Unite the union (in Health)
Unite House, 128 Theobalds Road, London, WC1X 8TN
E: healthsector@unitetheunion.org

Unite the union response to the call for evidence – Informing the mental health strategy for England

Introduction

This call for evidence response is submitted by the Applied Psychologist Organising Professional Committee in Unite the union - Britain and Ireland largest trade union. Unite's members work in a range of industries including manufacturing, transport, financial services, print, media, construction, not-for-profit sectors and public services.

Unite is the third largest trade union in the NHS and represents 100,000 health sector workers. This includes seven professional associations – the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health Care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, social work, building trades, estates, craft and maintenance, administration, information and communications technology (ICT), support services and ambulance services.

Unite also has 80,000 members in local authorities and 50,000 in the voluntary and community sector many of whom work in services directly involved with or linked to health and social care.

The following response was submitted via the DHSC online survey that was available for completion between 15 May 2026 and 10 July 2026 via: https://consultations.dhsc.gov.uk/informing-the-mental-health-strategy-for-england.

Consultation response

About you - In what capacity are you responding to this survey?
On behalf of an organisation (in an official capacity representing the views of that organisation) ✅
An individual sharing my professional views
An individual sharing my personal views and experiences

What is the name of your organisation: Unite the union - Applied Psychologists Organising Professional Committee
What sector do you work in: Public sector

What are the main areas of focus of your organisation's work?

Academic
Advocacy ✅
Education
Emergency services
Healthcare - mental health ✅
Healthcare - wider healthcare (not mental health) ✅
Hospitality
Housing
Justice system
Learning disabilities and services for people with autism
Legal
Local government
National government
Social care
Sport
Other, please specify

Please provide more detail on the type of organisation you work for. (Optional, maximum 50 words)
Unite is a leading trade union in the health sector, with over 100,000 members across all occupations and professional groups. We work tirelessly to campaign against the current threats to the NHS and to support, protect and advance all our members interests in health.

Which area or areas of England do you work (or does your organisation operate) in?
North East England ✅
North West England ✅
Yorkshire and the Humber ✅
East of England ✅
East Midlands ✅
West Midlands ✅
London ✅
South East England ✅
South West England ✅
I do not work (or my organisation does not operate) in England

What is the first part of your workplace address (or organisation's main) postcode?
N/A

Email address - As part of this survey, there are 2 reasons why we may need your email address:

- **if you need to contact us about amending or deleting your response, the only way we can verify that it is your response is using your email address**
- **if our policy team have a follow-up question to ask you, we can contact you**

Enter your email address here. (Optional)
dave.munday@unitetheunion.org

Hospital to community

Effective partnership working at a community level is essential for the provision of person-centred care. These partnerships address the broad range of factors which can influence a person's mental health recovery, such as:

- **physical health**
- **employment**
- **housing**
- **addiction**
- **social care**

We are piloting 6 community-based mental health centres across England to understand how services can better work together at a local level to improve people's outcomes. We would like to hear practical insights that support wider transformation of mental health care in communities.

We welcome practical examples and evidence on how mental health services can work more effectively across:

- **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**

How can mental health services work more effectively across these areas? Please provide examples of cross-sector pathways in practice. (Optional, maximum 300 words)

The proposals outlined are laudable. However, there are serious concerns about the lack of funding.

Services are under pressure to respond to long waits for help, with no extra clinical staff. In fact, many Trusts are currently facing significant additional cuts to budgets, which are meant to continue year on year (1).

Services are under pressure to continue freezing posts, delaying recruitment, using redundancy to make 'savings', and operating with approaching 100,000 vacancies to compensate for the lack of basic funding of these crucial services (2).

NHS Trusts in England, and in particular mental health services, are stuck in a vicious cycle of chronic under-funding where the lack of investment in community mental health prevention and support gets reclassified as 'debt' that further increases the prioritisation of short-term austerity over long term evidence-based decision making and efficacy. This vicious cycle costs more in money and human suffering over the longer term, and a short term of increasing pressure and to contributing towards what were 'previously unthinkable' closures to services (3).

1. https://www.miphealth.org.uk/advice-support/nhs-job-cuts-information-for-members/
2. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---september-2025-experimental-statistics
3. https://www.theguardian.com/society/2025/may/09/nhs-hospitals-england-cuts-financial-reset

In this context, it is very difficult to work together. We argue that urgent funding is needed to address the lack of parity of esteem, and to allow staff to work effectively across agencies and reduce inequalities. An increase in access to specialist psychological services can help people to stay well, and community psychology interventions can help build social connections which help people engage in community life. Plurality of approach to include culturally appropriate and creative interventions can help people from minoritized groups to access preventative help. Social interventions can help people to stay well, find hope, meaning and connection.

