Mental health strategy: response to call for evidence

Centre for Mental Health

Centre for Mental Health is an independent charity. We take the lead in challenging injustices in policies, systems and society, so that everyone can have better mental health. By building research evidence to create fairer mental health policy, we are pursuing equality, social justice and good mental health for all. This response is submitted by Centre for Mental Health.

1. Hospital to Community:

How can mental health services work more effectively across these areas?

- The wider NHS, including new neighbourhood health centres
- Services to support people with co-occurring mental health and neurodevelopmental conditions
- Different sectors, including education, employers, local authorities and the voluntary, community and social enterprise (VCSE) sector.

Please provide examples of cross-sector pathways in practice

There are examples of VCSE, NHS and other organisations in communities working together to reduce reliance on inpatient services (Care beyond beds, Centre for Mental Health, 2024) or improve broad outcomes, such as finances, debt, access to benefits and readmissions (Stability beyond care, Centre for Mental Health, 2026).

Meeting the physical health needs of those with severe mental illness also requires collaboration across the NHS, local authorities and VCSE sectors. VCSE/NHS partnerships have increased uptake of physical health checks for people with severe mental illness among people on severe mental illness registers by 121%–507%, helping to address the life expectancy gap experienced by people with severe mental illness (Reaching Out, Equally Well UK, 2024).

Care should also be tailored to the needs of specific communities. This includes culturally and trauma-informed care in racialised communities (Trauma-informed care and racialised communities, Centre for Mental Health, 2026), alongside our guidance for policymakers (Addressing racial trauma: A guide for policymakers, Centre for Mental Health, 2026). Generic, one-size-fits-all models cannot meet the needs of people whose trauma is embedded in their social and political context.

The Patient and Carer Race Equality Framework is also critical to ensuring the needs of racialised communities are met and requires sustained implementation to generate systemic change.

People with physical long-term conditions face twice the risk of a mental health problem. Physical health care services therefore need to support people's emotional wellbeing, while mental health support should be adapted to meet their needs (Ask how I am, Centre for Mental Health, 2021).

Other examples include adapting mental health support for neurodivergent people (Strengths-based support for neurodivergent children and young people, Centre for Mental Health, 2026) and people in the justice system (Prison mental health services in England, Centre for Mental Health, 2023).

What further support should be provided for people with severe and enduring mental illness?

Any efforts to help people stay well and reduce readmission must address the social and economic needs of people with severe and enduring mental illness, which can drive poor mental health. This includes embedding high-quality, tailored welfare advice in mental health services, which can reduce readmissions and allow more timely and appropriate support (Stability beyond care, Centre for Mental Health, 2026).

The clearest example of interventions to ensure people are able to work, and working with employers, is Individual Placement and Support (IPS), an evidence-based model of supported employment being implemented in different areas. It seeks to close the employment gap for people with mental health problems. Supporting people to work is a key treatment outcome, as those helped into employment are likely to need less support from inpatient or community mental health services. It has also been shown to reduce repeat admissions, saving significant costs (IPS: A guide for integrated care systems, Centre for Mental Health, 2022).

Housing is another issue that often requires support alongside care and treatment for people with SMI. Housing advice and access to housing benefits are a key focus of the integrated welfare advice mentioned above, as inpatients may face a loss of housing and benefits when admitted. Embedding housing workers in mental health services, and vice versa, is a promising approach (The home front: Connecting housing and mental health, Centre for Mental Health, 2024).

It is vital that people with severe mental illness have access to the full range of physical health interventions, tailored to their needs, in both community and inpatient settings. This includes support to reduce or stop smoking, facilitate physical activity, and manage medication interactions between mental and physical health needs.

What are the main barriers to continuity of care across transitions between hospital and community services, and between different levels of care, including child to adult services? Please provide examples from either side of the transition and outline how these barriers could be effectively addressed.

Early intervention is critical, with recently published research by The Children's Society and PBE showing there are 1.1 million 10–17-year-olds who are starting to struggle. For them, timely and open access to support could avoid crisis (Prevention that pays: The economic case for early support for children's mental health and wellbeing, Pro Bono Economics, 2026).

Early Support Hubs using the Youth Access model are highly effective and provide the most promising model for the Government's manifesto pledge to establish open-access mental health support for young people in every community. The model works with young people from ages 10 to 25 (not cutting off at 18), crossing the divide between childhood and adult life. For example, Centre 33 provides a range of open-access support including talking therapies and peer support without the need for bureaucratic assessments or referrals that can act as a barrier to accessing support. Those interventions helped the young people accessing services feel more able to cope with difficult situations, experience better mood and fewer crises, have better and more open relationships with others, and be more open to asking for help in future (Someone to talk to, Centre for Mental Health, 2022).

