

# Five Years On: Are we Achieving Parity between Physical and Mental Health?

The experiences of UK nursing staff

SURVEY REPORT



# Acknowledgements

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# Foreword

We've been talking about parity between mental and physical health for over a decade. At heart, it's a simple idea, and not a lot to ask, that our mental health should be treated on a par with our physical health.

Yet the reality has often felt like a struggle. Life expectancy for people with a mental illness is almost two decades shorter than average, and the gap with the rest of the population is increasing. Mental health services have seen significant new investment since 2019, but levels of distress are rising faster than services can grow to meet them. And too many people with long-term physical health conditions find their mental health is ignored and help isn't there when they need it.

Nurses are the backbone of the NHS. Their knowledge, skill and compassion are what make the NHS tick. For parity to have meaning in the NHS, nurses need to be able to work with confidence with physical and mental health, knowing that they work in a system that has effective support for both, and indeed that they themselves will get support for their mental health should they ever need it.

This survey is a reminder that the path to parity is a long and difficult one. There are some signs of progress since 2018, and these are welcome. But there remain many challenges, and the events of the last five years have made it even more difficult to achieve parity in practice. Poor access to mental health support, shortcomings in emergency care, and the continued separation between mental and physical health throughout the system are notable concerns throughout this report.

It's now five years since the Centre for Mental Health set up Equally Well UK with our partners, including the RCN. In that time, we've co-produced resources to help health and care services get closer to parity, lobbied for fairer policies, and explored evidence from smoking and physical activity to food insecurity and racial injustice. We continue to believe that through sustained collective action, it is possible to close the life expectancy gap facing people with mental illness, and we won't accept anything less than equality.

We know that parity is still a long way away. It will be some time before we can say with confidence that mental and physical health are treated equally across the NHS, or for that matter, anywhere. And there are massive structural barriers in the way of better mental health – not least ongoing shortages of nurses, deep-seated social inequalities, and growing waiting lists across the NHS.

But every step closer to parity is still worth taking. From efforts to improve access to cancer screening or vaccination programmes to providing better mental health support to people with long-term conditions and NHS staff, it all makes a difference.

**Andy Bell**  
*Chief Executive Officer, Centre for Mental Health*

***Professor Nicola Ranger, RCN Chief Nurse***

“The legislative mandate for equal treatment of physical and mental health care has been in place for more than a decade. However, these recent survey results indicate that we are still far from achieving this goal. This is a critical matter for all our members, not just those in the mental health field.

Our members are committed to providing support and creating positive change to improve people’s lives. This report reinforces our unwavering position that immediate action by government’s across the UK is necessary to make this a reality.”

***Ellie Gordon, Chair of the RCN Mental Health Forum***

“A mental health nurse will tell you that the core philosophies and key elements of your student nurse education will stay with you throughout your career. For me, it’s the ability and requirement to provide a holistic package of care for the person you are caring for, including their mental, physical, and spiritual needs.

This report shows that nurses still desire to provide such holistic care. Still, many feel unable to do so due to a lack of education and training, restrictive commissioned service models, and lack of time. It’s time to stand with and advocate for patients to change this situation so that we can move towards a time when the true parity of esteem is embedded throughout health and social care.”

***Dr Ann Mitchell, Chair of the RCN Dennis Group, Global Majority and Ethnic Minority Sub-committee***

“In my work as a community psychiatric nurse in the 1980s, significant disparities and inconsistencies existed between physical and mental health services for patients with serious mental health issues.

When I became an educationalist in the 1990s, I noticed that adult nurses lacked specialised mental health knowledge and skills, while mental health nurses often failed to recognise physical health-related problems due to their lack of biological and physiological knowledge.

I have seen improvements in both disciplines in recent years as a lecturer and external examiner for mental health provision, thanks to changes in the NMC curricula. Still, there is room for further improvement, as noted in this report highlighting patchy progress in both sectors.”

### ***Hannah Cadogan, RCN UK Representative for Lived Experience***

“As someone who has struggled with severe mental illness, I had the opportunity to work on the RCN Parity of Esteem programme. In my own experience, mental health services have made a significant effort to prioritise the physical health of their patients. However, this focus has sometimes come at the expense of providing therapeutic interventions for their psychological needs.

On the other hand, from my perspective as an adult nurse, I know accessing physical health care can be challenging due to the stigma and perceptions of staff. There is a significant misunderstanding of diagnoses, which leads to a fear of being judged. I also see how mental health patients are not accessing physical health services, including palliative care services, even though they tend to die 15-20 years earlier than the general population.

As both a service user and nurse, I believe patients with serious mental illness should receive treatment from specialist mental and physical health services. This care should be tailored to the patient’s needs and integrated to ensure the best possible outcome.”

### ***Dan Brown, RCN UK Co-Representative for Parity of Esteem***

“This survey clearly and robustly highlights the ongoing inequality within the NHS system. Despite some excellent work by both mental health and acute hospital organisations, the mortality gap is still widening.

Having worked in both mental health and acute hospitals as a nurse educator, it is evident that not only the lack of substantial funding causes this gap, but the system itself is designed to separate body and mind. Psychological and physical services must be integrated for holistic care to become a reality.

Health care services often miss opportunities to address physical and mental health simultaneously. A shift in nursing attitudes and education is needed. Collaborative training between mental health and acute care staff can lead to improved services and patient outcomes.”

### ***Simon Arday, RCN UK Co-Representative for Parity of Esteem***

“It’s important to consider equity and equality when distributing resources and opportunities. Before achieving equal distribution, some work must still be done to ‘level up’ mental health to physical health care, acknowledging the many historical disparities. I believe that a lack of parity in pre-registration education can significantly affect how inequitable approaches to practice are perpetuated and passed down to the next generation.

Calls for additional education generally focus on what can be provided in the post-registration environment rather than pre-registration settings. It’s encouraging to see that the RCN intend to pursue the improvement of pre, and post-registration training standards to include holistic approaches.”

# Report summary

This survey was commissioned as part of the RCN's Parity of Esteem programme to establish members' views on mental and physical health equality in care settings. The RCN conducted its last survey in 2018, focusing solely on the context of mental health settings; this survey expanded its remit to include all health care settings where RCN members work.

## Key messages

It is imperative for nursing to effectively respond to the holistic needs of our populations, without exception to mental health, regardless of their field of practice. Although progress has been made in addressing the physical health needs of individuals in mental health settings, disparities and inconsistencies still need to be addressed.

Despite some positive examples of services providing necessary support, physical health settings often fall short in meeting the mental health needs of patients. This is partly due to systemic challenges regarding unequal funding and resources for mental health, such as inadequate staffing levels and a lack of specialist services, which can affect nurses' abilities to access appropriate and timely support for their patients.

To overcome these challenges, nurses suggest focusing on training and education, improving resources such as therapeutic staffing and support services, and promoting better collaboration and integration across services. By taking these steps, we can work towards ensuring that mental health patients receive the physical care they require, leading to better outcomes for all.

The RCN's focus is pragmatic, reflecting the complex challenges of addressing mental and physical health equality in practice. Its work in the coming years should seek to build a clearer research base, influence the training, education, and socialisation of nurses at all levels, and develop its own programmes to improve the interface and health outcomes of the most vulnerable in our society.

# Introduction

This survey was commissioned as part of the RCN's Parity of Esteem work to establish members' views on the progress in clinical settings towards achieving greater mental health equality in all care settings. The RCN has been committed to this goal for over a decade, notably debated at Congress to lobby the UK government for urgent action to achieve parity of esteem (RCN, 2017).

Parity of esteem is the valuing of mental health equally with physical health (Owens et al., 2022). Over the last decade, there have been commitments to achieve greater equality for those with the most serious mental health problems in the UK. This is based on the knowledge that those with mental health problems like schizophrenia and bipolar disorder die between 15 and 20 years before the general population.

Five years ago (2018), an RCN survey similar to this one focused on seeking the views of those working predominantly in mental health services (RCN, 2018). This survey's remit additionally includes broader perspectives, acknowledging that:

- those with the most serious mental health needs die many years before the rest of the general population, sometimes 15-20 years earlier. This gap is widening (Office for Health Improvement and Disparities, 2023)
- those diagnosed with a serious mental health problem will also have one or more long-term conditions where people will be in regular contact with physical health services (Public Health England, 2018)
- up to 30% of those with serious physical health needs will experience a mental health problem such as anxiety or depression (Mental Health Foundation, 2023).

The quantitative results and accompanying narrative provide rich and broad perspectives on mental health equality within health care settings. This report provides a high-level descriptive overview of the findings. Further indepth qualitative data analysis is required to examine this issue's nuances in more detail.

