

Policy briefing: RCN insight and analysis of high caseloads in community mental health settings.

Background

Health and care systems across the UK are increasingly focused on avoiding acute admissions and shifting care from hospitals into the community. The RCN has consistently heard anecdotally from members working in community settings, including community mental health, that they do not have the capacity or resources to manage demand safely for the existing levels of demand, let alone increased demand to deliver health and care system ambitions.

When mental health nurses do not have capacity to deliver therapeutic care and interventions, the focus shifts towards risk management. While this is important and necessary, it does not improve the mental health of patients and is unlikely to allow people to progress through their care pathway.

Approach

In order to assess the likely scale and impact of these issues, in November 2025, the RCN issued a survey to community mental health nursing members across the UK. The survey was open for a month and nearly 400 respondents completed the survey.

We asked members about their caseloads and experiences, and how these have changed over time. We also explored perceptions on the impact of these pressures on patient care.

Key findings

Unmanageable caseloads

- Respondents were asked to describe their current caseloads, with a calculated median average of 33 patients per respondent, but the range of raw values was as high as 372 patients (although this is likely to reflect a team rather than an individual caseload).
- Nearly two-thirds of survey respondents said their caseloads had risen “a lot” over the last three years.
- Half of those surveyed (51%) said they believed mental health patients frequently come to harm because caseloads are too high.
- Only 20% of survey respondents said they found it not difficult to manage their caseloads.

Time pressures

- 33% of respondents strongly disagreed that they had enough time to spend caring for each of their patients.
- Only one in ten (12%) of the community mental health nurses surveyed believe they have enough time to care for patients.
- One in four (24%) reported that they see time pressures (due to heavy caseloads) as negatively impacting patient wellbeing every single day, such as avoidable deterioration, relapse or self-harm.
- Only one in 17 (6%) of the survey respondents believe the community workforce is currently equipped to support the shifting of care from hospital to community settings.

Readiness to deliver governments' ambitions [or] to shift care from hospital to community settings.

- 77% of respondents tended to disagree that they were equipped to support the shift from hospitals to community.

Analysis

We asked respondents to rank the initiatives which would support better delivery of care and reduce caseloads. The top three answers were:

- New, dedicated/protected investment in the community mental health workforce and services
- Better pay to improve recruitment and retention of registered mental health nurses
- Setting enforceable limits on caseloads for mental health nurse to 20 patients

These priorities align with RCN observations about rising demand for community settings. Between October 2022 and 2025, the number of people accessing community mental health services in England alone increased from 499,730 to 689,769, at over double the percentage increase of staffing (20,171 to 23,280). When demand outpaces workforce growth, patient needs are increasing left unmet.

Without adequate investment and workforce planning, it will be impossible to expand the community mental health workforce. This is likely to lead to higher caseloads and increased waits for support as more demand is shifted from hospitals to community settings.

In this context, mental health nurses will be faced with increasingly unmanageable workloads, which will likely lead to burnout and sickness absences; both of which are key contributors to retention. As more nursing staff are absent or leave their jobs, the pressure on the remaining staff further increases; a vicious cycle which risks harm to patients and damage to staff.

Currently, employers do not have any legal duties to abide by specific caseloads or nurse to patient ratios, giving the opportunity for inappropriate practice to emerge. We can observe this in practice with nursing staff reporting their caseload is more than fifty in several examples.

When community teams are unable to meet demand, additional pressure is placed on acute services, leading to challenges with patient flow, corridor care and delayed treatment. For many patients experiencing mental health conditions, acute settings may not be best placed to support them to live well and continue managing their condition. Being unable to access the support they need is likely to negatively impact their mental health, causing harm.

Recommendations

Addressing workforce supply issues

Governments across the UK should take steps to set out *how* they intend the workforce be deployed in order to facilitate a 'hospitals to community' shift, including in the upcoming NHS 10 year workforce plan for England. This should outline, based on population need, where they expect nursing staff to be located by setting type, aligned with their expectations about demand and capacity.

Improving staffing levels and workforce planning

Employers should use the [RCN Workforce Standards](#) to support a safe and effective nursing workforce, and ensure nurse leaders are involved in workforce planning and setting staffing establishments and developing individuals within their workforce. In particular, decisions on nurse staffing must be recorded. Discussions must detail the workforce requirements of the organisation/service in order to provide staffing for safe and effective care. Nurse staffing should be a standing item for scrutiny and discussion at every board meeting.

Each organisation should have a board-approved risk management and escalation process in place to enable real-time nurse staffing risk escalation and mitigation with clear and transparent procedure to address severe and recurrent risks.

The RCN will also continue to campaign for governments to introduce mandated ratios. It is our view that upcoming English legislation to reform the NHS and deliver the 10-year health plan in England is a key opportunity to secure this.

Providing better support for staff impacted by high caseloads

Employers should work with local staff groups to identify retention challenges, and design interventions to address these issues, alongside efforts to increase recruitment.

This may include undertake analysis to understand which local factors are leading to sickness absence and implement measures to address these.

All providers of health and care services should also adhere to legal requirements for the provision of adequate welfare and safety facilities, including access to breaks, changing facilities and personal lockers, access to sufficient, well maintained and high-quality resources and equipment.

All nursing staff must have access to quality counselling and psychological support services. The RCN expects all employers to ensure that adequate, easy to access and timely mental health support is in place.

Community nursing staff often face additional specific challenges in accessing IT and digital equipment and support, and they need access to the same level of equipment and connectivity as colleagues in hospital settings. Employers must invest in equipment and training to reduce the administrative burden on nursing staff and support colleagues to manage their caseloads efficiently.

Protecting nursing staff from being held accountable for factors beyond their control.

The NMC must work closely with employers to resolve systemic issues which lead to low staffing levels, to avoid situations of disproportionate individual blame. Beyond this, the NMC has a wealth of information about systemic staffing issues linked to individual fitness to practise cases. This information is important to help decision-makers understand the impact of staffing shortages, and to understand their role in enabling nurses to practise in a safe environment. We encourage the NMC to develop a mechanism for regularly identifying and sharing this data.