

Right Treatment, Right Time

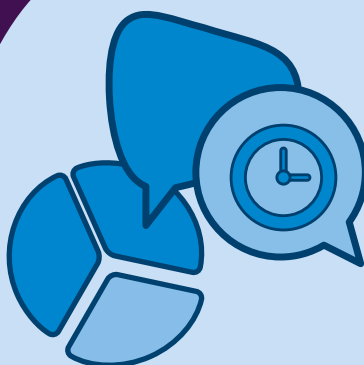
2025

The true cost of
delays in care
and treatment *for
people living with
mental illness*

Rethink
Mental
Illness

“

Because of **long wait for help**. It can lead to **depressive and negative thoughts** being more prevalent.”



Nearly one third of people reported that they had **attempted suicide while waiting for treatment**



One in three people had to take time off work, and one in five lost their job

Introduction and report summary

Our mental health system is under increasing pressure, with many left to deteriorate without support.

Rethink Mental Illness' *Right Treatment, Right Time* reports offer a snapshot of people's access to services and the devastating impact of long waits – for individuals, their families, the health service and society. In 2024, our research¹ described the picture after 14 years under successive Conservative governments. This illustrated a mental health system under significant pressure. Although community provision undoubtedly improved, increased demand and a smaller share of spend on mental health compared to the previous Labour administration accelerated other problems. In 2025, one year into a new Labour government, we explore whether things have improved and what needs to change.

We heard from 467 people living with mental illness* – who either responded directly to our survey, or through a carer responding on their behalf. Their responses reveal the devastating cost of delays: **83% say their mental health deteriorated while waiting, and nearly one third of those who said their mental health got worse went on to attempt suicide.** Nearly half (46%) fell into crisis while waiting, a **5% increase on last year.** This is devastating for the

people affected and adds pressure and cost to other parts of the NHS, such as emergency services.

Behind these statistics are people who find their lives turned upside down by a crisis that could have been prevented. As one person told us: **"I received no help at all until it was too late. My psychosis was full-on, and an attempted suicide was the only thing that got me help."**

Against the backdrop of record numbers of people out of work due to illness, our findings show the consequences of untreated mental ill-health on employment. **One in three people had to take time off work, and one in five lost their job.**

These are not isolated stories, and they come at a cost not just to the individual but to workplaces and wider society. People told us how they lost jobs because of delays in getting help. Others described being unable to hold down a job because they were detained under the Mental Health Act, or being passed from pillar to post between workplace mental health support programmes and NHS Talking Therapies, with neither providing help.

*Please note that while every effort was made to ensure a diverse range of respondents, this should not be considered a nationally representative survey.



Four in ten people were turned away from specific treatments or support they had requested



One in five people paid privately for support

Without meaningful support, many turn to harmful coping strategies, such as self-harm, alcohol, smoking and substance misuse. For those living with mental illness, who are already more likely to face physical health challenges and who die an average of 15 to 20 years earlier than their peers, this is deeply concerning.

When people ask for help, they are often told the support they need isn't available. **Four in ten people were turned away** from specific treatments or support they had requested. **One in five paid privately**, while another quarter explored this option only to realise they couldn't afford it. As one respondent put it: **"I've ended up paying privately for therapy for my son, which has put us in severe financial hardship, so I no longer eat regularly to pay for his needs."**

This is the impossible choice some families face, between health and hardship.

There is hope. The transformation of community mental health services has provided a foundation that promising new government initiatives can build on. This includes the rollout of neighbourhood health services, which should help to ensure more people receive the support they need in their local community.

But there are still 1.8 million people on waiting lists who need help now. The government has already shown it can tackle long waits in physical health with the right combination of political will, a clear plan and bold targets. However, mental health services have been left out of this plan.

Too many people are pushed to the brink before support is offered. Many feel they are pushing at a closed door, with no clear path to treatment.

