessary investment in service expansion to ensure standards are attainable and access to services becomes comparable to that for physical health services**. As the Darzi review highlighted, mental illness currently only receives around 10% of funding while being responsible for around 20% of the disease burden.[1]
- **Retention and recruitment of the mental health workforce, while also ensuring recurrent investment into staff mental health and wellbeing initiatives**. Medical and nursing vacancies remain considerably higher in mental health than acute services.
- **Investment in the mental health estate, across both inpatient and community services**, to address a growing maintenance backlog, ageing of estate and reduced therapeutic environment.
- **Improvements to patient flow and integration between primary and secondary care, harnessing digital technology** where appropriate.
- **Recognition of the role that mental health services and public mental health can play in boosting productivity** across the wider workforce and alleviating long-term sickness.

Vision of the 10 Year Health Plan

The Government published the 10 Year Health Plan in July 2025, with the implementation plan due to be published in early Autumn. The Plan suggests reinventing the NHS through three 'radical shifts':

1. Moving care from hospitals to communities
2. Expanding the use of technology (shifting from analogue to digital)
3. Prioritising prevention over treatment.

To deliver these three components, the Plan commits to:

- Reforming the NHS operating model
- Improving transparency of quality of care
- Creating a new workforce model
- Powering scientific and technological innovation
- Ensuring financial sustainability.

Over the course of the next ten years, the NHS will spend more than £2 trillion.[2]

Key messages on mental health

The key commitments for mental health services covered in the Plan are as follows:

1. **Mental health is an early priority alongside cardiovascular disease, frailty and dementia**

   The National Quality Board (NQB) will be reformed to improve quality of care, which RCPsych will feed into, along with the MHPG and other Royal Colleges; a new quality strategy will be developed by March 2026.

   The NQB will work with clinicians and patients to develop modern service frameworks to 'accelerate progress in conditions where there is potential for rapid and significant improvements in quality of care and productivity', which are accessible and transparent; early priorities will include cardiovascular disease, mental health (including severe and enduring mental illness) and the first service framework for frailty and dementia.

2. **Implementing neighbourhood care models and improving assertive outreach care and treatment**

   As part of the key policy shift to move care from hospital-centred services to more preventative and personalised support in the community, the Government has pledged to transform mental health services into 24/7 neighbourhood care models and improve assertive outreach care and treatment to ensure 100% national coverage in the next decade, with a focus on narrowing mental health inequalities.

   The neighbourhood services will offer walk-in support for people with severe mental illness and will be designed to better reflect the specific needs of the local populations.

   This mental health specific approach should align with the Government's wider approach to neighbourhood health.

3. **Introduce new financial incentives to drive neighbourhood health**

   To support this shift of care from hospitals to communities, the Government is planning to develop year of care payments (YCPs) for community health services, mental health, specialist outpatient care, emergency department attendances and admissions, which focus on outcomes and incentivise local health systems to keep patients out of hospital.

According to the Plan, this work will begin in 2026/27 with a small number of 'pioneer' systems and the development of both YCP and tariffs for community and mental health services will be dependent on the availability of good quality cost and activity data.

4. **Commitment to Individual Placement and Support (IPS) schemes**

   The Government has pledged to continue to expand provision of IPS schemes, which had been announced by the prior Government, to help people with severe mental illness or substance use disorders find work, provide employment support through primary care, and offer employment advice to those accessing talking therapies.

5. **Investing in urgent mental health care**

   The Plan commits to expanding urgent mental health care by investing up to £120 million to develop 85 dedicated mental health emergency departments (MHEDs) in the first five years, ensuring patients get quick, same-day access to specialist support in an appropriate setting.

6. **The roll out of Staff Treatment Hubs**

   NHS staff sickness figures reveal that 'anxiety, stress, depression, and other psychiatric illnesses' continue to be the most reported reason for sickness absence. In the twelve months up to and including June 2025, these conditions accounted for 7.4 million days or 26.9% of sickness absence.[3] The Plan pledges to reduce sickness absence rates by rolling out Staff Treatment Hubs, an occupational health service for all NHS staff that includes support for mental health issues.

7. **A new National Youth Strategy will be published**

   The Department for Culture, Media and Sport will publish a new National Youth Strategy this summer, setting out how the Government will support young people's mental health, wellbeing and their ability to develop positive social connections.

