

Introduction

- In an announcement on 29th July 2026ⁱⁱⁱ, the Prime Minister, accompanied by Baroness Louise Casey and Secretary of State for Health and Social Care Yvette Cooper MP, reinvigorated the government's interest in adult social care.
- A new Big Conversation on Care will feed into Baroness Casey's existing review of adult social care. The publication of Casey's review will also be brought forward one year and lay the foundations for long-term reform and National Care Service. They have also laid out plans for a cross-ministerial group to fast track action on care.
- Positively – the Prime Minister's announcement acknowledged that the focus of previous reform attempts had been too narrowly focused on how we pay for social care. However, the announcement did focus considerably on the needs of older adults living with dementia.
- Many of the issues faced by this cohort mirror or have similarities with challenges faced by those living with a mental illness. For example:
 - Delayed discharge from hospitals – people stuck in A&E because lack of beds, and the interplay between the NHS and social care.
 - All parts of the social care system are impacted by pressure on social authority budgets, with a knock-on impact on individuals who seek care, their carers and providers.
 - Providers struggle to recruit staff on a backdrop of better pay and progression elsewhere.
 - A small number of individuals with mental health issues face difficult financial choices to meet upfront costs of care.
- **While these are similar issues, they don't always have exactly the same solutions.** If the government wants to fix social care, it needs to fix mental health social care too. This involves delivering a solution that takes both the similarities and the differences into account.

What is mental health social care?

Social care is defined by the social model of health and wellbeing. This sits alongside and complements, as well as contrasts with the traditional, clinical model of support.

In mental health, it plays a significant role in providing aftercare to individuals after a stay in a hospital, as well as to stay well, live independently and contribute to community life.

Mental health social care includes key professions, including:

- Mental health social workers can assess the support someone needs, and help them to plan, navigate and access that support. Building relationships with individuals and their carers, they encourage those living with severe mental illness to develop their independence and achieve their goals in life. They often have specific responsibilities and expertise in supporting people's legal rights.
- Mental health advocates empower people living with severe mental illness to share their opinions and feelings, stand up for their rights and get the support they need.

And services such as:

- Specialist employment support helps people with mental health issues to find the right job for them and stay in work. They help people to gain interview skills, access training and manage mental health at work.
- Advice and support: Local Authorities can commission debt advice and financial support specifically for people with mental health issues.
- Supported living and housing services offer a safe environment in which people can recover and build their confidence, helping them to feel more able to live independently in their local community. These services are especially important in making sure people can leave hospital when they feel well enough and to avoid future readmission.
- Social care-based crisis services can provide support when someone's mental health deteriorates. For example, crisis houses offer intensive, short-term support through crisis in a community-based setting, rather than a hospital. Approved Mental Health Professionals assess people and protect legal rights under the Mental Health Act and emergency duty teams provide 24hr support overnight and on weekends.
- Mental health carers support: Caring for people experiencing severe mental illness can present unique challenges. Specialist carers' support understands how debilitating severe mental illness can be, and provides friends and family members with emotional and practical assistance to help them cope with caring and have the knowledge and skills required to support the person they care for.

Role of the VCFSE sector

The Prime Minister noted during last week's announcement that his father's care home is operated by a faith-based charity – showing recognition for the role of the VCFSE sector to social care. Roughly one in five people working in adult social care works for a voluntary/charitable providerⁱⁱⁱ.

In mental health, the VCFSE sector are experts in the delivery and design of mental health social care. An NHS England-commissioned census of mental health providers found that just 65 participating VCSE organisations employed more than 5,300 FTE staff providing social support to people with mental health conditions and were supporting around 182,000 people^{iv}.

Rethink Mental Illness is a leading provider of mental health social care in England, offering a wide range of services. This includes advocacy, crisis support, housing and supported living, employment and training programmes, community and peer support, and services for carers of those living with a mental illness.