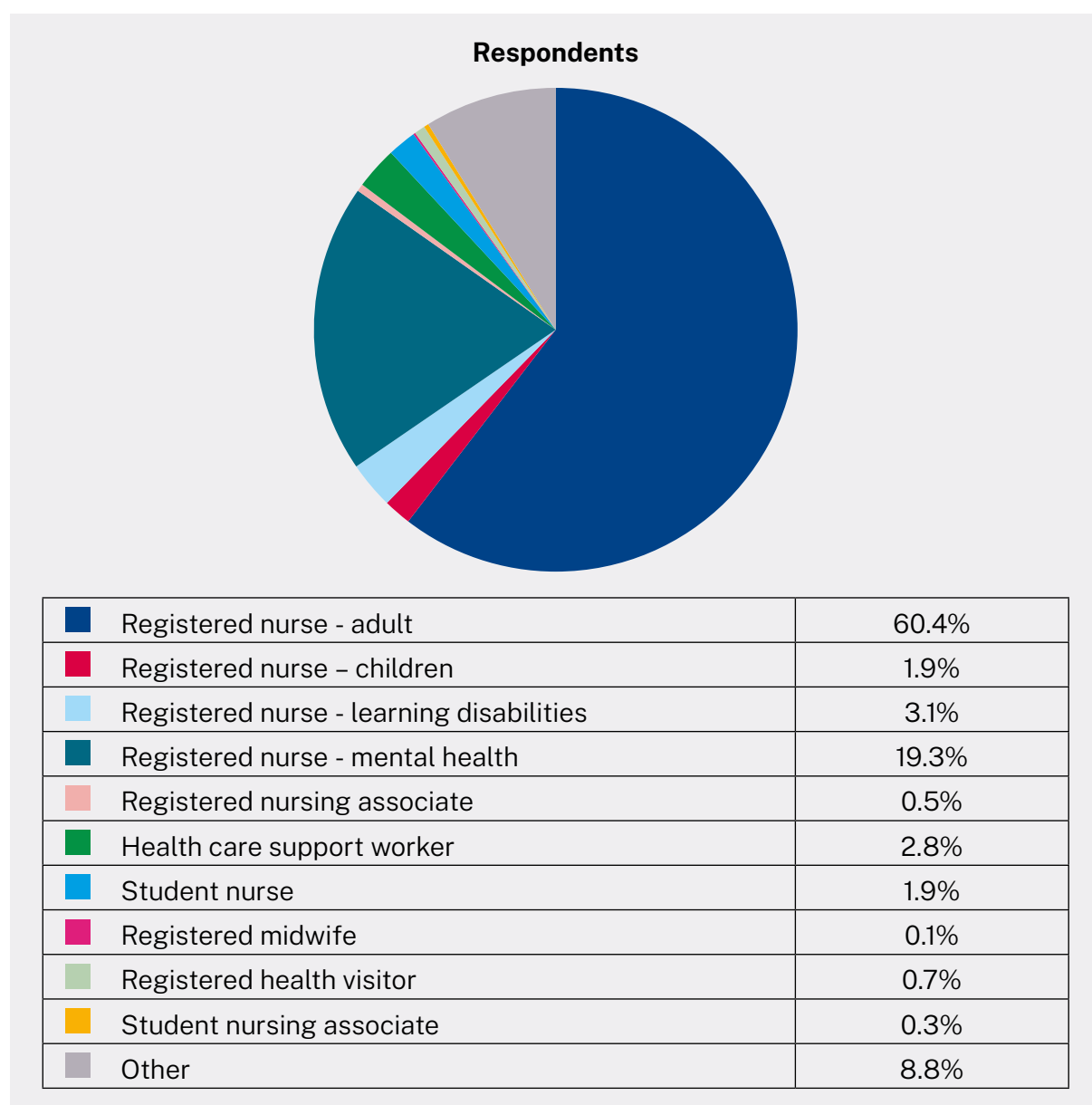
Note: Some observations can be made about the 2018 survey on achieving parity of esteem. However, a like-for-like comparison is not possible. This survey is designed to encompass a broader view across all health care services RCN members work in, not just within mental health settings.

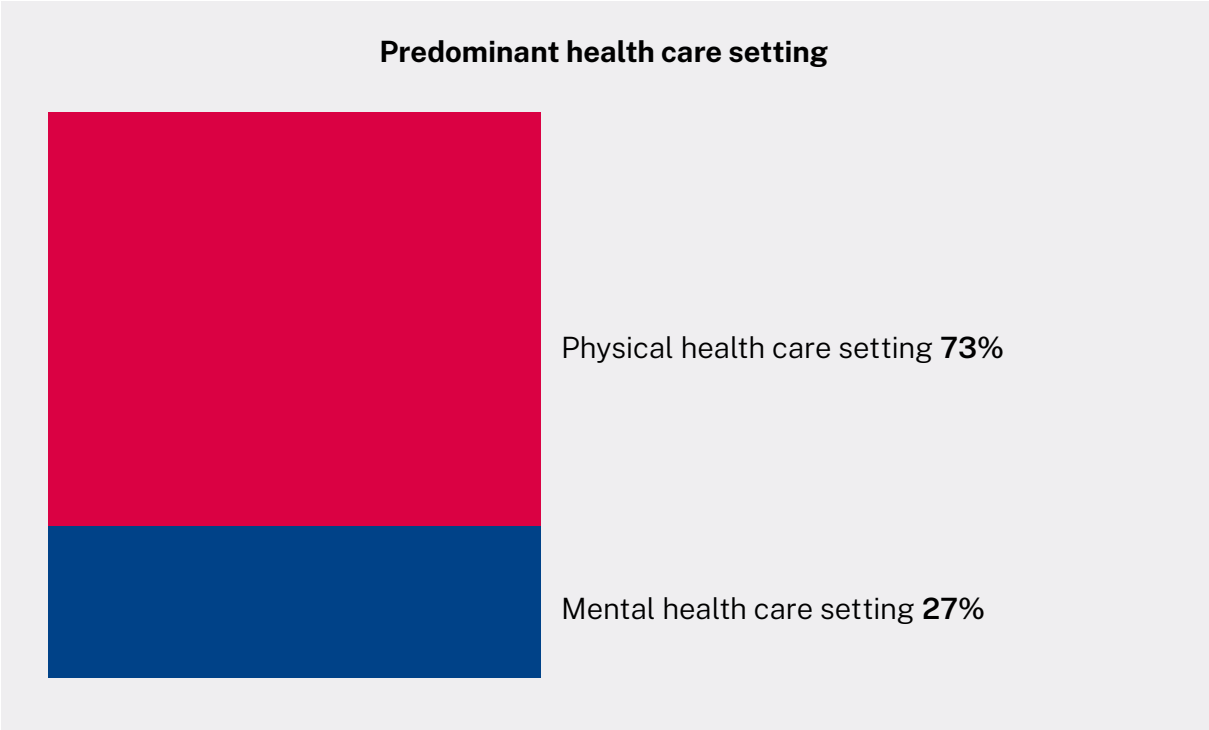


## Profile of respondents

Responses came from a range of nursing staff working across various health care services, including acute care, mental health acute services, older people's services, child and adolescent mental health services (CAMHS), substance misuse (SM), dementia care, learning disability, autism, and ADHD services.

- The survey data was gathered between 4-27 August 2023.
- There were 4,424 responses compared with 566 respondents in 2018, reflecting the broader remit of this 2023 survey.
- The majority (80%) of respondents worked in England, 3% in Northern Ireland, 9% in Scotland, and 7% in Wales (figures rounded to the nearest %).

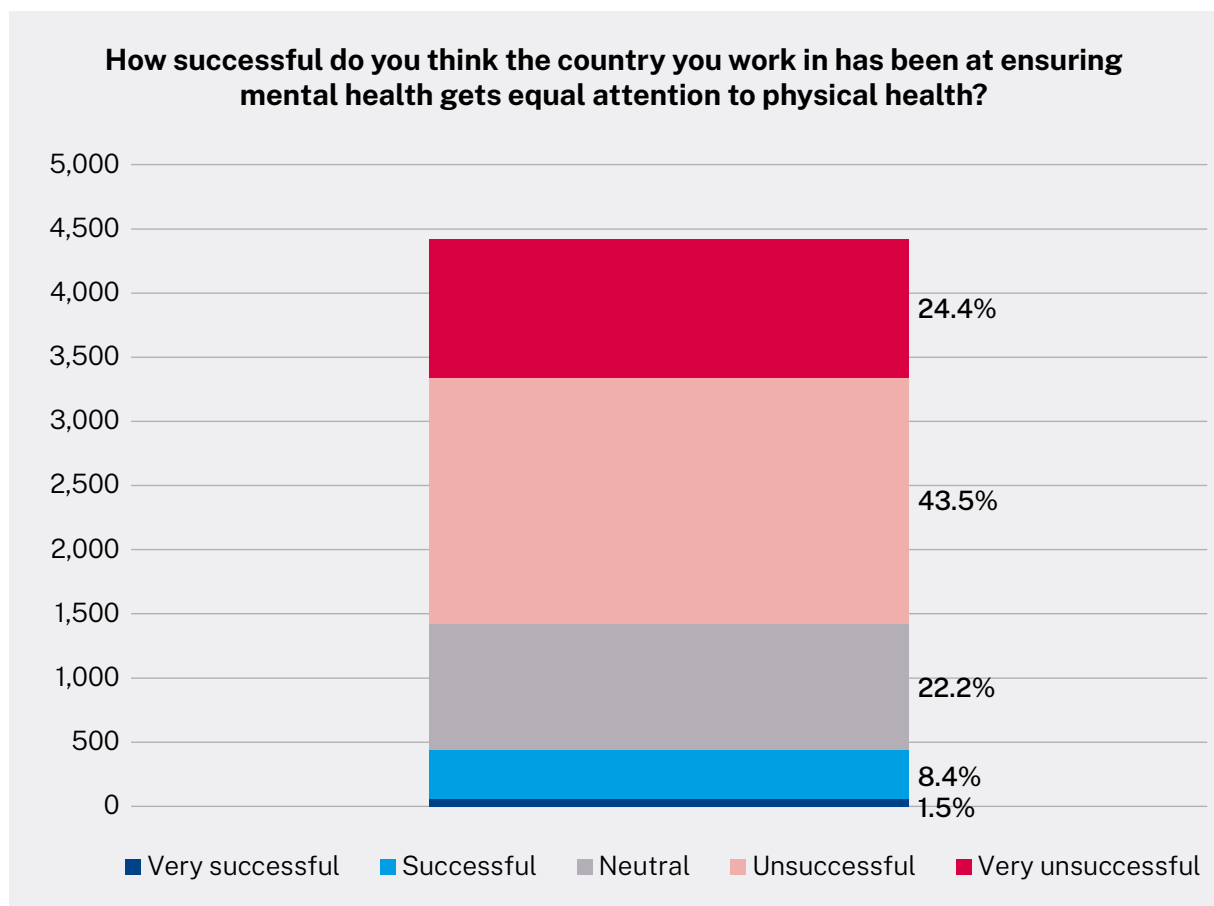




# 1. The achievement of mental and physical health equality

## Question - How successful do you think the country you work in has been at ensuring mental health gets equal attention to physical health?

Two-thirds of respondents (68%) consider that their respective country has been “unsuccessful” or “very unsuccessful” in ensuring mental health gets equal attention to physical health. Only 10% reported that their country had been successful or very successful.



## Themes from narrative responses (n = 1991)

Although there have been some positive changes in mental health services, they are not consistently applied and remain limited. Many people still feel marginalised and face negative attitudes towards mental health. Mental health services are often reactive and short term instead of proactive and long term. People also feel that there is too much focus on symptom control rather than psychological support and treatment.

Access to mental health services is a significant issue, with long waiting times, limited funding, and a lack of specialist services. Staffing is another concern, with many feeling that there are insufficient resources to provide adequate care. People have also shared stories of poor health care experiences for mental health needs, including a lack of support for those whose mental health problems mask underlying physical health issues, what we often refer to as diagnostic overshadowing.