8. **Mental health prescribing**

   According to the Plan, using pharmacogenomic insights in mental health prescribing will also be a priority.

9. **There will be fewer staff than projected in the 2023 Long-Term Workforce Plan**

   The 10 Year Health Plan confirms that the next Workforce Plan will include lower targets than the previous iteration, but NHS staff will be 'better treated, more motivated, have better training and more scope to develop their careers'.

Inequalities and social determinants of health

Health is significantly influenced by the social, economic, and environmental conditions around us. In the UK, people living in the poorest areas die earlier than those in richer areas. All risk factors for premature mortality – smoking, poor diet, and harmful alcohol use – are impacted by these socioeconomic factors.

We called for the 10 Year Health Plan to take account of the vulnerabilities of those facing such inequalities, recognising how often they are the least likely to access treatment. Lord Darzi's review rightly highlighted the links between poverty and homelessness, among other determinants and poor mental health. Stigma and a lack of digital access also act as barriers to care. It must also consider how some ethnic groups are more likely to be sectioned than others and while reforms to the Mental Health Act are welcomed, there are non-legislative choices which would improve care.

Tackling determinants of mental ill-health is not entirely within the NHS' control and therefore there remains the need for a cross-government focus on tackling the determinants of poor mental health, which requires a whole society approach.

Suicide prevention

New digital tools, digitised therapies and real-time suicide surveillance will be implemented to improve mental health and reduce suicide rates.

Employment support

We welcome the pledge to continue to expand provision of IPS schemes, which had been announced by the prior Government, to help people with severe mental illness or substance use disorders find work, provide employment support through primary care, and offer employment advice to those accessing talking therapies. **We are continuing to work with other parts of Government to ensure the wider approach to benefits and employment works best for people with severe mental illness.**

Community mental health services

One of the key ways the Government is planning to reinvent the NHS is to move care from hospitals to the communities and improve assertive outreach care. As part of this key commitment, six new neighbourhood mental health hubs, funded by the NHS, are being piloted across England this year:

1. Whitehaven (Cumbria) – Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
2. Acomb (York) – Tees, Esk and Wear Valleys NHS Foundation Trust
3. Heeley (Sheffield) – Sheffield Health and Social Care NHS Foundation Trust
4. East of Birmingham – Birmingham and Solihull Mental Health NHS Foundation Trust
5. Tower Hamlets (London) – East London NHS Foundation Trust
6. Lewisham (London) – South London and Maudsley NHS Foundation Trust.

These first six centres, based in both inner city and rural locations, will bring together a range of community mental health services to provide 24/7 open-access support to people with severe mental illness, including integrated crisis care, home treatment, early intervention, rehabilitation, community, and inpatient care. The centres are aiming to provide effective local mental health treatment and support to eliminate waiting times and prevent the need for further hospital admissions.

The centres will be run by a team of psychiatrists; mental health professionals; GPs; peer support workers; voluntary, community, faith, and social enterprise (VSCFE) organisations; and those with

lived experience. Patients will also have access support for other factors which impact their wellbeing and recovery, such as housing and employment.

To support this shift of care, the Government is planning to develop YCPs, which focus on outcomes and incentivise local health systems to keep patients out of hospital. According to the Plan, this work will begin in 2026/27 with a small number of 'pioneer' systems.

We welcome the launch of these neighbourhood mental health model pilots, which have the potential to help ensure people with mental illness receive timely care closer to home and in times of crisis. People with severe mental illness, like schizophrenia and bipolar disorder, often have very complex needs and experience difficulties accessing additional forms of support such as accommodation, physical health care and education services. The 24/7 pilot centres have an important role to play but will not be a replacement for the targeted and specialist care these patients need.

In the meantime, it is crucial that the Government continues to support and fund the Community Mental Health Framework (CMHF), the main model of community mental healthcare. Along with assertive outreach teams, the community mental health framework is an opportunity to revive community mental health services.

Urgent and emergency care

The mental health urgent and emergency care pathway remains under substantial pressure. Mental health patients are more than twice as likely to wait more than 12 hours in accident and emergency (A&E) departments than all other patients combined.[4] Acute mental health length of stay has increased to more than 50 days, incurring additional costs and keeping patients out of employment longer, potentially jeopardising their return to the workplace.

