

## Royal College of Nursing response to the Labour Party review of mental health policy

### About the Royal College of Nursing

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent and education sectors. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

### Introduction

The Labour Party are undertaking a review of policy solutions in relation to improving mental health and wellbeing across a number of sectors. This evidence gathering exercise is being conducted with a view to developing a long-term cross Government strategy for mental health.

It is vital that any strategy for mental health takes into account the context of the health and care system, and how this impacts upon long-term population health outcomes. The nursing workforce has been in a sustained recruitment and retention crisis for more than a decade; with poor pay and high-stress working environments being cited as reasons for leaving. Any attempts to improve mental health provision must include specific interventions to improve pay, staffing levels and working conditions for the nursing workforce.

### Preventing mental ill-health

*A holistic approach to public health is required to prevent mental ill-health*

1. The following points have been identified by our members as crucial factors to address to prevent mental ill-health at an early stage:<sup>1</sup>
  - Address the socioeconomic challenges facing populations;
  - Integrate and connect services that are fit-for-purpose and responsive to population needs – including health and social care, voluntary sectors, and places of worship;
  - Early intervention and access to the right care, at the right time, in the right place – reducing access disparity across the country;
  - Increase mental health nursing presence in first contact services, i.e. primary care, specifically within GP practices, schools, and community centres (in line with Labour policy proposals);
  - Improve access to high-quality education across the life course;

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<sup>1</sup> [RCN Response to the Department of Health and Social Care Ten-Year Mental Health Plan Call for Evidence](#)

- Tackle health inequalities, abolish racism, and reduce stigma.
2. The RCN supports a greater focus on community and primary care, including shifting from an approach that prioritises acute hospital care over community care that is designed in engagement with communities and providers to ensure that resources are allocated based on local need.
  3. However, while it is crucial that there is greater financial investment in the primary and community health and care sector, it cannot come at the expense of funding for acute inpatient services which are already stretched to breaking point. All facets of the mental health sector are suffering from long-term under-investment, resulting in a decimated workforce and providers who are struggling to safely deliver services.

*Parity of esteem must be a key area of focus*

4. Holistic care is vital, and mental health needs cannot be separated from those which relate to physical and social needs. Our members have previously suggested that there is risk in over-emphasising the need for 'more counselling and brief talking therapy' without parallel and sufficient investment in services that can help ensure parity of esteem is realised.<sup>2</sup> All people, including the most marginalised groups in society, benefit from a holistic approach to supporting wellbeing, where a 'one-size approach' does not and will not work.
5. Across the United Kingdom, there have been a range of political and policy commitments to achieve parity of esteem for those with the most serious mental health problems. This aspiration draws on a range of factors, including the knowledge that those with mental health problems like schizophrenia and bipolar disorder die between 15-20 years earlier than the general population. The No Time To Wait campaign, which the RCN is a charitable supporter of, aims to reduce the parity gap between physical health and mental health, improving access to mental health support from first contact with health and care services.
6. The RCN also stresses the need to include learning disability nursing in discussions surround parity of esteem. Life expectancy for women with learning disabilities is 27 years lower than for women in the general population, and 23 years shorter for men.<sup>3</sup> Only 38% of people with a learning disability will live beyond the age of 65, compared to 85% of the general population, and people with learning disabilities face increased risk of avoidable death, with 50% of deaths being from either a treatable condition or a preventable occurrence.
7. 97% of people with learning disabilities also experience comorbidities such as physical health conditions, mental health conditions, epilepsy and physical impairments.<sup>4</sup>
8. There is a severe workforce shortage for learning disability nurses. Since 2009, the number of learning disability nurses working in the NHS in England has fallen by nearly half; as of July 2023, there were 2,968 full-time equivalent learning disability nurses working in the NHS, down 46.6% from September 2009, when that number was 5,553.<sup>5</sup>

*Community health initiatives are a key contributor to wellbeing*

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<sup>2</sup> [Ibid.](#)