Funding and investment in wider services to support lifestyle changes are also lacking, and suicide rates remain a concern. Wider agencies are ill-equipped to deal with mental health issues, and there is an overreliance on A&E departments and the police. Many feel that there is a lack of investment in training and education for mental health support, and there is a gap between what is promised and what is delivered in terms of service change.

“ In the 21st Century, it is appalling that this is the way we are treating our mental health patients.

“ ...once you have a mental health diagnosis you receive worse physical health care.

“ We are more aware of mental health than 10 or 20 years ago, but talking about mental health is not the same as meeting the need.

“ Mental health is the poor relation in the NHS.

“ There is little understanding about the correlation between physical and mental health.

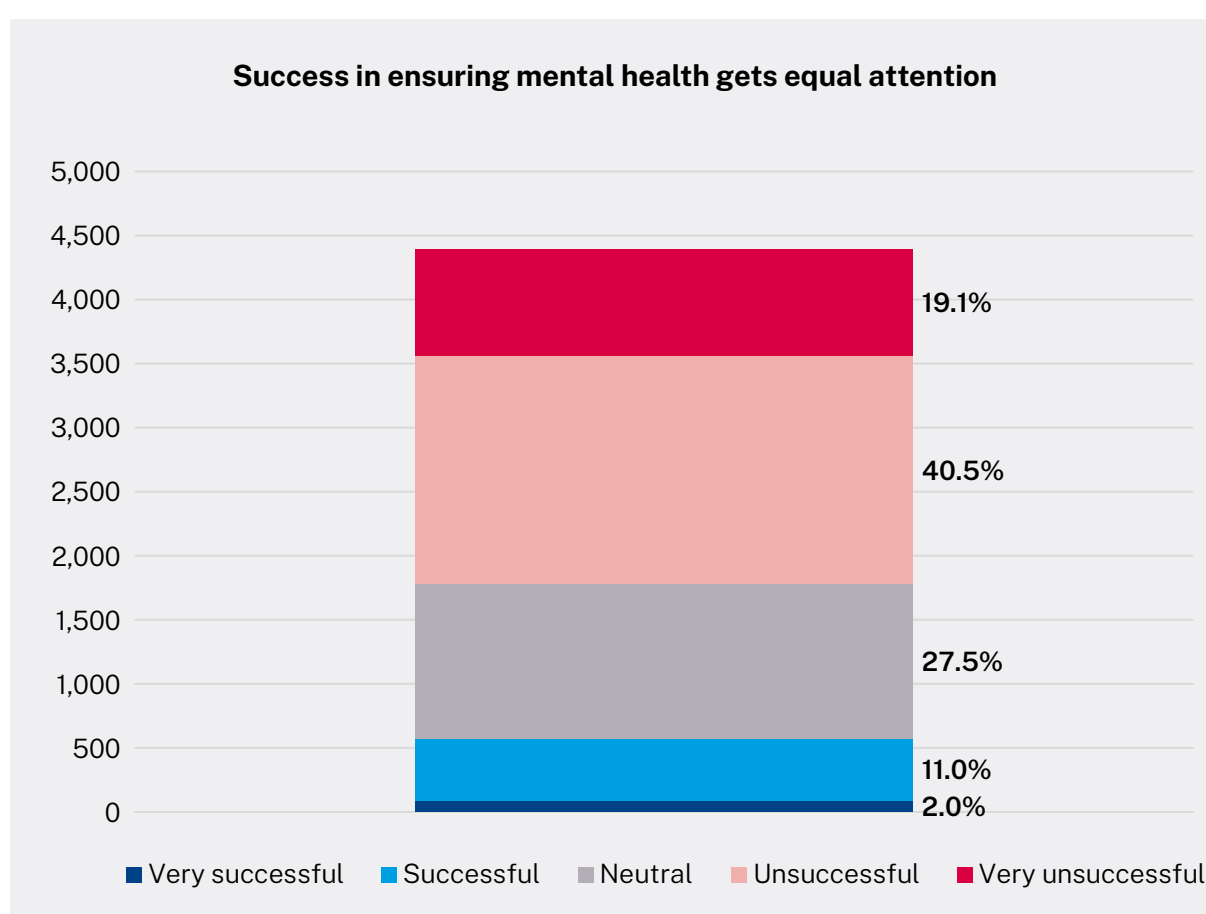
“ The data are clear, as they have always been, those with mental health needs do not have their physical needs met and vice-versa. Pure and simple, very sadly. Can it change? Of course it can....

“ Many clinical areas (acute/general) lack discussion regarding patient's mental health needs.

## 2. Local services – success in delivering mental and physical health equality

### Question - How successful do you think your local NHS service has been at ensuring mental health gets equal attention to physical health?

Only 12% of respondents reported that their local NHS service has either been successful or very successful in delivering mental health equality, with nearly 60% believing local services have either been “unsuccessful” or “very unsuccessful”.



### Themes from the narrative responses (n = 1665)

While a range of comments evidence a local effort to deliver equality, including some good practice examples and improvements within services, challenges remain in terms of available resources, waiting lists, continuity of care, core service provision (including beds), and staffing challenges.

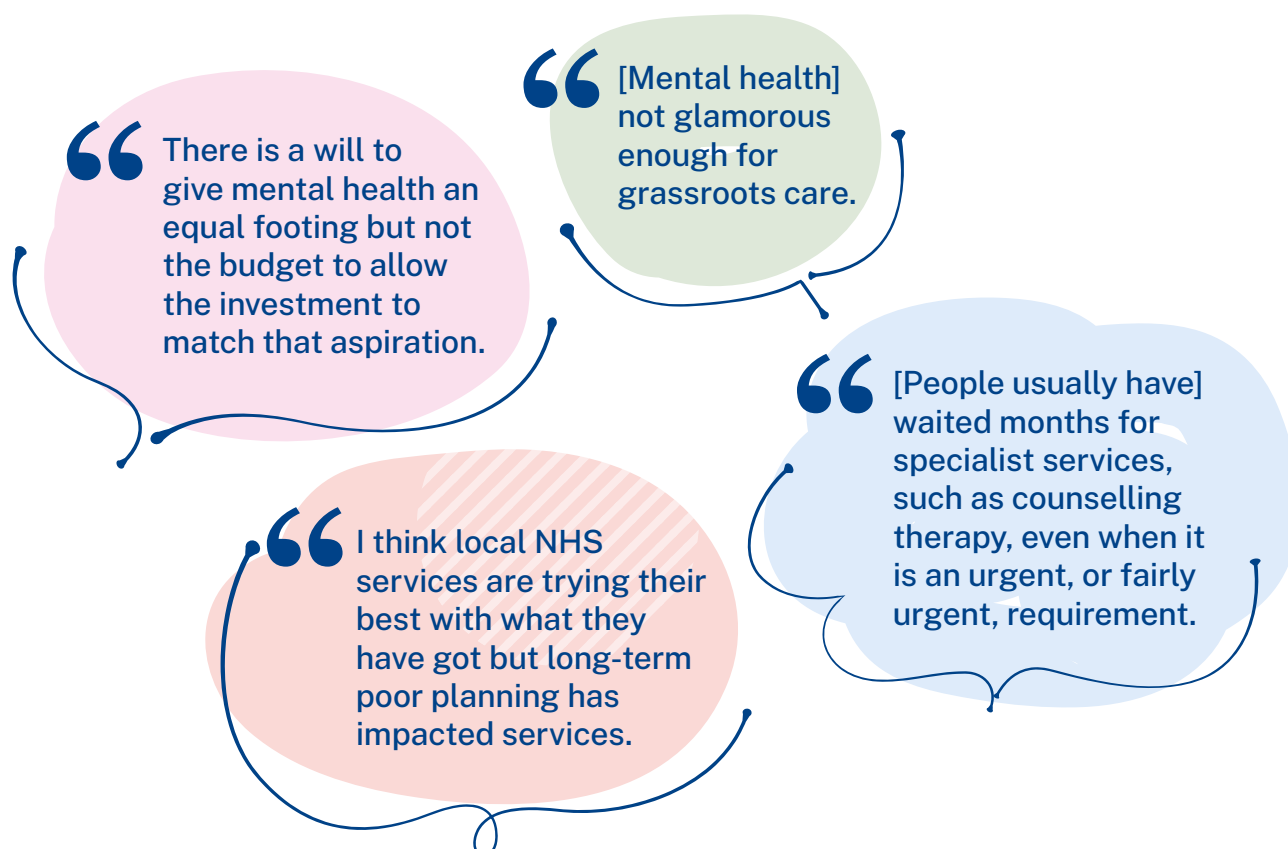
Comments reflect a lack of consistency and co-ordination in the planning and resourcing of local services across the whole pathway of care, including:

- sparsity and limited investment in mental health services and wider sources of support
- access to services is problematic, often involving long waits

- an over-focus within strategic planning on either physical or mental health care, rarely achieving a balance
- an absence of real integration results in fragmentation, poor communication and liaison, and difficulty with onward referrals
- some staff may lack understanding and experience in mental health care.

Several respondents shared examples of how they had been personally affected, citing issues of stigma, poor care and discrimination, poor staff support, and difficulty receiving timely and appropriate mental health care for their loved ones.

Comments also cite a range of external pressures outside NHS organisational control within broader society, identifying a range of interrelated and dynamic determinants of health such as unemployment, social inclusion and poverty. Such issues are framed within the model of 'interrelated dynamic elements affecting people's physical health' (Department of Health, 2017).



“ In the ED I work in, mental health patients are the patients who end up waiting the longest and the area reserved to them is filthy and depressing.

“ Everything introduced seems to be more smoke and mirrors and very difficult to actually access.

“ Our trust is failing on many levels.

“ Quick access to talking therapies (IAPT Services). Then wait for treatment options and have to pay.

“ Whenever I have referred a patient of mental health support as an inpatient, it has not happened. Regardless of the acuity.