A&E services need to be built to support people in mental health crisis; in our submission, we suggested:

1. Employing band 3-4 mental health staff as psychological support, improving patient experience and reducing the need for security guards without the need to train a new workforce.
2. Rolling out a 'streaming service' akin to Humberside's best practice model – creating evidence-based safe and secure spaces for mental health A&E assessments.

The Plan commits to expanding urgent mental health care by investing up to £120 million to develop 85 dedicated MHEDs in the first five years, ensuring patients get quick, same-day access to specialist support in an appropriate setting. The units will provide walk-in access, receive patients conveyed by ambulance, or referred by the police or 111, and undertake rapid assessment typically within 4 hours, alongside short-term support and safe discharge or onward referral.

It is also stated in the Plan that MHEDs will work closely with physical health A&E teams to make sure any physical health needs are met. They will also support first response services, which can help meet need in the community.

We support this approach where it's confirmed that MHEDs will be co-located with the local urgent and emergency care (UEC) services, akin to the streaming service. However, we continue to raise concerns about the potential this model has to inadvertently silo mental health crisis care without timely access to often essential physical health assessments. We are currently working with NHSE to understand the staffing requirements for this model, the standards these services will be subject to, and how MHEDs will fit into care pathways.

We need to continue to ensure that there is an acknowledgement that improvements to UEC services can only achieve so much without improvement to the flow and capacity of inpatient services.

Children and young people's mental health services

Mental Health Support Teams and Young Futures Hubs

Half of all mental illness arises before the age of 14 and we know how fundamental the early years are for laying appropriate foundations. Currently only a minority of under-5s with a mental health condition receive any intervention, with negligible coverage to prevent such conditions or promote mental wellbeing and resilience.

We welcome plans for the expansion of mental health support teams (MHSTs) in schools and colleges; MHSTs catch symptoms earlier, preventing them from developing into chronic conditions. Almost 1 million more young people are set to benefit this year and the Government pledged to reach full national coverage by 2029/30.

We also welcome plans for providing additional, embedded mental health support through Young Futures hubs, also known as early support hubs, alongside a wellbeing offer; however, it is unclear whether psychiatric support has been considered in plans so far.

For early support hubs and MHSTs to be successful, psychiatric capability must be embedded to efficiently determine clinical mental health needs and refer to secondary care when appropriate. Providing clinical support would also better ensure early identification of substance misuse, often a key driver of adverse childhood experiences and poor mental health, and severe mental illness, conditions which are often overlooked in the development of preventative services.

MHSTs and early support hubs are not a substitute for investment in specialist mental health services. Therefore, they must have the capability to refer children and young people on to well-staffed specialist services when necessary.

Access to specialist children and young people's mental health services

To address the ongoing issues with access to specialist children and young people's mental health services, the Government is pledging to:

- Recruit 8,500 mental health staff focused on reducing long waits.
- Work with local authorities to ensure that children with the most complex mental health needs in residential care get the treatment and support they need to avoid readmissions.
- Expand digital behavioural therapy for adolescents, from April 2026 onwards, to support those on long Children and Adolescent Mental Health Service waiting lists.

Mental health estates

A key aspect of patient safety relates to the quality of the estate; across mental health trusts, much of the estate remains unfit for purpose, posing serious challenges to those who receive treatment or work in the facilities.

The maintenance backlog of high and significant risk across mental health and learning disability sites has more than doubled between 2019/20 and 2023/24, from £92.1 million in to £238.0 million. College analysis of data for 2023/24 also shows that 15.1% of mental health and learning disability sites in England were built before the NHS was established, compared to 9.7% of general acute sites. Eleven NHS trusts were found to have more than a fifth of their mental health and learning disability estate erected prior to 1948.[5]

Sustained investment in mental health and learning disability estate across inpatient and community settings is integral to aiding recovery, improving patient flow and improving day-to-day experience of staff and patients, enhancing productivity and enabling patients to return to work sooner. In our submission, we asked the Government to commit ring-fenced capital funding for a Mental Health Infrastructure Plan, which encompasses the following:

- Building and redevelopment programme
- Improvements to inpatient therapeutic environments
- Completing dormitory removal
- Investment in community mental health facilities
- Digital infrastructure.