It's time for change

Everyone deserves the right treatment at the right time. Without this, people will continue to suffer and many will fall through the cracks.

Our findings

More people feel that they did not receive the right treatment at the right time

Nearly three quarters (73%) felt that they didn't receive the right treatment at the right time.

This is up from around two thirds (66%) in our 2024 survey.

This year, there was an increase in the proportion of people who said that their mental health deteriorated while waiting for treatment, rising from 80% to 83%.

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Things spiralled out of control quickly with no timely, accessible and meaningful support available.”

The real and devastating consequences of long waits

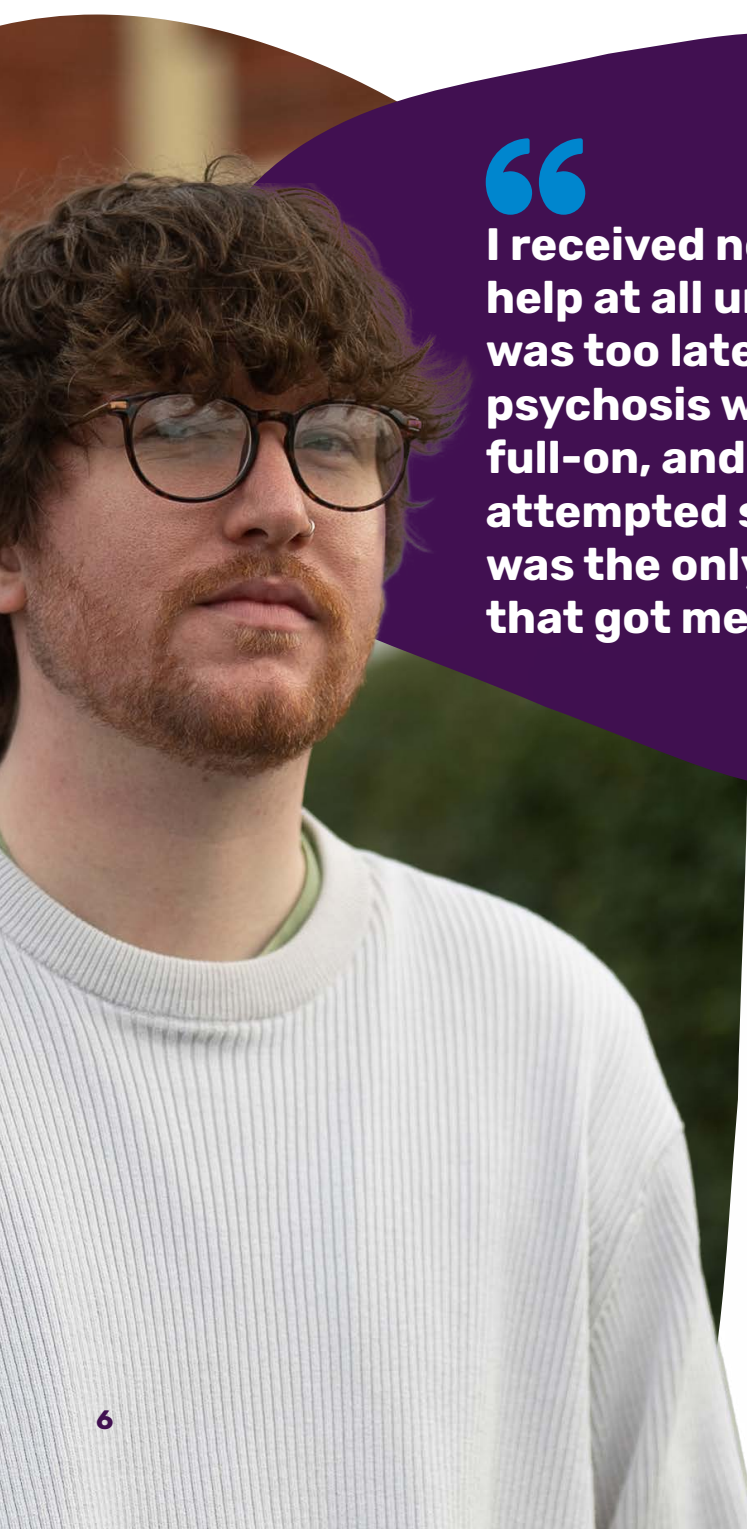
We asked: “If your mental health did get worse, how did this affect you?”²