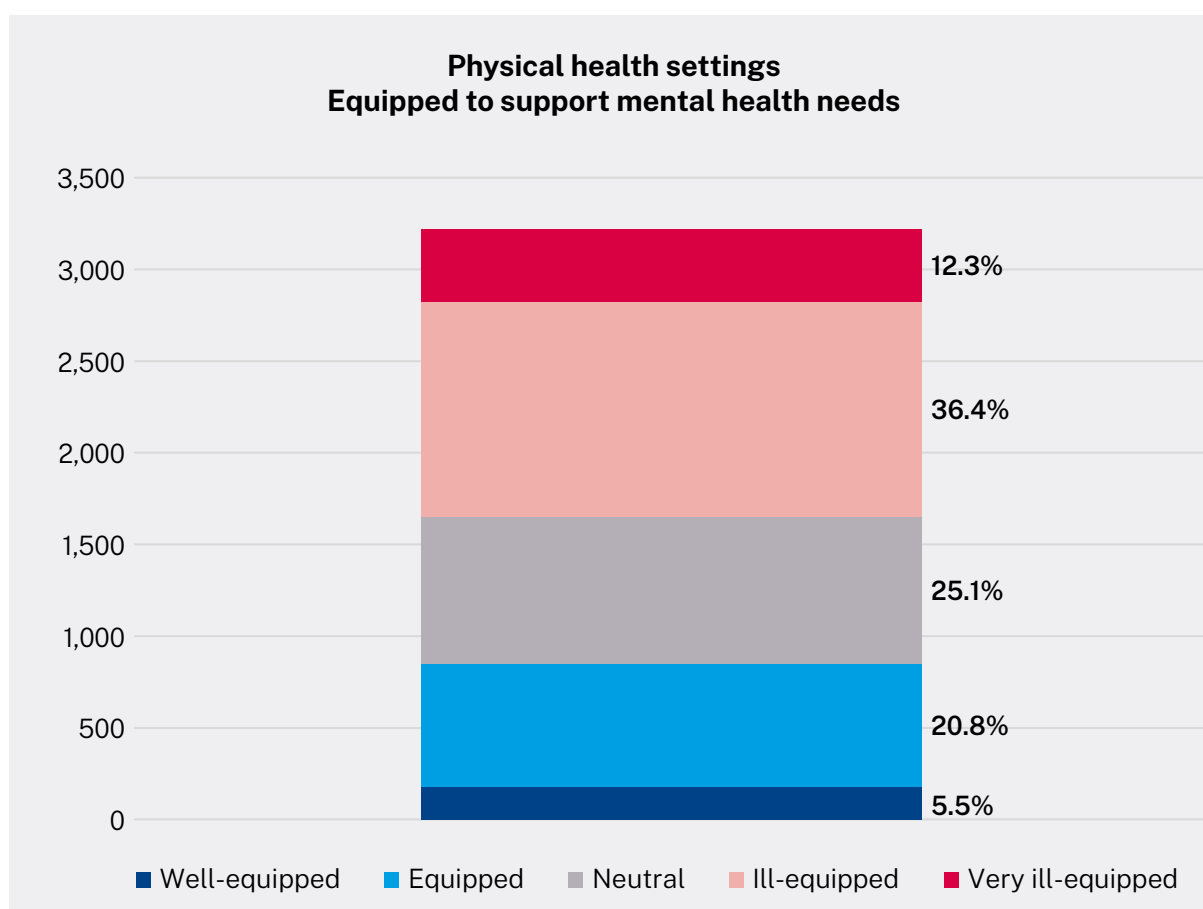
“ ... people with mental ill health are not having their physical health well managed, resulting in high emergency care use.

“ Both good and bad, there are local initiatives and support groups. The individual practitioners are good and well equipped to deal with such issues, it's when referral onward is needed that things break down.

### 3. Those working predominantly in a physical health setting

**Question - How equipped is your (*physical health*) setting to support the mental health needs of those patients/service users with physical health needs?**

While a quarter of respondents (26%) say their setting is equipped or well-equipped, nearly half (49%) say their setting is ill-equipped or very ill-equipped to support mental health needs.



#### Themes from narrative responses (n= 1242)

Many good practice examples are provided of support, including training, for example, in mental health first aid, resources, and pathways to care, but this is often thwarted by a range of issues, including:

- limited access to mental health services despite some areas being on the same site
- often a lack of immediate help, support, or advice
- insufficient training within pre-registration and post-registration environments
- long waits for specialist support services, particularly beds. Sometimes, non-statutory services (ie, charities) are the only ones available.



Respondents highlight additional challenges in:

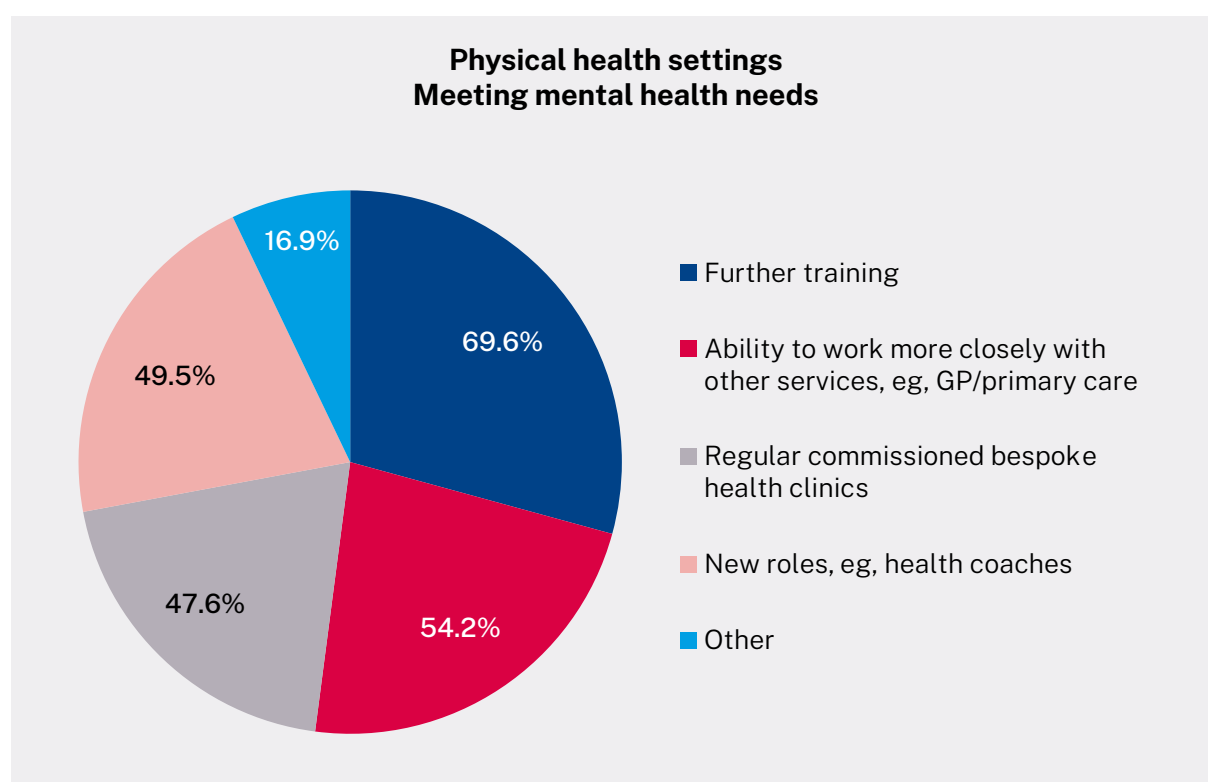
- providing suitable environments for those with the most severe mental health needs, including management of risk and inadequate or inappropriate spaces
- Insufficient time and poor staff/patient ratios, given the support required for some mental health needs
- inconsistent provision of services within acute care environments
- provision of mental health support for specialist areas, eg, maternity and oncology; however, some cite having psychologists as beneficial
- supporting those with dual diagnoses—mental health and substance misuse issues—is challenging
- a lack of specialist support, particularly for trauma and post-traumatic stress disorder (PTSD)
- securing specialist mental health staff for patients
- availability of psychiatric liaison services is often accessible, but many are overstretched.

There has been a common sentiment among respondents that mental and physical health services are often treated as separate entities, leading to a lack of consistency in the level of support provided for mental health needs.



### Question - What would help you to meet the mental health needs of those patients/service users with physical health needs receiving support in your (*physical health*) setting?

In the comments section, we asked respondents to select from a prioritised list and provide any other thoughts and perspectives. Nearly 70% considered further training the most helpful, followed by closer working with partners (54%).



### Themes from narrative responses (n= 538)

People who participated in the survey expressed their desire for improved integration of mental health services, which would require more time, funding, and staffing.

They specifically suggested hiring additional mental health professionals like psychologists and health coaches, as well as longer appointment times and timely specialist support from services like CAMHS.

Some respondents even proposed rotational programs to enhance learning and development. Overall, better access to a broader range of services is crucial for enhancing mental health support.

“ I’ve ticked further training and although I feel this would enable me to support patients when I see them more, I would prefer to have more resources available for me to refer to or signpost to.

“ More nurses undertaking this style of training (dual registered training) will help prevent alienation of patients within services.

“ Nursing care in this country is so pigeonholed that you feel ill-equipped to help anyone outside your remit.