In the 10 Year Health Plan, the Government committed to allocating £750 million in this financial year for the Estates Safety fund, i.e. for 400 hospitals, mental health units and ambulance sites to fix their buildings and to provide 28 hospitals with new radiotherapy machines.

This allocation was previously announced in May 2025 and is likely to be built upon in the coming years, with the Spending Review confirming the investment of '£30 billion over the next five years in day-to-day maintenance and repair of the NHS estate with over £5 billion allocated specifically to address the most critical building repairs, reducing the most serious and critical infrastructure risk in a targeted way.'[6]

We welcome that around £76 million has been allocated to mental health trusts this year, with around £70 million appearing to be allocated to mental health and learning disability sites. Among the 14 trusts with a reported high risk maintenance backlog in mental health-related sites, the allocated funding would be sufficient to address this in nine trusts, with two further trusts potentially seeing 80% or more addressed.[7]

Digital technologies

The Plan commits to introducing the following digital technologies over the next ten years:

- A national procurement will take place for a new platform that will be available to all NHS provider organisations, ensuring community-based services have the digital tools required to excel.
- By 2028, patients will be able to access the 'My Specialist' tool through the NHS App, where they will be able to make self-referrals to specialist care where clinically appropriate. From the outset, patients will be able to self-refer to mental health talking therapies.
- New digital tools, digitised therapies and real-time suicide surveillance will be introduced to improve mental health and reduce suicide rates.

We fully acknowledge the benefits that digital technology and infrastructure can bring to the delivery of mental health services and productivity improvements. While people have long been able to self-refer to talking therapies, enabling self-referral through the NHS App will make the therapies even more accessible.

However, it is important to stress that virtual methods of care should only be seen as complimentary to, rather than a replacement for, in person therapeutic treatment; for example, people living with neurodevelopmental issues and those who face digital exclusion need the option to see their clinician face-to-face, as well as the ability to self-refer to talking therapies.

Workforce

In our submission for the 10 Year Plan, we made the following workforce asks:

- Recurrent investment in NHS staff mental health and wellbeing initiatives.
- Investment across full training pathways to ensure planned increases in staffing through the NHS Long Term Workforce Plan are implemented.

The 10 Year Plan rejects the planned workforce increases calculated in the 2023 Long Term Workforce Plan (LTWP), implying that the increases are unrealistic and describing them as 'fiction'.

It states that there will be fewer staff in the NHS in 2035 than projected by the 2023 LTWP, advising that the staff that are in place will be better treated, have better training, more exciting roles and will achieve more.

The Plan instead commits to publishing a 10 Year Workforce Plan based on a 'decidedly different' approach that asks, given their reform Plan, 'what workforce do we need, what should they do, where should they be deployed and what skills should they have?'. **We will work closely with the Royal College of Nursing and other third sector organisations to develop a workforce vision document for the Department of Health and Social Care to inform the development of the new plan.**

The 10 Year Plan sets out multiple workforce commitments, most notably the following:

1. **Harnessing digital technology to free up time to care:**
    - Accelerate the adoption and spread of AI technology, ensuring staff have the skills they need in a digitally enabled NHS, including through AI training.
    - Modernise postgraduate medical education to better align with the needs of patients, doctors and healthcare services. This will be via the Review of Medical Training.
    - Reform mandatory training by April 2026.
2. **Improving training and development for doctors:**
    - Ensure every single member of NHS staff has their own personalised career coaching and development plan by 2035.
    - Tackle bottlenecks in medical training pathways.
    - Work across government to prioritise UK medical graduates for foundation training, and to prioritise UK medical graduates and other doctors who have worked in the NHS for a significant period, for specialty training.
    - Over the next 3 years, create 1,000 new specialty training posts with a focus on specialties where there is greatest need.
    - Work with stakeholders to ensure a more streamlined and predictable pathway is in place for experienced specialty doctors to develop and operate at a specialist level.
    - Work with the General Medical Council (GMC) to ensure a more streamlined pathway is in place for experienced doctors to obtain the registration to become a consultant.
3. **Developing skills in research, innovation and system change:**
    - Work with professional bodies and the Royal Colleges to develop capability frameworks for innovation for all staff, introduce joint clinical research and innovation fellowship posts with industry, and expand the Clinical and Patient Entrepreneurs Programme.
    - Reverse the decline in clinical academic roles.
4. **Workforce standards and improvements in staff experience:**