The transition from childhood to adulthood is not the only transition to focus on. The transition into later life is equally important, but its mental health needs are too often neglected. Research has shown that for people in later life across the whole population, mental health has a greater impact on life satisfaction than physical health (Mental health in later life, Centre for Mental Health, 2024).

2: From analogue to digital

What evidence and innovative examples are there of digital and AI tools being used to achieve these outcomes? Please provide examples.

Polling commissioned by Mental Health UK found that 37% of UK adults have used an AI chatbot to support their mental health or wellbeing, with this figure rising to 64% of 25–34-year-olds. It is clear the use of AI or digital tools has dramatically increased. The use of these alternatives is primarily due to ease of access (41%), but barriers to access to treatment due to waiting times (24%), as well as discomfort discussing mental health with friends or family (24%), are also driving people to AI and digital tools.

The excessive waiting times highlighted in the previous section are driving people to use AI tools that are not free from problems, worryingly with 11% saying they worsened symptoms of psychosis, 11% saying they provided harmful information about suicide,

11% saying they made them feel more anxious or depressed, and 9% saying they triggered self-harm or suicidal thoughts. It is a stark reminder that waiting times for mental health treatment are both a cause of worsening symptoms in themselves, with 25% of people who waited less than two weeks saying their mental health got worse while they waited, and a driver of AI chatbot use, exposing people to harmful information that exacerbates symptoms and puts them at risk (Unequal benefits, unequal harms, Centre for Mental Health, 2025).

66% found the tools beneficial, with research indicating they may reduce barriers to support for people in marginalised communities, including by reducing stigma (Over One in Three Using AI Chatbots for Mental Health Support as Charity Calls for Urgent Safeguards, Mental Health UK, 2025).

Currently, there is no clear picture of exactly what AI or digital tools are being used across the NHS and where, though the NHS Alliance has outlined some of the ways its members have utilised AI for clinical use in mental health (Demystifying clinical AI in mental health, NHS Alliance, 2025).

How can data be used more innovatively to improve mental health and wider societal outcomes? Please provide examples

With the current development of the modern service framework for SMI, we are concerned that the approach to recommending interventions may be overly restrictive and updated too infrequently. In the mental health strategy, we would welcome a commitment to proposing a wide range of interventions developed using different forms of evidence; a commitment to a test-and-learn approach that actively seeks to pilot and build evidence for new and promising interventions; and a commitment for the MSF itself to be updated at regular intervals (every three to five years) to ensure new interventions, for which evidence was not available in May 2026, can be adopted quickly. With changes at NHS England and DHSC, it is also critical that there is clear responsibility and accountability for these commitments.

There have been significant improvements in the data available on topics such as referrals and waiting times, but the absence of meaningful accountability mechanisms means that improvements cannot be guaranteed. This is why it is critical that equitable access and waiting time standards for mental health care are applied and implemented, as without them there is transparency of data without the accompanying accountability. There should be a commitment in the strategy to apply access and waiting time standards for mental health.

There must also be better transparency and accountability against outcomes through the Patient and Carer Race Equality Framework. In particular, patient experience data should be used, monitored and flowed to national datasets to enable benchmarking,

lesson-sharing and service improvement. Outcome measures should also be routinely used and monitored locally, and flowed to national datasets to enable benchmarking, lesson-sharing and service improvement.

3: Sickness to prevention

Which preventative approaches have the strongest evidence for reducing incidence or severity of mental health problems and promoting good mental health?

A truly preventative approach to mental health requires it to be a responsibility for the whole of government. To ensure this, there should be a commitment to a Mental Health Policy Test to ensure that all policy decisions have an overall positive effect on mental health. Such a test has already been applied in different areas locally and nationally and has already seen positive outcomes (Policies for better mental health, Centre for Mental Health, 2024).

A truly preventative approach would also require a focus on children and young people's mental health, without detracting from the focus on adult mental health. For example, a whole-school approach to mental health, trusted adults to help children understand and navigate their feelings, and creative and physical activity-based approaches to wellbeing all have a positive impact on wellbeing. It is important at this formative and critical life stage that support is tailored to the needs of marginalised communities, so their (often first) engagement with interventions for wellbeing is inclusive and avoids compounding racial and other trauma they may experience (Empowering minds, Centre for Mental Health, 2025).

Prevention also begins before birth and postpartum, with research showing that investment in early relationships and infant mental health is both an effective preventative strategy and a robust economic decision. Preventative action includes supporting mothers' and birthing people's mental health during pregnancy and after birth, and support to help new parents bond with their babies (Why babies' first relationships matter, Centre for Mental Health, 2026).

