

Social work matters:

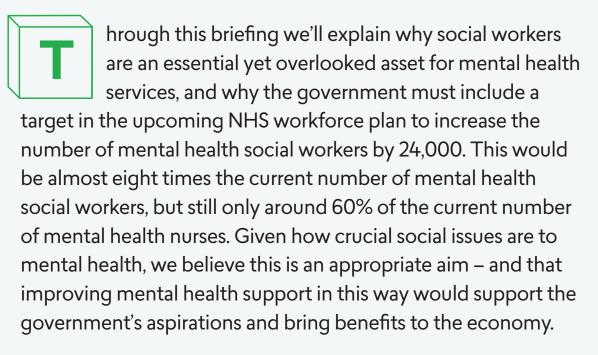
Why mental health social workers are essential for better mental health services



Everyone with severe mental illness should have access to a mental health social worker.

Introduction

March 2025



In this paper we have focused on mental health social workers in NHS settings, because there is national workforce planning happening in this area right now, and because this is an area where we think mental health social workers are particularly at risk. Mental health social workers are, of course, also crucial in local authority and voluntary sectors.

The situation

Our mental health is at crisis point

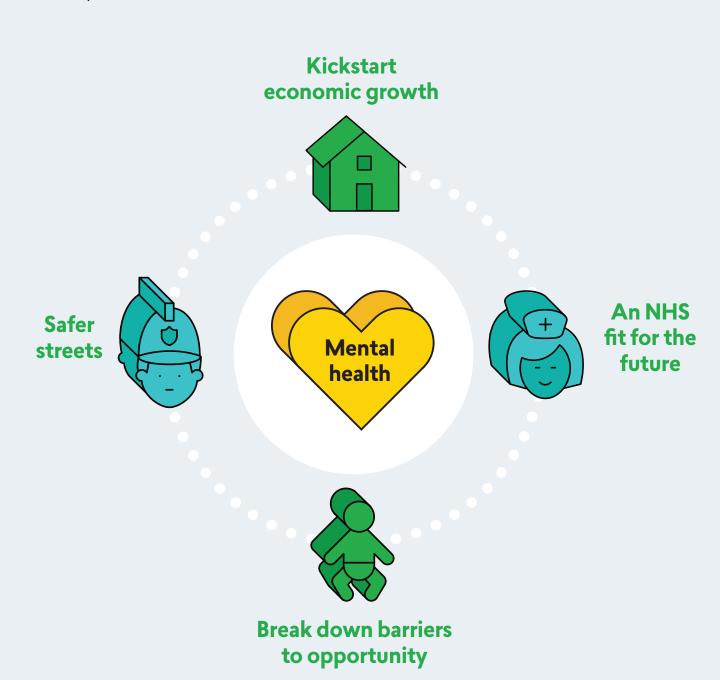
The nation's mental health is declining. A recent report from Mind and Centre for Mental Health showed that adults are feeling lonelier, and both adults and young people say their wellbeing is getting worse.¹ It is estimated that over 600,000 people in England have severe mental illness ² – which Public Health England describes as "people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired." ³

We know the effects of mental illness are wide reaching – they can be devastating for the person, carrying a huge social and psychological cost – but they go beyond the individual and affect others around them – family, friends, communities and employers. Mental health is not only a health problem, but a societal one.

Mental illness carries a huge financial cost for the economy. Mental illness accounts for over 20% of the disease burden but mental health services get less than 10% of NHS expenditure 4. Analysis from the Centre for Mental Health found that total cost of mental ill health in 2022 was a huge £300 billion.⁵

The need for mental health reform and investment is clear

The government's Plan for Change outlined six key areas of focus, and mental ill health is a common thread through four of these areas. Taking a social approach – which considers the individual's social circumstances as well as their diagnosis – will lead to better mental health support and improvements across the board.



Kickstart economic growth:

It's encouraging to see that raising living standards and building more homes are key aspirations for the government in the Plan for Change.