- Introduce a new set of staff standards that are co-produced with staff. Standards will cover nutritious food and drink at work, protection from violence, racisms and sexual harassment at work, new standards of healthy work and flexible working options.
- Roll out Staff Treatment Hubs, a high-quality occupational health service for all NHS staff that includes support for back conditions and mental health issues, both significant causes of long-term sickness absence.
- Eliminate agency staffing in the NHS by the end of this parliament.

5. **Leadership:**
    - Give leaders new freedoms, including the power to undertake meaningful performance appraisals, to reward high performing staff, and to act decisively where they identify underperformance.
    - Accelerate delivery of the Messenger review and, by April 2026, establish new national and regional talent management systems to ensure leaders with the greatest potential - at all levels - are identified and supported into future leadership roles.
    - Establish a new College of Executive and Clinical Leadership which will sit outside of government to define and drive excellence.
6. **Recruitment:**
    - Improve diversity in recruitment and reorientate the focus of NHS recruitment away from other countries and towards its own communities, reducing international recruitment to less than 10% by 2035.

Whether services are provided digitally or in the community, increasing access requires a bolstered workforce. The Government's commitment to deliver the Workforce Plan and its efforts to recruit more specialist mental health staff are welcome but fall short of what is needed to address the chronic workforce shortages affecting mental health services. Almost 1 in 6 (15.9%) consultant psychiatrist posts across English NHS trusts were vacant in 2023, up 5.5 percentage points from 10.4% (1 in 10) in 2021.[8] Furthermore, in the quarter to the end of June 2025, the medical and nursing vacancy rates in mental health trusts were 12.6% and 10.2% respectively, compared to 5.7% and 5.0% in acute trusts.[9]

For the implementation of the 10 Year Plan to be successful, there must be strong strategic alignment with the NHS LTWP. The biennial LTWP is due to be published by the end of the year, and we therefore emphasise the importance of ensuring mental health and learning disabilities continue to receive sufficient attention. An implementation plan is needed to support strategic linkages between the 10 Year Plan and LTWP.

College response and next steps

The Government's ambition to deliver a modern healthcare service that meets people's needs is welcome. It is positive to see that mental healthcare has been prioritised after years of underinvestment, and we must now ensure that intentions become reality. The College is ready with clinical, research and lived experience expertise to work with the Government on these proposals to ensure they deliver the best outcomes for people with mental illness and to support improvements in care.

People with mental illness can recover and are far more likely to respond well to care if it is delivered close to home, by medical professionals they know and with the support of wider local services. This can help prevent people from relapsing or reaching a crisis point. Improvements in community mental healthcare also help ease pressure on inpatient and emergency settings so that they can prioritise patients with some of the most complex needs. This will help the 1.8 million people waiting for mental health treatment and bring down waiting lists.

The Plan must ensure that everyone who has a mental illness can access timely and effective care through standardised care and treatment pathways that meet NICE guidelines. The College will continue to call on the Government to effectively fund and resource community mental health services so that psychiatrists, mental health practitioners and patients can achieve the aspiration of the CMHF.

Local areas must be supported to continue to implement neighbourhood approaches in a way that meets their population's needs and consistently drives up standards. This will require additional investment in community mental healthcare. There must be implementation of clinically led evidence-based models of care that more effectively meet people's needs.

The healthcare workforce is the foundation upon which these changes will be built, but services continue to be hampered by chronic shortages, enormous pressures on staff, and inadequate retention. Vacancy rates for mental health professionals remain higher than their peers in other medical areas, placing even greater pressure on individuals and services. The upcoming LTWP must address these challenges if we are to see positive long-term results.

Within this context we need to see productive and accessible engagement with ourselves and the rest of the sector on the development of the LTWP. We will continue to call for an implementation plan, to support strategic linkages between the 10 Year Plan and LTWP, and to ensure that any reform is backed with adequate action on retention and recruitment.

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