The responses we received (detailed on pages 6-10) demonstrate the real and devastating consequences of long waits, not only on people's mental health, but across other core aspects of daily life, such as physical health and employment.

Worsening mental health, with more considering suicide

Just under two thirds (63%) experienced a mental health crisis – which is around the same proportion as in last year's survey.

However, there has been a shocking increase in the number of people who told us they had attempted suicide or experienced suicidal thoughts while waiting for help. Almost a third (31%) told us that they had attempted suicide (up from 25% in 2024), while the number reporting suicidal thoughts has grown from 64% last year to almost three quarters (74%) in 2025.



“

I received no help at all until it was too late. My psychosis was full-on, and an attempted suicide was the only thing that got me help.

”

Mental health crisis deepens in 2025

31%

attempted suicide
up from 25% in 2024

74%

reported suicidal thoughts
up from 64% in 2024

“

I'm caught in constant cycle of mental health crisis - hospitalised for self-harm/ suicide attempts, discharged, referrals for treatment and support sent but never put into effect in a timely manner before reaching crisis again.

”

Impact on the NHS

The cost of crisis is not limited to the person experiencing it. It places strain on the NHS as more people seek support through other services, including costly hospital and emergency care. Almost half (46%) ended up seeking help from crisis and emergency services (up 5% on last year) – including nearly a quarter (23%) who ended up phoning 999 or attending A&E.

“

The crisis team said we'd have to wait for the Mental Health Team on Monday. I called an ambulance.”

“

I resorted to self-harm in an attempt to cope and subsequently had to attend A&E to receive treatment.”

Many are turning to emergency support



46% sought help from crisis and emergency services *(up 5% from last year)*



including **23%** who phoned 999 or attended A&E



“

I lost my job as the Employee Assistance Programme [EAP] said **they could not support a complex diagnosis like PTSD** and Talking Therapies said it was not their job to support work-related mental illness that should be supported by an EAP.”

Too unwell to work

The country is seeing a rise in people who are not working due to illness. Poor mental health appears to be a significant factor, with the Department for Work and Pensions having highlighted statistics suggesting a growing number of people who have a mental health condition are economically inactive due to long-term sickness.³ However, our survey highlights how long mental health waiting lists are forcing people out of work.

We saw a small increase (from 33% to 34%) in those stating that they had to take time off work while waiting for mental health support, while a concerning one in five people (21%) told us they had to give up work.

Our findings demonstrate how addressing mental health waiting times would improve the nation's mental health, increase the number of people working and **support the government's mission for stronger economic growth.**



1 in 5

people told us they had to give up work

“

I went from someone who was unwell with complex Post-Traumatic Stress Disorder but able to work, to someone who needed to be sectioned due to delays in treatment.

”

Turning to unhealthy behaviours to cope

We found that in the absence of support, many people turn to unhealthy coping mechanisms, while a sizeable number 'self-medicate' in ways that could harm their physical health. Well over half (57%) said that they engaged in detrimental behaviours including self-harm, while over a quarter reported smoking, eating, drinking alcohol or misusing substances more to manage the symptoms of their mental health while waiting for support.

This is particularly concerning given that many people living with a mental illness also struggle with poor physical health and are four times more likely to die before the age of 75 than the general population⁴.

Alarming, **one in ten people** (10%) said they **were asked to resolve another issue**, such as a physical health or substance misuse problem, **before they could receive help** – suggesting the absence of a holistic approach to mental and physical health treatment.