<sup>3</sup> [RCN, 2021, Connecting for Change: for the future of learning disability nursing](#)

<sup>4</sup> [Ibid.](#)

<sup>5</sup> [RCN response to HSSIB report on caring for adults with a learning disability](#)

9. The wellbeing of the population is intertwined with issues of inequalities and marginalisation, with the impact of inequalities such as income being shown to correlate with health and wellbeing. In the current context, with a cost-of-living crisis, priority must be given to reducing the financial hardship experienced by people with low incomes and/or high debt, including many nurses across the UK.
10. If the Labour Party is to address the issues of mental wellbeing for the population, health and care policy must acknowledge that many people become acutely or chronically distressed through a combination of biological, psychological and social factors that are not best thought of as within their control.
11. More effort must be made to develop communities of people; wellbeing is not simply the precursor to being able to contribute to community life, it is also partly the by-product of that community's support and empowerment.
12. It is vital that professionals are accessible to their local communities, to help build relationship and improve access to support. We are supportive of ambitions that would place mental health hubs in communities and increase the level of mental health support in schools. There needs to be investment (i.e. education and support) in community health earlier in people's lives, helping to foster resilience and positive mental wellbeing.
13. We continue to call for further funding of statutory mental health services in which registered nurses practice. To prevent long-term mental illness, our members have previously called for increased financial investment, based on a robust, transparent projection of future demand taking into account prevalence rates and unmet needs, with a focus on robust community support services to prevent hospital admissions and long-term residential placements.
14. RCN members work across a variety of clinical settings, including primary care, community, and secondary services. Due to increasing demands on secondary services, the threshold for receiving the right care at the right time continues to increase.
15. We support the recent move away from siloed working models towards Integrated Care Systems, and we previously called for the Department of Health and Social Care to promote integrated care models locally and nationally, and allow nurses to continue to develop new ways of working that can support integrated care. Such integration must have equity, equality and responsiveness at their centre, and requires clinical leadership at the heart of decision-making.

### **Growing the mental health workforce**

#### *The mental health workforce in England cannot keep pace with demand*

16. The mental health nursing workforce in England is experiencing crisis-levels of workforce shortages and retention issues, with staff experiencing high levels of stress and burnout due to increased workload and high demand for services. The current vacancy rate for mental health nursing in England is 18.4%, compared to 10.3% for all nursing<sup>6</sup>
17. Our members tell us, with growing pressures and increasing number of people needing mental health care and support, the government must urgently take steps to remedy the

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<sup>6</sup> [NHS Vacancy Statistics for England, April 2015-September 2023](#)

supply, recruitment and retention of the nursing workforce in order to ensure that services can continue to provide safe and effective care.

18. We are seriously concerned at the limited numbers of overall mental health nursing workforce in the NHS in England, which has not grown in 14 years. This comes despite the NHS Long Term Plan forecasting that demand for mental health services will grow faster than for other NHS services. There are currently 40,604 mental health nurses as of September 2023, compared to 40,602 in September 2009, with figures during the interim years being generally lower than these points, while the number of learning disability nurses has declined by 46% over the same period.<sup>7</sup>
19. This is unsustainable and requires urgent action by decision-makers. Although the Long-Term Workforce Plan (LTWP) has an ambition to increase nursing numbers in the medium term, there is no specific, costed intervention outlined to generate an increase in the number of graduates registering as mental health nurses, and any intervention that was developed would need to be implemented in this academic year in order to have a benefit for the workforce in 3 years time. It is also worth noting that student places are governed by a market-based system, and it is difficult to simply expand them as the LTWP aims to, particularly without additional incentives or financial support for students.