People with lived experience of mental illness and their carers tell us that mental health social care can make just as much, if not more of an impact on their life as clinical services:

“It is hard to get out of the system if you have been sectioned – it's difficult to get the things like relationships, employment and education that are just a part of normal life for your peers. Social care levels the playing field. Mental health support can help people to the point that they can do

things for themselves – it can build autonomy and resilience. People just want a good ordinary life and social care helps make that possible.”

Isaac Samuels, someone with lived experience of adult social care and mental ill health

“Good social care has made a massive difference to her life. She has been sectioned three times and spent over three years in hospital. She had no life. All she was doing was sitting in the house. She wouldn’t have been able to do all the things she does now if she didn’t have the sense her life was under control. She has a personal assistant, who helps her manage her home, to keep things tidy, check bank statements, socialise, go outside, take part in activities and get out into the community. Such effective input from social care gives her a sense of self-worth. Before, if her house went to pieces, she would get depressed and withdraw. It enables her to do the things she wants to do, increases her independence and lets her flourish.”

Janet (not real name), a carer whose daughter has a severe and enduring mental illness

How do people access mental health social care?

Many of the services in the mental health social care ecosystem are – like the NHS – free at the point of access. This includes many of the services mentioned above such as advice services, employment support, carers support, and lower intensity supported housing.

These services are commissioned – usually by a local authority, but sometimes through the NHS – to provide that service for a fixed number of service users, and individuals can access them simply by meeting referral criteria – providing there are spaces.

Section 117 aftercare

Some individuals detained under particular sections of the Mental Health Act (most commonly Section 3, less commonly sections 37, 45A, 47 and 48) are entitled to Section 117 aftercare upon leaving hospital. This is provided free at the point of delivery and for as long as is needed.

This often includes higher intensity support like supported living, high support supported housing and hands-on support with daily living.

Care Act

A number of people are not eligible for Section 117 aftercare. This includes people detained under Section 2, those who go into hospital voluntarily and people who never go into hospital. People with no recourse to public funds, such as asylum seekers, are also ineligible.

These individuals are dependent on receiving this support through the Care Act. Introduced in 2015, this legislation sets out councils’ extensive responsibilities for identifying and assessing the care and support needs of the adult population.

Support under the Care Act is means-tested, meaning that in some cases it can come with charges if individuals already have assets or income above a certain threshold. While it ignores income from employment, it does take into account income from benefits including Universal Credit and Personal Independence Payments.

This can result in people living on very low income to cover the costs of particular services, or even turning down support they are eligible for under the Care Act because they can't afford it.

What are the foremost challenges in mental health social care?

Poor understanding and recognition of mental health social care

One in every £10 spent by local authorities on social care goes towards mental health support^v.

Despite this, there is unfortunately a poor understanding of the important role that social care plays in supporting the nation's mental health.

This is arguably baked into the system. Many of the eligibility outcomes under the Care Act^{vi} – such as managing toileting needs and being appropriately clothed - are centred on the typical requirements of those who are elderly or have physical or learning disabilities. Our experience suggests that those conducting Care Act assessments often have a limited professional understanding of mental health.

The media conversation of social care often focuses on older people and care homes. This helps to shape the public understanding of social care – which is limited and excludes mental health. This includes those who may be eligible for support, but unaware of this and what they might be entitled to.

Funding

Funding continues to be the single biggest issue for social care.

Local authorities are arguably still recovering from enormous cuts made to the central grants that they received from government during the first half of the 2010s – within which social care is the largest single area of discretionary spend. The Institute of Fiscal Studies^{vii} calculated that central government grants to councils fell by 36.3% in real terms and that net social care spending per head fell by 16.7% between 2009/10 and 2014/15.

This has occurred at the same time of both increased numbers of people seeking mental health social care support, and increased complexity of need.

ADASS's Spring Survey 2026^{viii} found:

- 86% of Directors of Adult Social Services reported an increase in mental health needs in comparison to previous years.
- 89% of Directors said that complexity of need had contributed to an increase in their mental health spending, with over a fifth (21%) saying it had contributed to a significant increase.
- 73% per cent reported an increase in the number of people discharged into the community qualifying for S117 aftercare.
- 87% reported an increase in the complexity of needs under S117 arrangements.