“

My physical health deteriorated massively as my mental health symptoms were unmanaged.”

“

I was too poorly physically, and they wanted me to build strength in general hospital before it was safe enough for them to have me. **But I got worse mentally in general hospital because of the lack of mental health support there.**”

“

I feel so disconnected from the world and **I wish I'd had help before things got this bad** as it will take so long for me to get any of my life back. ”

The longer the wait, the worse things get

Our findings suggest the longer someone waits for support, the more likely they are to have challenges and setbacks during that time. There is a stark contrast between the experiences of people waiting more than a year for support and those receiving help within the recommended four weeks.

For example, people who waited four weeks or less reported facing an average of three to four different challenges or setbacks (from a list we provided). However, those waiting over a year reported an average of five to six.

When compared to those who waited less than four weeks, people who waited over a year were significantly more likely to:

- Report using unhealthy coping mechanisms (77% of respondents, versus 35% who waited less than four weeks)
- Seek crisis care (56% versus 29%)
- Seek emergency care (33% versus 15%)
- Experience suicidal thoughts (85% versus 58%)
- Attempt suicide (42% versus 24%).

Falling through the gaps

This year's data suggests a reduction in treatment options available to individuals experiencing mental illness.

Our survey found an increase in the proportion of respondents who requested a particular type of support but were told it wasn't available, from 36% to 40%. Fewer people reported being offered access to support from a nurse, wellbeing/recovery worker or mental health navigator, and there was a significant drop in those offered psychological therapies (from 41% to 32%).

Few individuals were offered novel or innovative forms of support – with as little as one in twenty offered peer support (4%) or digital support (5%), and only one in ten (10%) provided support through social prescribing. Just 13% had been offered any help from charities or the voluntary, community, faith and social enterprise sector (VCFSE), despite the widely recognised ability of the sector to support people with issues where the NHS is less equipped to do so.

“

I reached out to the local team I am on the waiting list for, but they were **unable to offer any advice or signposting.**

”



1 in 5

people have resorted to paying for private treatment

“

I've ended up **paying privately for therapy** for my son, which has **put us in severe financial hardship**, so I no longer eat regularly to pay for his needs.

”

One in five (18%) respondents resorted to paying for private treatment. Even more concerning is the fact that over a quarter (27%) had explored paying for treatment but found they couldn't afford it, **suggesting that people are being left without support altogether.**

The bigger picture

To help us understand these findings, it is important to consider the wider context. This includes looking at official NHS data to understand the broader trends around waits, as well as what action the government has or hasn't taken over the past year to address the issue.

Stubbornly long waits remain

The NHS met and exceeded its NHS Long Term Plan commitment to increase access to community mental health services for adults with a severe mental illness by 370,000 by 2023/24. However, monthly referrals for these services have continued to rise and are now around 10% higher in spring 2025 than at the same point two years ago⁵. While we don't have a figure for the total number of people waiting for these specific services, we do know that almost **1.8m people are waiting for mental health support overall⁶. This is around 15% higher than a year ago, and close to 30% higher than two years ago.**



Some people continue to wait an unacceptably long time, with the lengthiest waits standing at around 641 days, or approximately 21 months⁷. While this is down from one year ago, it is clear that many continue to wait far too long for help.



There is a growing gap between waits for mental health treatment and physical health treatment. In February 2025, Rethink Mental Illness reported⁸ that there were eight times as many people waiting over 18 months for community mental health care for people with a mental illness than for elective physical health treatment. The latest figures show that this has now increased to 12 times as many⁹. **This means nearly 15,000 people who had been waiting over 18 months for mental health treatment¹⁰.**



Even those who received support in the three months to May 2025 were waiting **42 days, or six weeks, from their first referral¹¹.** Looking at the figures for March, April and May 2025, even those who received support waited an average of 42 days or six weeks from their first referral¹².

What has been happening in government?