*There are multiple factors for the existing workforce shortages*

20. The education system in England is not training enough nurses domestically – while the LTWP has an ambition to increase nursing graduates, this is unlikely to be achievable, and funding committed to by NHS England to upskill registered nursing associates has not been forthcoming. International recruitment is being used as a stopgap, but is still unable to keep up with the scale of new demand for mental health services.
21. International recruitment also brings its own issues in terms of ethical recruitment (including damaging the population health in countries that experience high levels of emigration in their healthcare workforce), as well as potentially requiring additional training for overseas-educated nurses on the specific regulations governing mental health care in the United Kingdom.
22. Migration policy further exacerbates the above problem, as it becomes increasingly unattractive for overseas-educated nurses to work in the UK. An increase in visa fees, including significant increases to the immigration health surcharge, is likely to make migration to the United Kingdom prohibitively expensive for many prospective nurses. Other policy measures, such as limiting the ability of migrants to bring their families and dependents with them, is also likely to depress migration numbers. Given the UK is unable to meet demand through existing (or, indeed, forthcoming) domestic supply, these policies are of serious concern for the ability of the NHS to treat mental health patients and foster appropriate working conditions for mental health nurses.

*The workforce is struggling to retain existing staff*

23. Additional measures put in place during the acute phase of the Covid-19 pandemic to support the wellbeing of healthcare workers have largely been scaled back, and nurses are

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<sup>7</sup> [Ibid](#)

facing significantly increased rates of stress, anxiety, and burnout, as well as additional issues such as moral injury stemming from the pandemic.

24. Mental health nurses are additionally now dealing with the long-term impacts of the pandemic, in terms of increased rates of patients presenting with depression, anxiety, and other mental illnesses, as well as patients who have experienced delays in care and whose conditions have worsened as a result<sup>8</sup>. Mental health nurses are overworked, stressed themselves, and often witness to distressing events in mental health care settings.
25. On top of this, as with all other nursing roles, many mental health nurses are leaving the profession or moving to non-clinical roles due to issues of pay. Real pay for nurses has declined significantly due to a lack of meaningful increases in recent years, coupled with high inflation and the soaring cost of living.

*Existing policy interventions are not addressing these issues*

26. The LTWP projects the need for additional students for mental health nursing by 93% to more than 11,000 by 2031/32.<sup>9</sup> However, this ambition comes without any costed policy interventions, which should be considered as a matter of urgency, taking into account that an increase in demand for nursing degrees does not guarantee increased enrolment, nor that graduates will enter and remain in the profession once qualified.
27. The latest UCAS figures on student enrolment indicate that enrolment numbers for all nursing is continuing to drop, with the provisional number of applicants in 2024 dropping to 31,100 (down 7% from 2023).<sup>10</sup> The number of applicants to nursing courses across the UK has not only declined markedly since its peak in 2021 (46,040) but is now lower than in 2019 (36,620) before the Covid-19 pandemic.<sup>11</sup>
28. The LTWP does not outline any measures that would ensure a sufficient number of newly-qualified nurses registered as mental health nurses, and simply acknowledges that mental health nursing will continue to experience medium-term shortages and that national programmes will “examine options” for how this may be addressed. NHS England must urgently provide more detail on how it intends to address shortages and reduce dependency on temporary staff, as well as addressing imbalances between the number of adult care nurses and mental health nurses. This should include costed policy interventions from the government.
29. The King’s Speech in 2023 failed to include reforms to the Mental Health Act, which the government had previously committed to. The proposed reforms would have addressed issues relating to people having more say about their treatment under the MHA, racial biases and patient choice, which likely would have had positive flow-on effects for the working conditions of mental health nurses. We are disappointed to see the reforms dropped, as this is yet another policy move that demonstrates an unwillingness by this government to take mental health seriously from a structural standpoint.

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<sup>8</sup> [COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide \(who.int\)](https://www.who.int/news/item/20-05-2020-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide)

<sup>9</sup> [NHS England Long-Term Workforce Plan](#)

<sup>10</sup> [UCAS 2024 cycle applicant figures](#)

<sup>11</sup> Ibid.