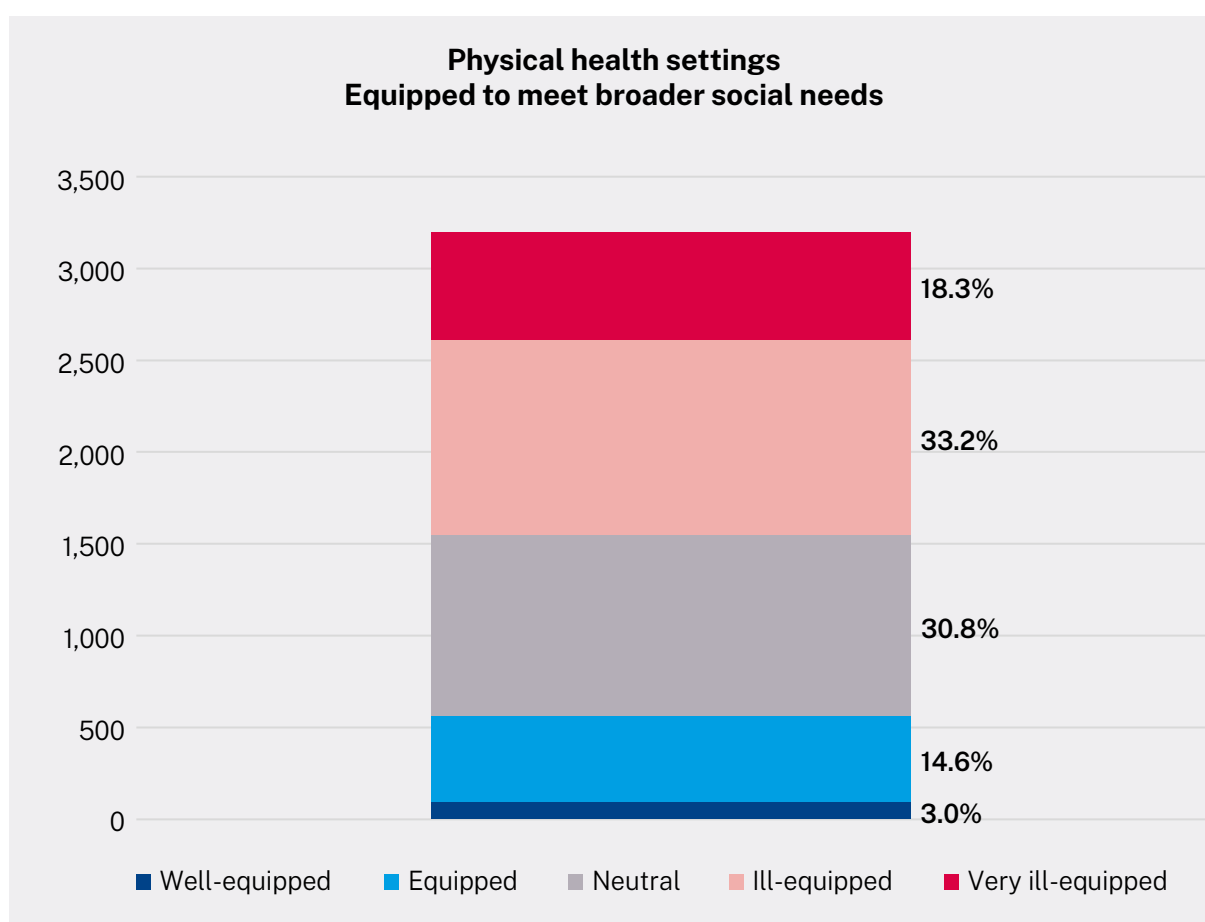
“ More basic staff training so I feel confident to approach mental health conversations with patients.

“ We also need more training in general on nursing programmes across specialities. I qualified two years ago, but our course was purely adult physical health care.

“ Separating physical and mental wellbeing in this fashion seems divisive. I would like to have access to resources that help build good mental health care practices into my own practice.

### Question - How equipped is your physical health setting or service to support the broader social needs (housing, employment, and vocational needs) of those patients/ service users with mental health needs?

Over half (52%) said they were ill-equipped or very ill-equipped, with only a fifth of respondents (18%) saying they were equipped or well-equipped to support broader social needs.



### Themes from narrative responses (n = 997)

Although many acknowledge the importance of addressing social needs, there is often a lack of resources and capacity to support these needs in various fields effectively. Some even view social care as irrelevant to their work or daily responsibilities.

However, there are examples of effective practices such as social work assistance, welfare benefits advice, health coaching, and social prescribing. One common challenge is finding housing and managing homelessness.

Respondents have suggested that greater collaboration between systems could improve social care support. Some individuals shared personal experiences of struggling with housing, cost-of-living issues, and inadequate social support for themselves and their families.

“ I believe collaboration between social services and hospitals is poor due to the fact there both were financially undermined for the last decade.

“ I think services do the best that they can to help support patients, but it quickly feels like a losing battle.

“ Well and truly identified in several inquests into the untimely deaths and suicides of vulnerable people.

“ The referrals processes are either non-existent or ridiculously complex and we don't have the time.

“ ...post-COVID there are more patients highlighting social problems - they feel abandoned, vulnerable, desolate as they can't see or talk to a GP so they 'offload' to me... I have been told it's not what I am paid to do.

“ We can refer (safeguarding/social care, etc.) and advise but that doesn't mean people get the help they need.

“ We now have social prescribers for this aspect but again, the services to refer into are limited or have long waiting lists.

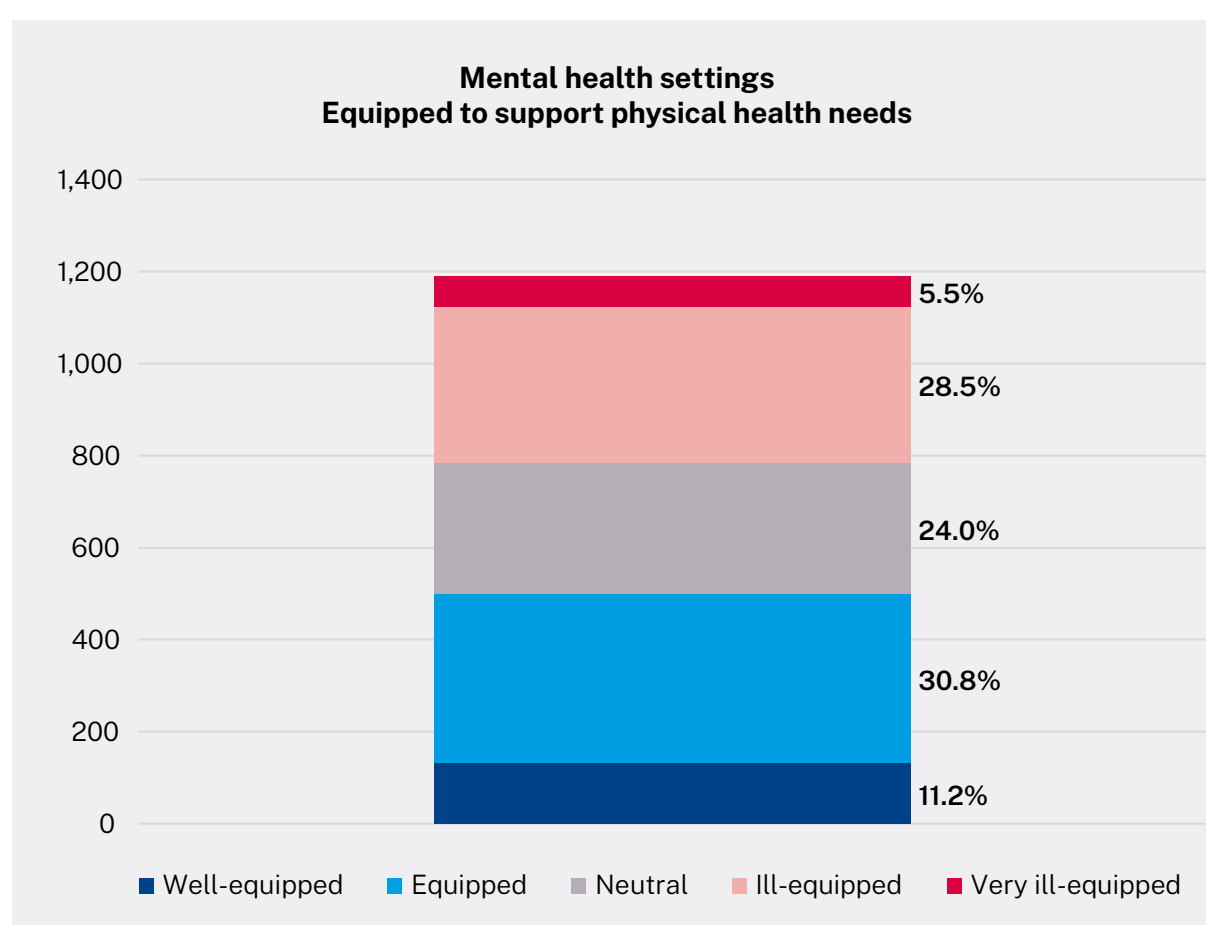
“ Social care has access to the resources but think that better training and understanding of the impact of living with mental health problems could be greatly improved.

“ We can only do what the ICB or ICS commissions. It's hugely personality and regionally driven.

## 4. Those working predominantly in a mental health setting

**Question - How equipped is your (*mental health*) setting to support the physical health needs of those patients/service users with mental health needs?**

Over 40% of respondents said they were equipped or well-equipped, reflecting an overall improvement from 25% reported in the 2018 survey. Over a third (34%) still say they are ill-equipped or very ill-equipped (2018 = 49%).



### Themes from narrative responses (n= 475)

Respondents cite efforts to deliver robust physical health care skills and interventions for those receiving care in mental health settings. However, comments evidence an inconsistent and patchy picture across services.

There are a variety of effective strategies for supporting physical health needs, and many services have incorporated them into their offerings. For example, in settings focused on mental health and learning disabilities, some services have provided physical health training to their staff, while others have partnered with trained physical health professionals to offer in-reach mental health services.

Respondents also noted using tools such as the Lester tool (Perry et al., 2023), National Early Warning Signs (NEWS2) (Royal College of Physicians, 2017), and other monitoring methods for specific purposes. In addition, some services go beyond simply monitoring and offer support for lifestyle, diet, exercise, and smoking cessation. Proximity to physical health support, such as acute care or A&E departments, can also improve responsiveness.

Despite some positive developments, there are several settings where individuals encounter obstacles in supporting people's physical health and overall wellbeing. Insufficient training, resources, and equipment can impede progress, as can working in substandard buildings.

Additional challenges arise when staff with mental health training are called upon to implement physical health interventions, such as NEWS2. Furthermore, some trusts and health boards demand response for physical health without providing necessary resources, and services have been cut or withdrawn, including designated staff replacements.

“Unfortunately, many areas do not have fully functioning equipment for monitoring physical health.”