Prevention is best led locally, by the councils and communities that know best what they need to improve their wellbeing. Investment in public mental health through the Public Health Grant, with clear reporting and outcome measures, would empower local authorities to work with their communities to boost wellbeing in the ways that work for them (Made in communities, Centre for Mental Health, 2023).

Which preventative approaches have the strongest evidence for reducing the numbers of lives lost to suicide?

Other organisations and partners will submit specific evidence on interventions that can address those at risk of suicide. This submission focuses on the need to address the wide social and economic factors and inequalities that can increase the risk of suicide. As previously raised (with examples and research provided), it is important that holistic advice is provided to address financial vulnerability, debt, housing issues and isolation.

Alongside this, it is important that frontline services receive adequate training, have clearer pathways for those at risk of suicide, and provide social prescribing for those at risk (Strengthening frontline, Centre for Mental Health, 2024).

Reducing waiting times is also important, with 25% of people waiting two weeks or more saying their mental health declined during that period, and 67% of those waiting six months or more saying their mental health declined during that period (Community mental health survey, Care Quality Commission, 2025). Significant numbers of people (between 16–20% of callers) calling NHS 111 for crisis care end the call after waiting longer than 30 seconds for someone to answer, with the average wait time exceeding three minutes (NHS Mental Health Dashboard). When seeking support for their mental health, it is vital that people can receive it without undue delay.

How can services better support the 'missing middle' - those with sustained needs (that affect their participation in community life, for example, in education or work) who may not meet the criteria for NHS mental health services?

Large numbers of people have poor wellbeing but not a diagnosable mental health condition (see, for example, the 1.1 million young people struggling outlined in the Pro Bono Economics & Children's Society report). There is a wide range of interventions that has been shown to be effective at improving mental health and preventing later difficulties among those most at risk of developing a mental health condition. This includes peer support, mentoring, creative arts approaches, sports and physical activity, school-based counselling, community psychology, and Early Support Hubs. These interventions and approaches work within communities for specific groups of people, including those who face the biggest inequalities in mental health (Shifting the dial, Centre for Mental Health, 2022; Empowering Minds, Centre for Mental Health, 2025; Active Essex Foundations Sport and Youth Mental Health Project impact evaluation: Year two, Centre for Mental Health, 2026).

There is another 'missing middle' of people who do not meet thresholds for secondary mental health care but are deemed too complex for NHS talking therapies. They are often under-served by a limited choice of interventions beyond just talking therapies.

This gap needs to be closed by providing support that meets their needs, often in primary care. The Additional Roles Reimbursement Scheme has prompted a wide range of approaches to this and would provide valuable learning for future improvements and sharing of good practice (Mental health and primary care networks, Centre for Mental Health, 2020).

For some groups of people with trans-diagnostic needs that cannot be met by existing inpatient or community mental health services, bespoke support is essential and has been demonstrated to offer excellent value for money (Improving support for people with complex mental health difficulties, Centre for Mental Health, 2025).What commissioning, funding and oversight or accountability arrangements (nationally and locally) best support safe and integrated mental health services that improve outcomes across mental health, participation in work, education and community life, and social functioning?

4: Factors enabling good practice

What commissioning, funding and oversight or accountability arrangements (nationally and locally) best support safe and integrated mental health services that improve outcomes across mental health, participation in work, education and community life, and social functioning? Please provide examples.

Neither commissioners nor providers of services are held to account for reducing long waits for routine and urgent mental health care. As mentioned previously, data transparency on waiting times also requires accountability.

Improving outcomes relies on a mental health workforce that can deliver them. There are opportunities to develop and transform the mental health workforce so that it meets the needs of the future (Building a mental health workforce for the future, Centre for Mental Health, 2024).

Sustained investment in mental health services is critical to improve outcomes. Without it, services will continue to struggle to meet rising demand and need. For the strategy to be effective there must be additional funding that achieves parity with physical health on a sustained basis (at least three to five years).

Improving population mental health outcomes requires a cross-government and system-wide approach. Mental health cannot be seen solely as a DHSC policy area but must include, for example:

1) Housing and community infrastructure built to meet the needs of the population, with MHCLG and DCMS accountable.

2) Better support for the mental health and wellbeing of those in the criminal justice system, particularly during transitions, with the Home Office and MoJ held accountable.

3) Investment in adequate training, education and employment for the whole population, particularly young people, to ensure work contributes to individual and collective wellbeing.

4) A social security system that supports people to become healthy rather than penalising them for being ill.

Government should create a learning culture and accountability through the implementation of a Mental Health Policy Test to ensure all policy decisions have an overall positive impact on mental health, and any risks are mitigated. Creating a Mental Health Commissioner for England would further embed a cross-government approach to mental health, consistently and effectively (A mental health commissioner for England, Centre for Mental Health, 2023).

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