We welcome views or evidence on what further support, in addition to NHS services, should be provided for people with severe and enduring mental illness to:

- **help them stay well**
- **maintain participation in education, work and community life**
- **avoid crisis and/or hospital admission**
- **reduce length of stay in inpatient units**

What further support should be provided for people with severe and enduring mental illness? (Optional, maximum 300 words)

Psychological and social interventions within trauma informed systems is highly effective. There is good evidence for CBT for Psychosis, and multidisciplinary teams which are adequately resourced and provided by the NHS as one provider, are needed to provide

seamless care. Family Interventions - the English open dialogue model clinical trial is about to be published, and it will show 50% reduction in hospitalisations.

Adequate funding is essential. Unite is aware that NHS mental health services are exposed to ongoing austerity and deprivation at rates that are not consistent across the country. It appears that some of our most disadvantaged or deprived communities receive less funding, despite having more people in need of services. An example is the city of Manchester (see reference below), where per person mental health funding is significantly lower than more affluent parts of the country and correspondingly, people with mental health problems are twice as likely to die years earlier than people with mental health problems in other parts of the country.

https://www.manchestereveningnews.co.uk/news/health/people-severe-mental-illness-twice-30847278

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. (Optional, maximum 300 words)

Unite is concerned that failing to offer proportionate care leads to inadequate help, increases a revolving door of re-referral and, as a result, the most vulnerable are often lost to services entirely, until they are in severe crisis and are a risk to themselves or others. Privatisation leads to fragmentation of care for clients. Many voluntary/ charitable organisations who have helped fill the gap where public services end, are also facing funding cuts and decommissioning in the current climate.

The emphasis on reducing wait lists in the absence of funding, is leading to staff burnout and may lead to measures which do not centralise patient care (eg harsh discharge policies if people miss appointments). It gives an illusion of services managing, which Unite members report to be entirely false. Unite is concerned that these conditions will create an intolerable context for staff to work in. This leads to major barriers in care.

Again, there are examples of excellent services which are being cut in the current funding crisis which the NHS faces. For example, in the Nottinghamshire the East Midlands Cancer Alliance Centre for Psychosocial Health is being decommissioned. This is a highly regarded, award winning and well used cancer centre for psychosocial health. It contains many of the elements which the new NHS plan aspires to - using digital, being accessible, community-based and focused on prevention. There has been pressure to decommission because of national governmental strategy to make harmful and harsh, year on year cuts to services.

Analogue to digital

It's important that children and adults can benefit from the opportunities that digital technology can offer to boost mental health and wellbeing. However, this must be balanced with safety and protection from risks to mental health. We understand that many people would like:

- **more personalised, tailored mental health support available digitally**
- **digital tools to be neuroinclusive (accessible and effective for people with neurodevelopmental conditions)**

A 2025 report from Mental Health UK stated that people are also increasingly turning to AI chatbots for mental health advice.

We welcome evidence and innovative examples of how digital and AI tools can be safely used for adults and children to:

- **improve mental health and wider societal outcomes**
- **support access to effective mental health support**
- **complement relational care**

What evidence and innovative examples are there of digital and AI tools being used to achieve these outcomes? Please provide examples. (Optional, maximum 300 words)

We are aware of emerging evidence around use of virtual reality being used to help people in Oxford. There needs to be more commitment to research and innovation within the NHS to progress interventions.

We are aware of concerns from our members about the negative implications and effects of artificial intelligence use in the healthcare sector. Unite is currently doing more work on this subject, including:

- engaging with work development by CERSI-AI, the MHRA and the Professional Standards Authority (PSA) on the impacts of the regulation of healthcare professionals related to AI use and
- surveying our members nationally and convening a working party to look to develop further guidance, support and advocacy for our members on this issue.

How can data be used more innovatively to improve mental health and wider societal outcomes? Please provide examples. (Optional, maximum 300 words)

AI chatbots is a very new area and there has not been, to our knowledge, an adequate testing of their appropriateness within mental health. There is evidence that such chatbots

can lead to people developing paranoia and psychosis. Such methods for intervention must be properly tested and researched for safety. The providers of such technology should also be appropriately regulated to ensure their practice is ethical, well-regulated and safe.

Sickness to prevention

The incidence and severity of mental health conditions has risen in recent decades, with young adults in particular now reporting substantially poorer mental health. Data from NHS England's Survey of mental health and wellbeing, England 2023 to 2024 stated that 25.8% of young people are estimated to have a common mental health condition, up from 17.5% in 2007.

Many of the solutions to mental health problems involve education, employment, housing and participation in community life. Therefore, if prevention is to be effective, we need to think beyond the realms of clinical care and across the life course.