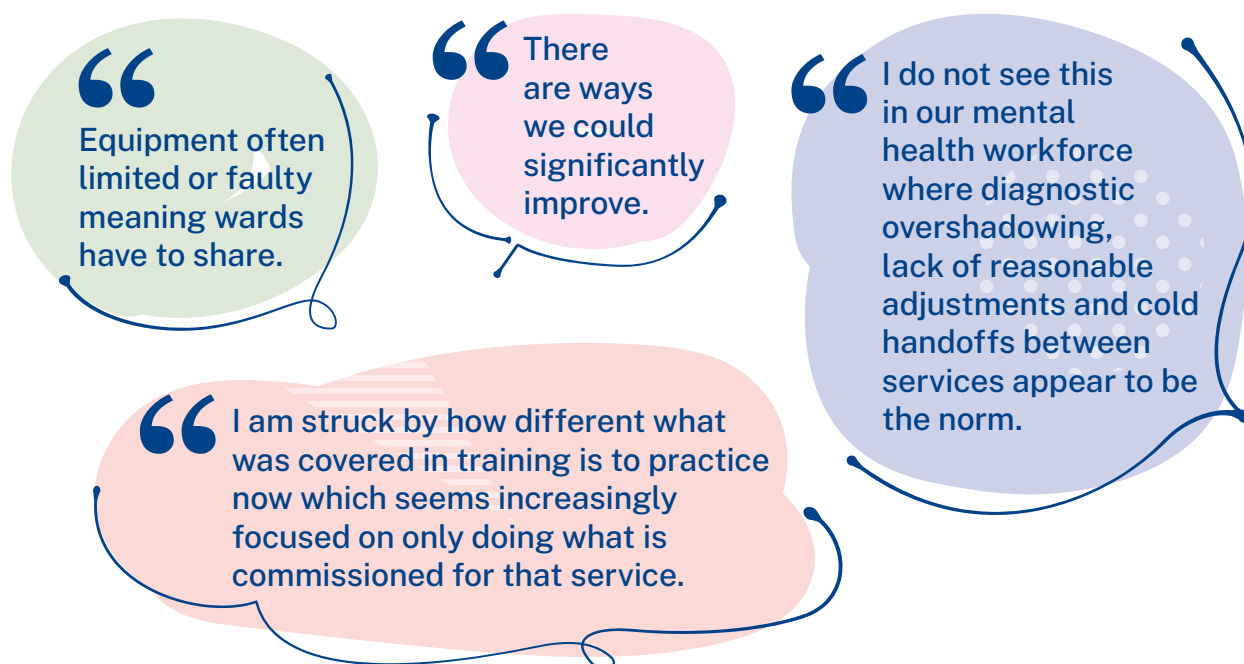
“Processes and pathways are established in relation to meeting objectives to review physical health needs and Lester Guidance- however operationally there have been challenges to delivering on this.”

“On our mental health wards, we have physical health nurses attached to each ward. We also have physical health nurse contacts for community mental health settings.”

“The trust doesn't want to spend money on physical health care but says it's a priority.”

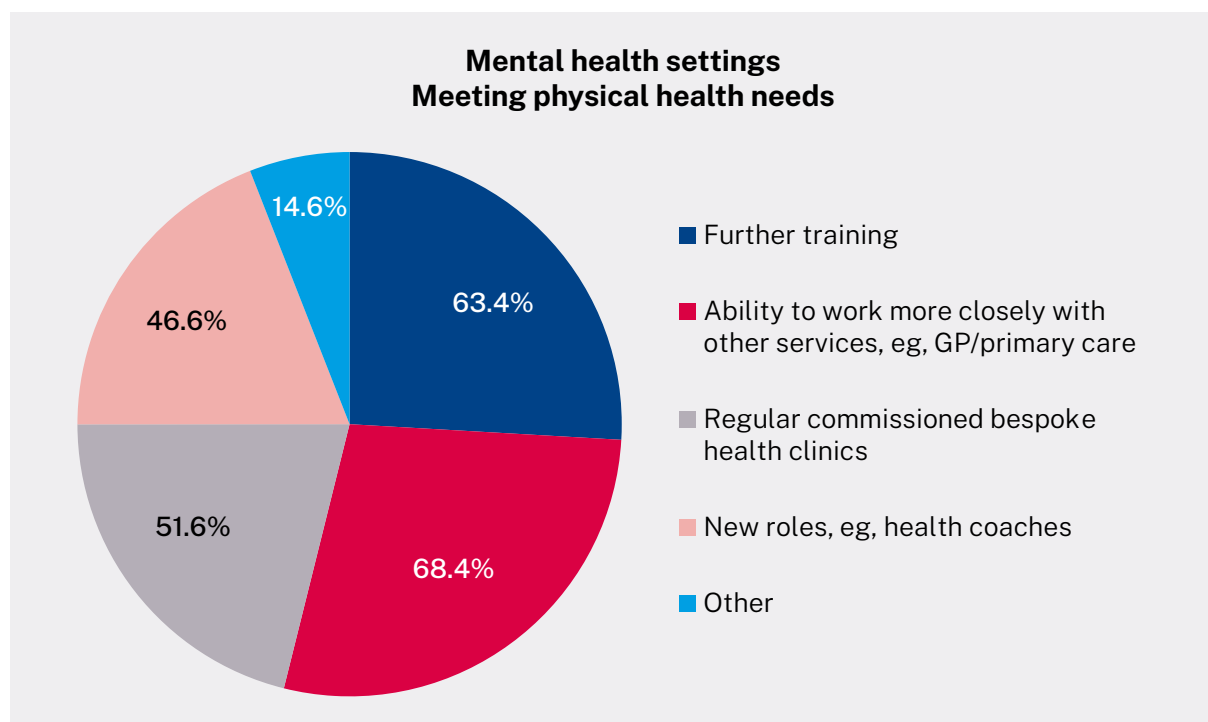
“We have worked hard to raise awareness and fight for the equipment we need to safely monitor the physical health of our patients.”

“There have been a lot of strategies in place on the acute wards but a lack of knowledge/skill, the LD service is predominantly supporting physical health needs but our nurses struggle with MH.”



### Question - What would help you to meet the physical health needs of those patients/service users with mental health needs in your setting?

In the comments section, we asked respondents to select from a prioritised list and provide any other thoughts and perspectives. Nearly 70% considered closer working with partners helpful, followed by further training (63%).





### Themes from narrative responses (n= 427)

The survey revealed that respondents strongly desire comprehensive and holistic training that remains relevant throughout their entire careers. Some respondents spoke of struggles to secure funding for specialised roles such as advanced nurse practitioners, health coaches, and mentors.

Others emphasised the importance of preserving mental health skills and ensuring the validity of mental health nursing. Key needs were identified as better staffing, more time, and additional resources, such as basic equipment.

The survey also highlighted the necessity for improved strategic commissioning of services, focusing on integration and closer collaboration rather than creating new roles. Suggestions included job shadowing and sharing knowledge with nurses in different settings.

Finally, respondents proposed practical changes, including enhancing access to physical health monitoring and other services.

“ All qualified mental health nurses should have the knowledge and skills to deliver physical health care.

“ Further training and understanding would make a significant impact.

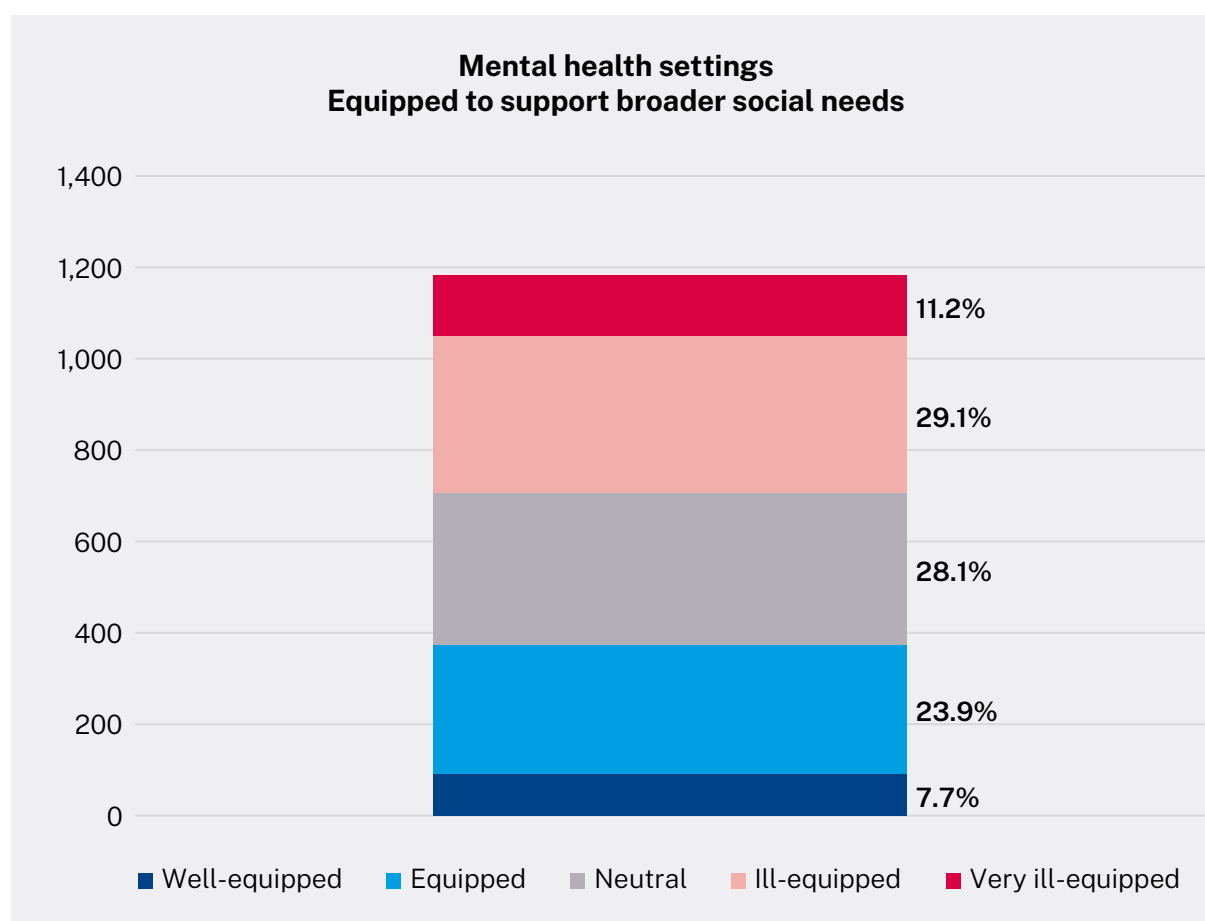
“ We are lucky that our trust is investing in new roles and training recently, but we have a long way to go to achieve parity.

“ We should be given more opportunities to work with physical health teams to learn more skills.