One year in power – with mixed results for mental health

Lord Darzi's independent investigation into the state of the NHS¹³ made clear that this government inherited a health service in serious trouble. Since then, the government's early action on fundamentals such as workforce, funding and indeed waiting lists has generated both cause for hope and for concern.

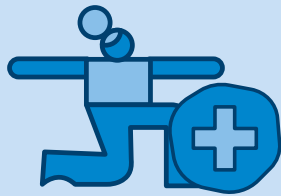
In the Labour Party's 2024 election manifesto¹⁴, the government stated that it would ensure mental health is given the same attention and focus as physical health.

Both the Prime Minister and Health Secretary have spoken emotively about long waiting times for support and have promised to turn things around. The government's Plan for Change¹⁵, launched in January 2025, puts tackling waiting lists at the centre of its plans for the NHS. However, this focuses on waits for non-emergency physical healthcare, and not mental health.

The government has missed other opportunities to address this issue. Tackling community mental health waiting times is absent from the government's guidance that sets out priorities for the NHS and will not be considered when measuring the quality and performance of local health services.

This is a setback for parity of esteem between mental and physical health.





**The longest waits
for elective physical
health treatment are
297 days**



**compared to
641 days
for community mental
health support**

**So too is the declining share
of spend on mental health
services.**

We were pleased that the government took the positive decision to retain the Mental Health Investment Standard for the 2025/26 financial year. This helps ensure a certain level of funding for NHS services goes towards mental health this year. However, it is currently not clear if this will continue into the future and there are significant concerns around funding for mental health more broadly.

The Health Secretary is required to make an annual statement about what proportion of NHS funding is going on mental health. In this year's statement¹⁶, the Health Secretary reported that he expects the mental

health proportion to decline in 2025/26, and then again in 2026/27. This is deeply concerning and means the gap between physical and mental health is widening, reversing progress on parity of esteem.

There has been significant growth of the mental health workforce over the past decade, but gaps in staffing remain. As of March 2025, 11.3% FTE mental health posts remained vacant, higher than the 6.7% vacancy rate across the NHS as a whole¹⁷. The government has, however, committed to deliver an uplift of 8,500 mental health staff within this parliament and recently reported¹⁸ significant progress against this target. This growth in the mental health workforce is positive and represents an opportunity to innovatively grow the workforce to address waits.

Our findings are clear: *we need change.*

This report finds that people continue to face life-threatening waits for mental health treatment, and there is a worsening human and societal cost.

Some of this stems from the crisis this government inherited within our NHS and the significant financial challenges the government faces. However, part of the responsibility lies in its failure to prioritise tackling mental health waits and take the necessary action. If nothing is done, this situation can only continue to deteriorate.

However, it is not beyond fixing. The government has time to turn this situation around. One year into office, and with the recent release of the Ten Year Health Plan¹⁹, the government has now set out its direction on health. The plan itself is packed with ambition and offers promise to improve access to and quality of care for those living with mental illness.

“

Most of the time I work and function reasonably well, however when I'm becoming unwell, I expect to be listened to and provided with appropriate help. ”



Delivering the right treatment at the right time - *what government should do next*

1. A clear message to systems that mental health should be prioritised

Mental health must be included in the government's drive to 'get the basics right' and cut waiting times for non-emergency, community-based support. Systems (commissioners and providers) must be sent a clear message to cut mental health waiting times as a priority.

Understandably, as more autonomy is devolved to local health systems, the government will only prioritise a limited number of critical directives from the centre. Reducing waiting times for non-urgent community mental health care is critical and must be included in the short list of priorities set out in NHS planning guidance or instructions. This must also be reflected in how the performance of systems is measured.