Having a safe home is the foundation for all other areas of our lives. A home is much more than a shelter – it's a place where we should feel comfortable and secure. Living somewhere that is unsafe, in poor condition, unaffordable, or being at risk of eviction has a significant impact on mental health – causing ongoing anxiety. In fact, one in five adults has suffered mental health issues due to housing problems.⁶

Equally – having a good standard of living, and being able to afford the essentials, is vital for good mental health too. Poverty can be both a cause and a consequence of mental ill health. Across the UK, men and women in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on an average income. Unemployment and unstable employment are both also risk factors for mental health problems.⁷

And it's a cycle - for every one month someone is on a waiting list for mental health support, their chance of having a job long-term reduces by 2 percentage points.⁸

An NHS fit for the future:

The Plan for Change set out the aim to end hospital backlogs – of which people waiting for mental health support are a significant part. There were around 1 million people waiting to access mental health services by April 2024, including 345,000 referrals where people were waiting more than a year for first contact.9

Tackling mental health waiting lists and providing timely support is key. But the benefits go beyond this - taking a social approach to mental illness will improve outcomes for physical health conditions too. There is no health without mental health - the two are intrinsically linked. In fact, people with severe mental illness are at a greater risk of poor physical health and die on average 15 to 20 years earlier than the general population.¹⁰

As well as the focus on waiting lists, holistic mental health support must also include safe and effective discharge planning, and support for people once they are back in the community. This will enable people to stay well and not need to be readmitted to hospital or go back on a waiting list – which in turn will ease pressure on access to clinical and social care.

Safer streets:

The Plan for Change sets out the milestone of putting police back on the beat, which of course is welcome. But mental health support also has a part to play in safer streets. People who are resorting to crime often have vulnerabilities and complex needs – in fact, nine out of ten prisoners have at least one mental health or substance misuse problem ¹¹.

It's well known that crime can be linked to social issues such as poverty and addiction.

People living in more deprived areas are more likely to live in neighbourhoods with higher crime rates ¹². 40% more crimes were recorded in the most income-deprived areas in London in 2023 ¹³.

More than a third of people in prison are there due to crimes relating to drug use. ¹⁴ And Research shows that mental health problems are experienced by the majority of drug users (70%¹⁵) and alcohol users (86%¹⁶).

If we want safer streets, we need to address social issues that have clear links to the causes of crime, address health inequalities and provide better support for people in the community.

Breaking down barriers to opportunity:

Children's early years are critical for their emotional, social and psychological development. Feeling safe, being well nourished and having self-confidence are all vital for giving children strong foundations to learn and develop from. So it's right that giving children the best start in life is the government's milestone for this area.

However - many children are arriving at school not ready, for example, unable to dress themselves or use the toilet independently. And once at school, the gaps widen - research has shown children deemed not school ready were around three times more likely to be not in education, employment or training by the ages of 16 and 17 ¹⁷.

Mental ill health in parents is a huge factor in this – research found that children whose parents were experiencing high levels of psychological distress have lower attainment in communication, language and literacy, mathematical development and personal, social and emotional development. ¹⁸

Mental health social workers are vital in tackling the mental health crisis:

It is widely understood that social issues have a profound impact on mental health – as the evidence above shows. And yet social approaches are not always prioritised when supporting people with mental health needs.

Mental health social workers can make a transformational difference to people's lives, and quickly. They are qualified, regulated professionals, and they are able to bring about change and take on responsibilities that other practitioners are not trained or qualified to do. They use legal powers to protect people's rights, they assess people's need and advocate for the support that is required, and they are experts in adult safeguarding.

They take a social approach in supporting people to address issues such as housing, poverty, employment, relationships and feeling connected to their communities. They address health inequalities and can help people navigate

the complexities of the health and social care systems to enable better outcomes.

Having the consistent and regular support of a mental health social worker can be life-changing; it can help people with severe mental illness to get well and stay well. Members of our Think Ahead Lived Experience Partnership tell us that the relationship they build with their social worker is key to them feeling understood and being able to progress ¹⁹.

Mental health social workers help people with severe mental illness to see and aim for a brighter future, supporting their recovery so they are equipped to make a positive change in their lives:

"My social worker was fighting my corner and spotted things that no one else had before. She enabled me to see that I couldn't run from the problems. I was on a cycle of hospital, home, respite, repeat trying to run away from the problems but they always caught up. Seeing that, we were able to then start breaking the cycle. Without her I'm not sure where I'd be today."

Elizabeth

"I had severe anxiety and depression, eventually ending up in a psychiatric hospital after an attempted suicide. Working with a social worker really helped me. Unlike a doctor or nurse who looks at your symptoms and treatment for them, they look at your whole life. A social worker will ask: have you got food and warmth, is your accommodation okay, are you sleeping well, and could you get more support or benefits? Social workers can really help you to navigate through systems and services that you need but aren't even aware of. They can also help you to accept who you are."

There is evidence to back this up - research across the UK found that social workers offered holistic, social and rights-based approaches within mental health teams, emphasising the 'widening' of perspectives in clinical care and treatment, and embedding an alertness to the social determinants of ill-health. It was also established that these social approaches are distinct from, and an important companion to, medical approaches within mental health. ²⁰ ²¹

A recent report from the Health Services Safety Investigations Body (HSSIB) ²² made a strong case for the role of mental health social workers in mental health acute hospitals – highlighting, for example, that mental health social workers ensure that patients' holistic health and social care needs are considered throughout their admission, enabling better discharge planning and allowing more people to leave hospital in a timely and safe way when they are ready.