“ Better management with more forward-thinking and service review with less worry about meeting targets and numbers!

### Question - How equipped is your mental health setting or service to support the broader social needs (housing, employment, and vocational needs) of those patients/service users with mental health needs?

Approximately 40% said they were ill-equipped or very ill-equipped, with around a third of respondents (32%) saying they were equipped or well-equipped to support broader social needs, representing a more favourable picture than within predominantly physical health services.



### Themes from narrative responses (n= 430)

While there are positive examples of integrating social care services, success levels can vary when addressing wider health determinants. Social deprivation and stigma still have a significant impact on mental health outcomes. Local initiatives, such as social prescribing, are being implemented. However, finding suitable housing and vocational support continue to pose challenges.

Peer support, recovery colleges, and the third sector are crucial in providing support, but there are reported gaps in training and directing individuals to appropriate services. Staffing, budget, time, and resource constraints are broad challenges social care faces.

“ I am very fortunate to work in a fully integrated health and social care team.

“ Our service has a major focus on social needs, and these are treated with a parity with mental, physical health and addiction or social care vulnerabilities.

“ Where social workers care co-located this works well, where they are not it's potluck and people sit on waiting lists.

“ Lots of services but all get met with a blank wall of adult social care.

“ We could have a better working collaborative relationship, especially with the likes of Microsoft Teams meetings, that can be completed virtually.

“ We have an excellent recovery college, housing officers, carers support employment officers so I think my trust does well.

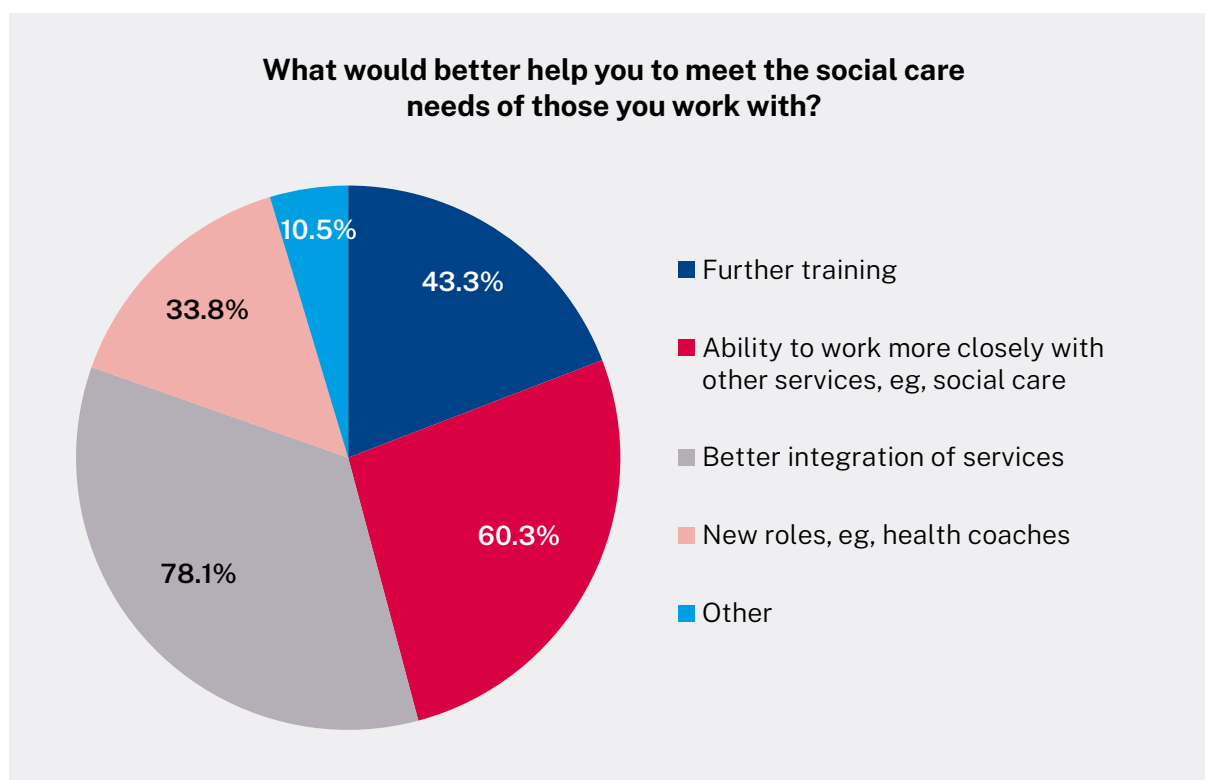
“ There is lack of understanding into the diversity of needs that an individual may have when they have SMI therefore less opportunities for them in particular.

“ Very poor at addressing the wider determinants of mental illness.

## 5. Those working in all settings

### Question - What would better help you to meet the social care needs of those you work with?

We asked respondents to select from a prioritised list. Most favour greater integration of services (78%), including working more closely with other services.



### Themes from narrative responses (n= 1127)

"More" is the word most frequently used, reflecting a desire for greater staff, resources, and time to support the social care needs of others. Some want the availability of specific services, particularly social prescribing roles.

The respondents shared various suggestions to enhance the quality of services. These included assigning coach/mentor roles, co-locating services, integrating certain services, reinstating Sure Start, strengthening day services, and providing specific skill development such as motivational interviewing.

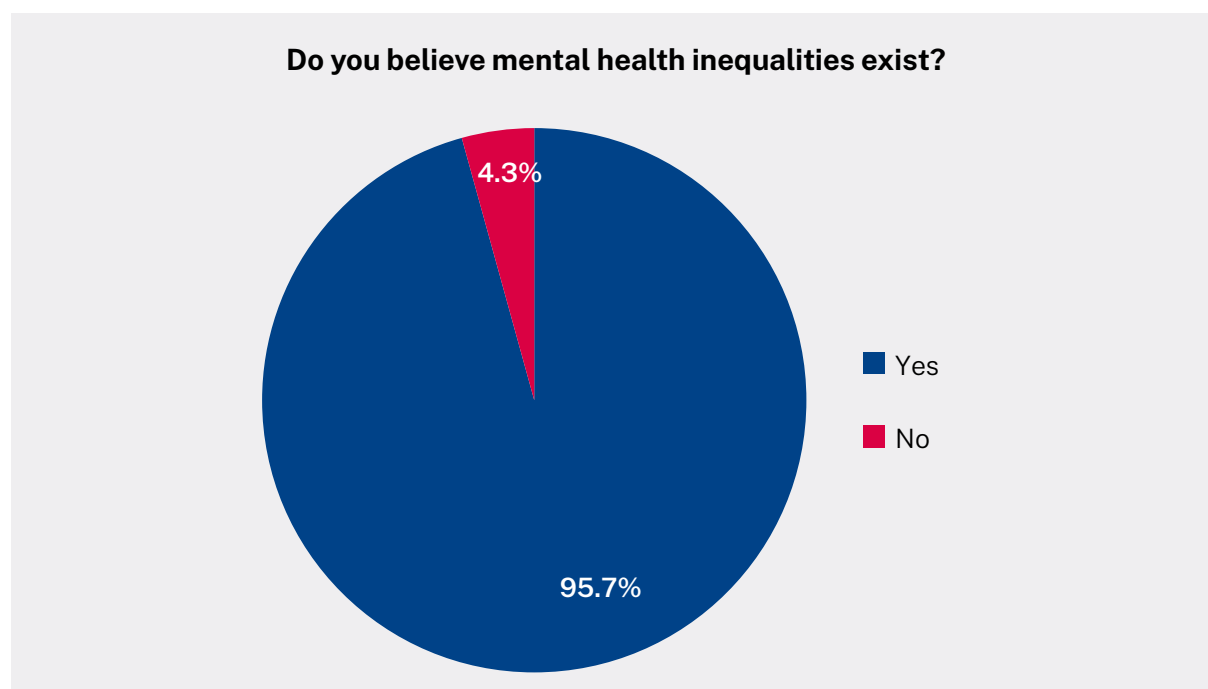
The comments indicated that individuals desire improved access to care instead of excessive training, better communication, stronger connections, better attitudes, and clearer pathways to care.

Nurses are recognised for their 24/7 role, which involves tackling various social issues, often without the aid of other services. The reflections also indicate that managers play a crucial role in establishing positive relationships within the system.



## Question - Do you believe mental health inequalities exist?

An overwhelming majority (95%) answered yes to this.



## Where inequalities still exist

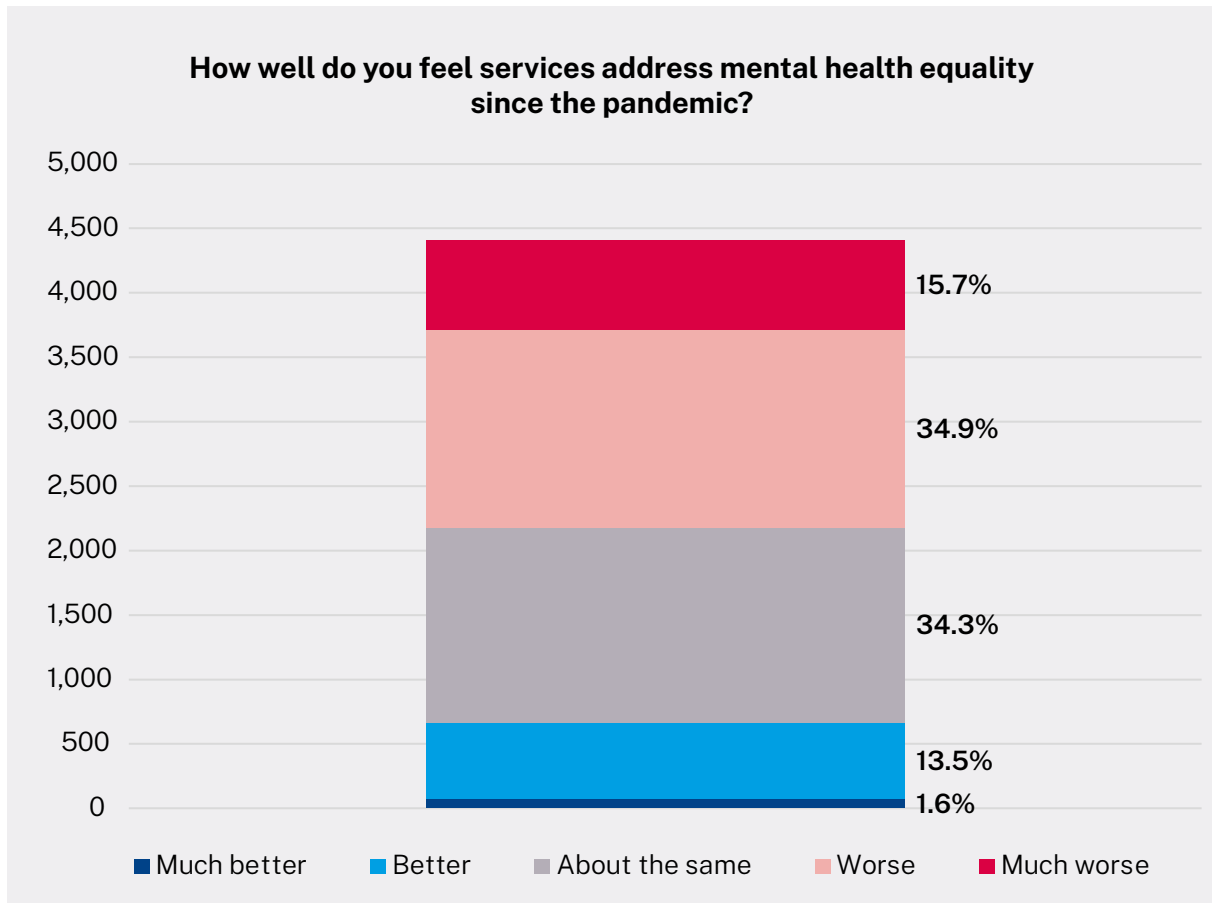
Respondents were asked to identify where they believed inequalities still existed. The top 10 are below.