We are especially interested in how we can identify distress earlier and support people to maintain participation in education and work. Preventative approaches include:

- **primary prevention - stopping mental health problems before they start**
- **secondary prevention - supporting those at higher risk of experiencing mental health problems**
- **tertiary prevention - helping people living with mental health problems to stay well**

We encourage examples of good practice within and beyond the health system, including in work and education settings where people with a co-occurring mental health and neurodevelopmental condition may particularly benefit.

Which preventative approaches have the strongest evidence for reducing incidence or severity of mental health problems and promoting good mental health? (Optional, maximum 300 words)

Whole systems approaches are needed across agencies. The corrosion of public services over more than a decade has led to increased health inequalities with vulnerable people being unable to access early help. The importance of public owned and publicly funded health care can prevent fragmentation of the health and social care ecology. Privatisation is inefficient and fragmented.

Which preventative approaches have the strongest evidence for reducing the numbers of lives lost to suicide? (Optional, maximum 300 words)

Whole systems approaches are needed across agencies. Public prevention such as safety measures like barriers for bridges, locking access to multi storey car parks can be highly effective in reducing risk of deaths.

Suicide prevention awareness, knowing how to ask questions and intervene has also been highlighted and further resources are required to heighten this public awareness.
Tech such as RIPPLE https://ripplesuicideprevention.com/ has been shown to be very effective in helping to identify who may be researching suicide on the internet.

Prof. Keith Hawton, who has an international reputation around suicide prevention, has also co-authored this paper around the evidence base for what works.
https://pmc.ncbi.nlm.nih.gov/articles/PMC11733479/pdf/WPS-24-134.pdf

All of these interventions require political will and funding commitments, and to reduce sources of inequality which can lead people to take their own lives.

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? Please provide examples. (Optional, maximum 300 words)

Increased funding and training of staff, and value specialisms in order to recognise the increasing complexity of presentations since the COVID pandemic and over a decade of inequality.

Better funding of public health like creative arts and social inclusion/cohesion, to provide the social connection opportunities which can help people be well.

Make a commitment to universal services, such as health visiting, which can provide the kind of early years help needed to intervene early and prevent significant mental health problems in later life.

Much more help is needed for people impacted by gender-based violence and child abuse: Living without hope: The case for improving the mental health response for survivors of domestic abuse - Woman's Trust (https://womanstrust.org.uk/living-without-hope/).

The IICSA (Independent Inquiry into Child Sexual Abuse) recommendations should be implemented in full, which includes access to psychological treatment in a timely fashion.

Factors enabling good practice

Too often, we hear that services are hindered by administrative barriers that prevent innovative, integrated and person-centred care. We are interested in the underlying enablers of good practice around the country, and the role national government can play in creating the conditions for reformed models of mental health support. We are particularly interested to understand how access can be improved, for example through therapeutic support for certain groups such as women and girls subject to violence and/or child sexual abuse.

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. (Optional, maximum 300 words)

The funding does not reflect the level of need in the population, so that people are unable to gain access at all or face long waits for specialist help. Once waiting lists grow to a certain size, clinical staff are often pulled into trying to manage the waits, such as by offering callbacks. This detracts from therapy time which can be offered. Commissioning should recognise that there is a capacity gap, for those people needing mental health help. Prevention is vital, but there is also a high level of need for specialist services which desperately needs to be addressed in order to prevent significant problems worsening, especially for children and young people.

Partnerships with the third sector do exist but are often difficult to sustain. Adequate funding and an ecology of collaboration rather than competition and fear, is vital to achieve good outcomes for the public.

There are evidence-based therapies available but people who have suffered childhood trauma may need longer term care but are often working within systems which cap their therapy due to demands for therapy outstripping supply. This means people are not offered proportionate care. The experience for many people is they cannot access the care they need in a timely way.

Personalised care, which is proportionate and allow people access – previously recommended by NHSE and survivor led research should shape service offer.
These services must be correctly staffed and supported to enhance staff wellbeing and provide a sustainable offer to service users. Staff must also have decent terms and conditions within which to work. This also includes access to ongoing professional development and quality training.

<u>Your local mental health strategy or delivery plan</u>

This section is only for people responding on behalf of an organisation.

If you're answering on behalf of a mental health trust, integrated care board or local authority, please provide your local mental health strategy and/or delivery plan so we can learn from your work.

You'll be able to upload your strategy or plan as a file. If it's available online, you'll be able to provide a link to it instead.
N/A

10/07/2026

This consultation response was submitted on behalf of Unite the union by:

Richard Munn
National officer, Unite the union

Dr Khadj Rouf
Chair, Applied Psychologist Organising Professional Committee, Unite the union

For further information, please contact:
David Munday, Lead professional officer (Regulation & mental health), Unite the union
dave.munday@unitetheunion.org / 07918 630 700

Unite House, 128 Theobalds Road, Holborn, London, WC1X 8TN