The Conservative government provided a number of smaller, short-term funding pots focused on tackling particular issues and pressures, such as the Winter Pressures Grant and Omicron Support Fund, the Workforce Capacity Fund and Workforce Recruitment and Retention Fund, and the Adult Social Care Discharge Fund.

These did not provide the necessary stability and longer-term outlook needed for the sector to survive – let alone thrive or innovate.

The Conservative government also introduced the Social Care precept – which allows local authorities increase council tax bills to raise additional funds for adult social care. There has been an increasing reliance on this mechanism to fund social care – in 2019/20, only 85 of 151 used the precept. By 2024/25, every one of the 153 councils with adult social care responsibilities used the precept, and 144 of them used the full amount available^{ix}. This has been criticised by organisations such as the Kings Fund^x - as due to being linked to council tax and linked to property values, this mechanism is likely to raise less in poorer areas where there are greater levels of need.

This funding picture has resulted in an increasing number of local authorities declaring bankruptcy^{xi}, receiving emergency financial support from government^{xii} and struggling to meet their statutory duties under legislation such as the Mental Health Act, Mental Capacity Act and Care Act^{xiii}. Indeed – some have argued that the challenging financial environment that the Care Act was rolled out in has contributed towards its failure to meet expectations. Mental Health Social Workers have become increasingly focused on their responsibilities as Approved Mental Health Professionals under the Mental Health Act^{xiv}.

Sustainability of the mental health social care sector

Local authorities have sought to manage funding pressures through various means. This also includes changes to the commissioning of services.

We have observed a decline in specialist services, for example, for carers of those living with a severe mental illness in favour of more generic support.

We have increasingly been asked to do more with less, amid rising costs of necessities such as fuel and insurance. In some cases, we have turned down contracts or decided not to re-tender because it was felt that the terms were unsafe and not financially viable.

This financial squeeze has been going on for the best part of a decade. The sector is often braced for the next change to be the one that finally makes things unsustainable.

Workforce recruitment, pay and progression

The size and stability of funding is also one of the several key factors contributing towards significant workforce issues in the sector.

Too many roles carry low rates of pay. Organisations can struggle to attract staff because either equivalent roles in the NHS are better paid, or because individuals can earn the same amounts in other ‘easier’ jobs such as supermarket work.

Work in mental health social care is too often not seen as a career – lacking the training, development and career paths needed to reward these skilled workers.

While vacancy rates have improved, they are still around three times the vacancy rate in the wider economy^{xv}.

The government is seeking to address low rates of pay in the sector through the introduction of the first Fair Pay Agreement for adult social care. This will set minimum pay and employment conditions for across the adult social care sector through collective negotiation between employers and worker representatives. The Prime Minister has indicated that he wants to build upon this commitment through further workforce reforms, including establishing a stronger links between health and social care to create ‘one workforce.’

Unmet needs

There are high levels of unmet need. The Prime Minister shared in his announcement that 2 million adults have unmet care needs.

Large numbers of people are waiting for assessments, delivery of care or reviews.

ADASS^{xvi} figures show that 408,985 people in England were waiting for an adult social care assessment, for care/support or a direct payment to start, or for a review of their care plan at the end of March 2026. That was up from 372,113 just a year before.

These waits can also be lengthy and vary across the country.

Almost 200,000 people were waiting for a Care Act assessment alone, and over a quarter (28%) had been waiting over six months. 162,787 were awaiting a Care Act review.

In London alone there are huge differences in the length of time people wait for Care Act assessments – CQC data shows that those in Lambeth^{xvii} waiting on average only three days, but those in Ealing^{xviii} waiting around four months. A number of CQC assessments identified locations where those with a mental health need faced longer waits than others.^{xixxxxixxiixiii}

Fewer people are receiving publicly funded long-term care packages, despite increases in the numbers of request for support. Demand for adult social care support from working age adults rose 30% between 2025/16, and 2023/24, but the number of individuals receiving long-term support has only risen 5%^{xxivxxv}.