But mental health social work is continuously overlooked and undervalued

There are around 8,700 social workers working in adult mental health ²³, with around 3,500 of these working within NHS teams across England ²⁴ - this is only 2% of the mental health workforce. There are almost 13x the number of nurses working in mental health in the NHS – almost 45,000 ²⁵.

Given how crucial social issues are to mental health - and subsequently the impact that mental health problems have on physical health, on other people and on the economy - this is a huge gap.

We know social workers are often overlooked in national reviews and workforce planning – for example, they were not mentioned in the previous NHS workforce plan published in 2023, or in Lord Darzi's recent independent investigation of the NHS in England.

And even more worryingly, we are seeing trends of mental health social work roles disappearing in some NHS teams.

At Think Ahead we run a mental health social work training programme, we provide a broad social work qualification, but with a mental health focus, providing mental health training as a core part of the education, and placement learning in a mental health setting. We are the only training route in England to provide this specialism.

As part of our programme, we partner with NHS trusts and local authorities who provide salaried jobs for trainees once they qualify. In the last year, some partners have been unable to commit to these jobs because of budgetary pressures and uncertainties. Of organisations who partnered with us for our 2024 intake, 35% are unable to partner with us for 2025 because of local financial insecurity – this is up from 20% the previous year, and is affecting NHS trusts more than local authorities.

This uncertainty – which could lead to fewer mental health social work roles – will exacerbate existing challenges in retention. Professionals already feel over-stretched and unable to give the care needed: nearly two-thirds of social workers report that their caseloads are unmanageable ²⁶ – and this leads to low morale, and more people wanting to leave owing to the pressure services are under. Almost 50% of mental health social workers show significant levels of distress, burnout and emotional exhaustion ²⁷.

We believe that the role of mental health social workers – and their vital contribution – is not well understood and because of this, their potential is not being realised. They are not seen as critical within the NHS, and when budget pressures really hit, medical approaches and roles tend to be prioritised. Clinical roles are vital, of course, but this approach doesn't focus on supporting people to get well and stay well long term, feel connected to their community and become less reliant on services.

Our recommendation

Everyone with severe mental illness should have access to a social worker. To achieve this, the government must include a target in the new NHS workforce plan to increase the number of mental health social workers by 24,000 over the next 10 years.

This would be almost eight times the current number of mental health social workers, but still only around 60% of the current number of mental health nurses. Given how crucial social issues are to mental health, we believe this is an appropriate aim.

We recommend a scaling up approach to implementing this – adding an additional 2,400 mental health social workers for each year of the 10 Year Plan. In year one, the cost of this would be approximately £130 million taking into consideration salary, oncosts and recruitment. This is equal to less than 1% of the expected yearly NHS mental health services budget.

The government would need to commit to the salary costs longer term to scale up these numbers over 10 years. We know that public finances are stretched at the moment, but investing in mental health support in this way would lead to benefits for people, the workforce and the economy that are far greater than this investment.

The impact of implementing this recommendation

Mental health social workers are transformative for the individuals they work with and their families, friends and communities, and they have the potential to drive significant change across the entire workforce if their numbers grow.

Impact on individuals

As evidenced in this paper, the difference that mental health social workers make to individuals can be life changing. Social issues and mental illness are intrinsically linked – for many people, it is not possible to resolve one with the other.

What's more, evidence shows that people with severe mental illness experience particularly poor outcomes ²⁸ and we believe that mental health social workers have the power to change this and to address health inequalities.

More mental health social workers in the workforce will mean that more people can live the life they want and deserve, with more independence, less reliance on services and fewer hospital admissions.

Impact on the workforce

The mental health workforce is under enormous pressure. The reasons for this, and solutions to it, are complex and multi-faceted - and we believe that mental health social workers are one key workforce solution.

Growing the number of mental health social workers would improve efficiency and alleviate pressure from other professionals, because they can provide support in a way that others can't. For example, if someone is in unsuitable or unsafe housing, that has a profound impact on their mental health. Social workers are the professionals who can make the difference

with the issues people are facing that affect their whole life. They also take on safeguarding responsibilities, which is a time consuming requirement for organisations.

The recent HSSIB report also found that embedding mental health social workers within NHS settings brings about significant efficiencies in flow and discharge, as well as breaking down barriers between health and care staff.