30. We are also concerned that Integrated Care Systems are not being adequately supported to carry out their own workforce planning – many ICSs are yet to publish their workforce plans, and of those that have, few have a specific focus on increasing the mental health nursing workforce.
31. While many of the issues facing the mental health nursing workforce, such as staff shortages, are also replicated across the wider nursing workforce, there are policy opportunities to address some of the issues that are more specific to mental health nursing.
32. Pushing a continuing focus on parity of esteem may help to raise the profile of the crisis for mental health nursing, by highlighting to ICSs the importance of including a specific focus on mental health care when approaching workforce planning, forecasting, and resource allocation. While ICSs are in their early stages, many are simply approaching “nursing” as a single workforce, and planning often does not include specifics on specialisations such as mental health nursing, or learning disability nursing.
33. Increasing the focus on improving mental health support for nurses, especially those working in mental health nursing themselves, is likely to reduce levels of stress and burnout for staff. Where support services have been reduced, such as the removal of funding for the wellbeing hubs established during the Covid-19 pandemic, work should be done to consider what alternative support could be put in place, to ensure that nurses have well-signposted, easy access to support for their mental wellbeing along side occupational health support for physical wellbeing.

#### **Reversing the rising trends of lives lost to suicide**

34. The necessary steps to prevent suicide are multifaceted. The RCN suggests that there remain six key areas where action is needed to improve suicide prevention in England:<sup>12</sup>
  - **Improved governance:** stronger governance mechanisms are required to ensure policy development for good mental health promotion, including suicide awareness, occurs at a national level.
  - **Build a highly skilled nursing workforce for the future:** a robust nursing workforce, which has the capacity, skill mix, and knowledge to support more effective health promotion, including suicide awareness and prevention, is required. Defined safe registered-nurse-to-patient ratios and caseloads is also a key element to a skilled, effective workforce.
  - **Train and upskill all health and care professionals:** the variations in training and education on suicide awareness must be urgently addressed through pre-registration nursing education. Better training in mental health awareness, including suicide awareness, should be mandatory for all health professionals working with at-risk groups across health, social care, and criminal justice settings.
  - **Deliver more responsive and coordinated services:** people at risk of suicide require rapid access to very specialised treatment. While mental health services are re-orienting, the commitment made to developing more responsive and coordinated services must be continued through sustained funding.

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<sup>12</sup> [Submission to the House of Commons Health Select Committee inquiry on suicide prevention](#)

- **Improve data collection and data sharing:** the Information Sharing and Suicide Prevention: Consensus Statement principles, developed by the Department of Health and Social Care and key stakeholders, need to be streamlined into services who may support individuals at risk of suicide.
  - **Supporting key high-risk groups:** registered nurses are key high-risk group for suicide due to the strain and level of responsibility that is attached to their role. There are significant variations across England in the quality of workplace health promotion and crisis support, which needs to be addressed. NHS organisations should implement the RCN's Healthy Workplace Toolkit<sup>13</sup>, which emphasises the importance of good working conditions.
35. The RCN also supports increased public education regarding suicide awareness, including how to approach and discuss the topic in a way that reduces stigma.
36. Female nurses have a 23% higher rate of suicide than other women. At the RCN Congress in 2023, members voted for the RCN to lobby for the implementation of an integrated suicide prevention programme for the nursing workforce across the UK<sup>14</sup>. An RCN steering group for suicide prevention has now been established and is working towards creating a robust, evidence-based suicide prevention programme.
37. We have also helped to launch a national suicide prevention toolkit for England, aimed at helping NHS organisations reduce the risk of suicide in the workforce. It highlights key elements of a holistic workforce suicide prevention programme, including workplaces that value employees, mental health education and training, and clear policies and procedures. It also includes guidance on how to identify health care staff at risk of suicide, and how to then respond to warning signs and support those members of staff.

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<sup>13</sup> [RCN Healthy Workplace Toolkit](#)

<sup>14</sup> [2023 Congress Item on Suicide Prevention and Awareness – Second progress report](#)