The system sometimes seeks to minimise costs through discontinuation of support or the restriction or reduction of the size of care packages.

Experts by Experience have told us that they to fight to get and to retain the support they receive. Isaac Samuels (whose story is referenced earlier in this briefing) shared at a Rethink Mental Illness mental health social care roundtable that he has to argue against reductions to his care package at each and every annual review of his support.

Delayed discharge

Baroness Louise Casey’s speech during July’s announcement focused heavily on the issue of delayed discharge – specifically older people remaining in hospital despite no longer needing to be there. This too is a significant issue within mental health.

Mental health is an area where the interplay between health and social care is paramount.

NHS statistics^{xxvi} show that a lack of appropriate social care provision is the biggest single factor for people being unable to leave hospital despite being well enough to leave.

In July 2026, a lack of social care was implicated in 36,533 days of delayed discharge across England.

People with mental health needs face particularly long waits in Emergency departments because systems can't find them a bed. To resolve this situation, the NHS ends up sending people to hospitals out of area – often in the private sector. This is not just very expensive for the NHS – but creates worse outcomes for people by taking them away from their friends, families and local communities.

Lack of parity of esteem between the NHS and social care

The issue of delayed discharge is one that most aptly highlights the interdependency between health and social care.

In his announcement, the Prime Minister put a spotlight on the different approaches that have been taken to funding local authorities in comparison to the health service, and lamented how this had piled pressure on the NHS. He said that the two are intrinsically linked and need to work more seamlessly.

It is increasingly recognised that a properly-funded and well-functioning social care sector is needed for the NHS to function well. However – governments have presided over multiple long-term plans for the health service, with no similarly comprehensive equivalent for social care.

In many areas there are fantastic examples of integration and partnership working between the NHS and local authorities, but there are others in which poor relationships prevail and disagreements regarding issues such as payment for Section 117 aftercare (the funding of which falls jointly on both the NHS and local authorities) are common.

With a difficult budgetary situation within local authorities, government has increasingly found ways to fund social care through the NHS. The introduction of the Better Care Fund in 2013 was and remains a landmark investment in integrated health and care, but has arguably been underused when it comes to advancing outcomes in mental health.

However, social care funding administered by the NHS can be more likely to address NHS priorities (e.g. freeing up inpatient beds) than other outcomes that social care can deliver, such as helping people to establish their independence and participate in community life.

ⁱ GOV.UK (2026) Prime Minister's speech on social care – 29th July 2026. Available at:

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ⁱⁱ GOV.UK (2026) Press release - PM sets out new path to fix social care together: 29 July 2026. Available at:

<https://www.gov.uk/government/news/pm-sets-out-new-path-to-fix-social-care-together-29-july-2026>

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<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/resources/Reports/National/The-state-of-the-adult-social-care-sector-and-workforce-in-England-2025.pdf>

^{iv} Association of Mental Health Providers (2023) VCSE Mental Health Social Work and Social Care Workforce Essential for Effective Services. Available at: <https://amhp.org.uk/vcse-workforce-benchmarking>

^v Department of Health and Social Care (2025) Official Statistics - Adult social care finance report, England: 2024 to 2025. Available at: <https://www.gov.uk/government/statistics/adult-social-care-finance-report-england-2024-to-2025/adult-social-care-finance-report-england-2024-to-2025>

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- ^x Kings Fund (2016) Blog: What next for social care? Available at: <https://www.kingsfund.org.uk/insight-and-analysis/blogs/what-now-for-social-care>
- ^{xi} National Audit Office (2025) Local government financial sustainability – Ministry of Housing, Communities and Local Government. Available at: <https://www.nao.org.uk/wp-content/uploads/2025/02/local-government-financial-sustainability.pdf>
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^{xxvi} NHS England (2026) Mental Health Services Monthly Statistics, Performance July 2026. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/performance-july-2026>