2. The introduction of waiting times targets for community mental health services

The 18-week waiting time standard for elective care sits at the heart of the NHS Constitution and forms an important part of the government's Plan for Change. Similar markers of good practice have been developed for mental health but never implemented. NHS England's clinically-led mental health review of standards published its recommendations in 2022, stating that adults 'accessing community-based services for non-urgent mental health care should start to receive help within four weeks of referral'²⁰. We were pleased to see the announcement of a new Modern Service Framework for severe and enduring mental illness within the Ten Year Health Plan. The government must **introduce** the four-week **access standards for adult community mental health services** and include this in its upcoming Modern Service Framework.

3.

Mental health must receive a fair share of the NHS budget

The Secretary of State's next mandatory statement on mental health share of spend is due before the end of the 2025/26 financial year. It is crucial that this statement reports a reversal of the current downward trend.

Share of spend for mental health needs to grow to ensure funding received by mental health services matches growing demand. Figures will vary somewhat locally, but we know that nationally mental health represents around a fifth of the disease burden²¹, but receives less than a tenth of the NHS budget.

History tells us that spending on mental health suffers in challenging financial circumstances. Lord Darzi's independent investigation into the NHS found that while mental health received 14% of the budget in 2008 under the last Labour government, this reduced to just 8% by 2016. While addressing waiting times is about more than just money, increasing the share of spending on mental health will be crucial in tackling the issues described in this report.

This demonstrates the importance of protecting mental health funding. The mechanism currently in use for this is the Mental Health Investment Standard, which was introduced in 2016, shortly after share of spend hit the historic lows discussed above. However, we recognise that it may be necessary for this to evolve, particularly with changes to the way that the NHS handles payment for services. **The Mental Health Investment Standard must continue to protect spending on mental health until a suitable alternative is in place.**

4.

Utilise the rollout of neighbourhood health to shift care from hospital to the community

Rethink Mental Illness is a strong supporter of neighbourhood health and the government's desired shift from hospital to community. There is huge potential for neighbourhood health services to reduce waiting times.

The government clearly recognises the potential of novel and innovative community-based approaches in addressing long waits in elective care. Our experience suggests the same could be true for mental health. Through the pioneering rollout of NHS England's Community Mental Health Framework²² over recent years, we have seen how multi-disciplinary approaches involving multiple sectors can provide more joined-up care, diversify the mental health support offer and lead to positive outcomes for both the system and individuals.

In last year's report, we discussed Somerset Open Mental Health, which delivers 24/7 clinical and non-clinical support via a partnership between the NHS, local authority and VCFSE organisations. Somerset has now observed a 35% drop in the number of acute bed days²³.

There is huge potential for neighbourhood health approaches to make a similarly significant impact on waiting times for mental health services. As government looks toward implementation of the Ten Year Health Plan following publication in July, **it is vital that addressing community mental health waiting times is a key focus of any plans to implement neighbourhood health approaches for mental health.**

5. A healthy research ecosystem to deliver new mental health treatments

Treatment options for mental health conditions are often limited. People living with mental illness must have access to a range of evidence-based treatments that meet their needs and do not result in adverse side effects.

The government has already made significant progress in prioritising mental health research through the Mental Health Goals Programme, but there is more to do²⁴. The government should ensure that departments responsible for funding mental health research (such as the Department of Health and Social Care and Department for Science, Innovation and Technology) provide funding through research bodies and other partners that has parity with funding for physical health research. The level of funding should be broadly representative of the disease burden.

6. Plan for a robust mental health workforce

Through the Ten Year Health Plan, the government has announced its intention to deliver a workforce fit for the NHS' future. This will have a particular focus on generalist roles that will enable a neighbourhood health approach. While these types of roles have potential to make a difference to the lives of those experiencing mental illness, the NHS Workforce Plan must also deliver the specialist roles needed in community settings to support those who are most unwell.

The government's target to deliver 8,500 new mental health staff within this parliament represents an opportunity to accelerate the rollout of non-clinical roles such as mental health navigators and peer support workers. Switching on voluntary sector capacity in local neighbourhoods would enable urgent action to stem the tide of demand now.