Funding for mental health care	82.2%
Access to essential mental health services	81.6%
Safe and therapeutic staffing of services	77.0%
Access to and treatment for specific psychological treatments	76.3%
Support for carers	72.3%
Support for service users	68.1%
Access and treatment from essential physical health services, eg, primary care and acute care	67.5%
Access to social care	65.8%
Socio-economic background	61.8%
Employment and the workplace	59.1%

In the 2018 survey, the top three areas remained the same, reflecting little shift in thinking around where priorities should lie. In 2018, the commissioning of services was in the top five. This is now replaced by support for carers and service users, perhaps reflecting an attitudinal shift following the pandemic and recent challenges in providing timely access and treatment within NHS care.

## 6. Perspectives on equality since the COVID-19 pandemic

We asked an additional question about how services have addressed mental health equality since the COVID-19 pandemic. Over 50% consider it worse or much worse.



## 7. Focus and priorities

We asked respondents to tell us what the RCN should focus on when working towards the mental health equality agenda. Respondents provided a broad range of ideas and good suggestions (n = 2496), many of which have been attempted before with varying degrees of success. The larger themes follow a review of keywords and repeated perspectives, which include broad views on:

- staffing (n = 1017): improving staffing and conditions of work for the whole nursing workforce
- training (n = 630) and education (n = 274): initiatives across a range of practice areas, including improving equality, a cultural shift in how we construct and deliver training pathways and a core skill set for nursing practice
- funding and investment (n = 349): addressing disparities between mental and physical health funding
- campaign work: targeting lobbying the government and wider bodies (n = 122).
- research (n = 59): treatment and outcome data, international perspectives, and collaborative partnerships
- greater service integration (n = 57): improved communication, cross-working, and collaboration with service user groups
- systems alignment: reflecting improved local planning between statutory commissioning and providers (n = 48)
- improved commissioning (n = 31).

Other noteworthy themes reflected a desire for:

- attitudinal changes that reduce stigma and achieve greater equality in mental health, learning disabilities, ethnic minority groups, and specific groups of need, eg, autism
- improved community support and resources; greater diversity in practice, including the non-statutory and non-NHS sectors
- tackling social disparities and inequalities in broader society, including health promotion.

\* Approximate numbers

### **The three most important things that will bring mental health onto a more equal footing with physical health in the UK**

#### **Top three priorities**

1. Increased funding for mental health care.
2. Access to essential mental health services.
3. Safe and therapeutic staffing of services.

### **The three most important things that will make mental health more equal to physical health in your NHS organisation**

#### **Top three priorities**

1. Safe and therapeutic staffing.
2. Greater investment in current services.
3. Improved training and skills.



## 8. Limitations

While we believe we have obtained a rich set of information about mental and physical health equality that can inform how we work with members and stakeholders in the coming years, we recognise some limitations of this survey.

We understand that many nurses work in combined settings, simultaneously tending to physical and mental health needs, such as in A&E and general practice. As such, we suggest that any forthcoming surveys consider this a viable option.

Unfortunately, we did not collect specific case examples, which could have showcased experiences further.

While the survey questions were aimed at those currently active in clinical practice, we appreciate the value of our members' opinions, including those who have retired and those working in broader non-clinical NHS roles. Future surveys should take this into account.

The feedback and stories provided essential criticism and insight into how mental health services are delivered. Obtaining diverse perspectives on how the systemic nature of service provision shapes and maintains inequality in practice would be advantageous.

This survey did not concentrate on health outcomes or address strategies that enhance mental and physical health outcomes, particularly in reducing early mortality.

Finally, the survey did not hear from those who use services or have lived experience of severe mental illness, while living with chronic long-term physical health conditions.

## 9. Key messages

In 2018, we conducted a survey targeting individuals in mental health services. Our 2023 survey expanded our respondent pool to include a broader range of clinical settings to understand better how we can meet holistic needs in all settings.

While there are demonstrable improvements in supporting the physical health needs of those in mental health settings, wide disparities and inconsistencies remain in how inequalities are addressed in practice.

Physical health settings remain largely underdeveloped in meeting mental health needs, although there are some good examples of how inequalities are being addressed. This is partly due to systemic challenges regarding unequal funding and resources for mental health, such as inadequate staffing levels and a lack of specialist services, which can affect nurses' abilities to access appropriate and timely support for their patients.

Nurses have a good grasp of what will affect the most changes, including focusing on training and education, improving resources (therapeutic staffing and support services), and better systems working, reflecting the need for closer collaboration and integration across services.

The respondents shared insightful and well-considered views on the matter, engaging positively and constructively towards achieving greater equality between mental and physical health. They provided numerous personal examples of how mental health skills are applied in various settings. They highlighted the systemic nature of service provision that often perpetuates the divide between services for those with mental and physical health needs.

The survey underscored the importance of addressing how we train and support nurses and the wider health and care workforce, both at pre- and post-registration levels, as they may lack the necessary skills to handle issues beyond their nurse programme. Furthermore, the COVID-19 pandemic has only exacerbated the already challenging situation.



## 10. The RCN's focus going forward




In recent years, the RCN has engaged in initiatives to improve mental and physical health equality. This includes targeted campaign work as part of its parity of esteem programme, building relationships with groups whose remit is to improve health outcomes where inequalities exist, for example, Equally Well UK, and focusing its lobbying work to improve funding for mental health and better pay, terms, and conditions for the nursing workforce.

In taking stock of this survey, the RCN's view is pragmatic, reflecting the significant challenges within the current nursing workforce and the health care system. Inequalities in physical and mental health reflect a complex interface between the effective delivery of health care, the management of physical and mental health care in practice, health prevention and promotion, and broader social determinants.

The RCN's work across the UK nations recognises each country's systemic and unique nature and how it addresses inequalities in service provision and nursing practice. This report reflects wide disparities within nursing practice, rooted in systemic issues from training and education to staffing, funding, and resources.

The RCN believes that wherever health and social care is provided, nurses need to be equipped to support the whole needs of a person, regardless of what aspect of care they are supporting. Our focus seeks to effect change at the heart of clinical practice within education, research, and the RCN's work programmes.

 <b>Influence and shaping the wider environment</b>	<b>Influencing and shaping health outcomes</b>	<b>Influencing and shaping nursing practice</b> 
<b>1. The education and socialisation of nurses</b> <ul style="list-style-type: none"> <li>• Training standards are improved to include holistic approaches that prioritise individuals' mental and physical needs while still recognising the uniqueness of professional fields.</li> <li>• Delivers consistent proficiency standards in physical and mental health practice for both pre- and post-registration education for nurses and nursing associates.</li> <li>• Embracing knowledge, skills, and attitudes to deliver equality of health and social care practice effectively.</li> </ul>	<b>1. Initiate, support, and publicise research</b> <ul style="list-style-type: none"> <li>• Builds a richer understanding of what improves health outcomes for the most vulnerable in our society.</li> <li>• Supports wider communities of nursing practice in improving health outcomes and reducing the current mortality gap for the vulnerable groups: severe mental illness and learning disabilities.</li> <li>• Identifies service models and practices that provide equitable mental and physical health care, treatment and interventions.</li> </ul>	<b>1. Engage in collaborative initiatives and programmes that improve health outcomes</b> – such as the RCN's <b>Leadership to Improve Physical and Mental Health Programme</b> .

 <b>Influence and shaping the wider environment</b>	 <b>Influencing and shaping health outcomes</b>	 <b>Influencing and shaping nursing practice</b>
<b>2. Targeted lobbying to improve health outcomes</b> <ul style="list-style-type: none"> <li>• Challenges disparities in funding for mental health and campaigns for greater investment overall within health and social care.</li> <li>• Improves staff/patient ratios in all settings.</li> <li>• Broadens and develops nursing practice to encompass broader community-based roles focused on health promotions and improvement.</li> </ul>	<b>2. Undertake further qualitative review analysis of the narrative within this survey to inform and shape qualitative research and inquiry around:</b> <ul style="list-style-type: none"> <li>• staffing and resourcing of health care environments</li> <li>• funding and investment in services</li> <li>• education and development of nursing practice.</li> </ul>	<b>2. Using service improvement projects</b> to disseminate and deliver effective change across health and social care practice.
<b>3. Building strong collaborative relationships with strategic partners</b> <ul style="list-style-type: none"> <li>• Focuses on tackling inequalities in mental and physical health care.</li> <li>• Engages in wider initiatives to improve health and social care integration in practice.</li> </ul>		<b>3. Using established nursing forums</b> and networks to innovate, initiate and shape projects that tackle inequalities and greater mental and physical health interfaces within nursing practice.

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