Sorting out staffing is essential not just for reducing waits, but in delivering the government's other ambitions, such as the welcome and long-awaited reform of the Mental Health Act.

Methodology

The findings from this survey reflect the experiences of people living with mental illness and their carers. The online survey was open for three weeks during June and July 2025.

We asked people about their experiences of accessing mental health services in the last year (since June 2024), collecting data and narrative insights. This report focuses on the experiences of the 467 people whose main support came from NHS services designed to support those living with a mental illness. This cohort excludes those whose main source of support was NHS Talking Therapies for Anxiety and Depression.

Please note that while every effort was made to ensure a diverse range of respondents, this should not be considered a nationally representative survey.

Endnotes

- 1 Rethink Mental Illness (2024) Right Treatment, Right Time: How delays in accessing care and treatment are pushing people into crisis. Available at: <https://www.rethink.org/media/dz4b1ydr/right-treatment-right-time-report.pdf>
- 2 Data from our 2024 survey comes from responses to the following question, which was phrased slightly differently: "If your mental health did deteriorate, how did this affect you?"
- 3 GOV.UK (2025) Press release: 'New survey suggests benefits system is letting down people with mental health conditions who want to work'. Available at: <https://www.gov.uk/government/news/new-survey-suggests-benefits-system-is-letting-down-people-with-mental-health-conditions-who-want-to-work>
- 4 Department of Health and Social Care (2025) Fingertips – public health profiles. Severe Mental Illness – excess under 75 mortality rate in adults with severe mental illness (Excess risk – %). Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/>
- 5 NHS England (2023, 2024, 2025) Mental Health Services Monthly Statistics. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics>
- 6 NHS England (2025) Mental health dashboard – August 2025 publication – Period: Quarter 4 2024/25. Available at: <https://www.england.nhs.uk/publication/nhs-mental-health-dashboard/>
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- 8 Rethink Mental Illness (2025) Media centre: 'New analysis of NHS data on mental health waiting times'. Available at: <https://www.rethink.org/news-and-stories/media-centre/2025/02/new-analysis-of-nhs-data-on-mental-health-waiting-times/>
- 9 Calculation made by comparing the number of Incomplete RTT pathways lasting more than 78 weeks [NHS England (2025) with the number of CMH referral-spells waiting more than 78 weeks for a 2nd contact that were still open at the end of the RP [NHS England (2025)].
- 10 NHS England (2025) Mental Health Services Monthly Statistics, Performance May 2025. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/performance-may-2025>
- 11 NHS England (2025) Mental Health Services Monthly Statistics, Performance May 2025. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/performance-may-2025>
- 12 NHS England (2022) Mental health clinically-led review of standards. Available at: <https://www.england.nhs.uk/publication/mental-health-clinically-led-review-of-standards/>
- 13 GOV.UK (2024) Independent investigation into the NHS in England. Available at: <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
- 14 Labour Party (2024) Change – Labour Party Manifesto 2024. Available at: <https://labour.org.uk/wp-content/uploads/2024/06/Labour-Partymanifesto-2024.pdf>
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- 16 UK Parliament (2025) Written questions, answers and statements – Mental Health: expected spend for 2025-26: statement made on 27 March 2025. Available at: <https://questions-statements.parliament.uk/written-statements/detail/2025-03-27/hcws562>
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- 23 Data provided by NHS Somerset ICB – further details available on request
- 24 Department of Health and Social Care, Office for Life Sciences and Department of Science, Innovation and Technology' (2025) Notice: Mental Health Goals. Available at: <https://www.gov.uk/government/publications/life-sciences-healthcare-goals/mentalhealth-goals>

It's time for change

Everyone deserves the right treatment at the right time.

Without this, people will continue to suffer and many will fall through the cracks.

**Rethink
Mental
Illness**

We are the charity for people severely affected by mental illness, no matter what they're going through.

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