Impact on the government

Better utilisation of mental health social workers would support the government's agenda in many of its key aspirations. For example:

Waiting lists: Many people on mental health waiting lists are waiting for clinical intervention and diagnosis but what they need immediately is support with housing, benefits and employment. Social interventions and social workers can tackle waiting lists by supporting people to navigate the social issues that are causing and worsening severe mental illness and preventing them from living full, independent lives.

Hospital to community: Mental health social workers are placed in a diverse range of teams within community and clinical settings. By supporting independence, they can provide long-term care in the community, reducing the need for hospital care. The HSSIB ²⁹ report also found that embedding mental health social workers in NHS settings brings significant efficiencies in patient flow and discharge.

Sickness to prevention: Mental health social workers are able to provide long-term, high-quality support for individuals, enabling them to address the social issues which are deeply impacting their mental health, feel more connected to their communities and, ultimately, become more independent and less reliant on services. When people are well supported and more independent, they are less likely to need hospital care. Research has shown that investing in community care can see a 15% lower admission rate to hospital.³⁰

Integration: Mental health social workers embody the integration agenda – working across health and social care, joining up care and filling in the gaps. The HSSIB report into out of area placements also found that where Section 75 agreements enabled social workers to work directly for NHS trusts this resulted in improvements to efficiency and collaborative working.

Benefits to the economy: When mental health social workers are supported to perform at their best, they are working towards providing long-lasting, sustainable improvements for the people they support, enabling them to live more independent lives. This makes two key contributions to the economy:

- When people are well, they are more likely to work: only 48% of people with mental health problems are in employment compared to 79% of those without mental health problems ³¹. And the Centre for Mental Health estimates that lost tax revenue (in unemployment and economic inactivity) due to mental ill health amounts to £5.7 billion ³². When people receive the care and support they need, they are more likely to get well and stay well and be able to work and contribute to the economy.
- When people are well, they are less reliant on services. In fact, the Local Government Association found that investing in preventative support can save more than £3 for every pound spent – a potential saving of £11.1 billion to the public purse if preventative health and social care is scaled up across the country.³³

Showing our workings: 24,000 additional mental health social workers

Currently the number of people registered with severe mental illness in England is 527,556. However, in 2024 using the Quality and Outcomes Framework (QOF) and National Statistics (ONS) population projections the NHS estimate the register should include as many as 624,616 people.³⁴ "Severe mental illness" is a description used by Public Health England, defined as "people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired."

To estimate the mental health social work workforce required to support this population, we referred to guidance from Social Work Scotland, which recommends a caseload of between 20 and 25 individuals per social worker ³⁵. It is important to acknowledge that although we have used caseload figures as a starting point for the estimation, they are not a perfect way of calculating social work support, as people have differing needs and the complexity of support required can vary.

Required workforce and workforce gap

We have calculated the required workforce by dividing the projected number of people with severe mental illness by the number of social workers that would be needed to hold a caseload of 20-25. We calculated the workforce gap by subtracting the current number of mental health social workers from the required workforce figures.

Costs

In year one, the cost of adding an additional 2,400 mental health social workers would be £130,335,600. We calculated this by totalling the average salary of a band 6 NHS social worker, oncosts (30% of salary) and recruitment costs ³⁶.

Spending across mental health services (specialised commissioning and ICB combined, including learning disability, autism and dementia) is expected to be £18.22 billion for 2024/45 ³⁷, making the year one costs of our recommendation less than 1%.

References

- 1. Mind and Centre for Mental Health(2024). The Big Mental Health Report. Available at: <u>The Big Mental Health Report - Mind</u>
- 2. NHS England (2024). Mental health physical health checks for people with severe mental illness. Available at: <u>Statistics » Mental health: physical health checks for people with severe mental illness</u>
- 3. Public Health England (2018). Severe mental illness (SMI) and physical health inequalities: briefing. Available at: <u>Severe mental illness (SMI) and physical health inequalities:</u> <u>briefing GOV.UK</u>
- 4. Department of Health and Social Care (2024). Independent investigation of the NHS in England. Available at: *Independent Investigation of the NHS in England*
- 5. Centre for Mental Health (2024). The economic and social costs of mental ill health. Available at: <u>The economic and social costs of mental ill health Centre for Mental Health</u>
- 6. Shelter (2017). The impact of housing problems on mental health. Available at: <u>Research:</u>
 The impact of housing problems on mental health Shelter England
- 7. Public Health England (2019) Mental health: environmental factors. Available at: <u>2.</u> <u>Mental health: environmental factors GOV.UK</u>
- 8. Prudon, R. (2023). Is Delayed Mental Health Treatment Detrimental to Employment? Roger Prudon Research. [online] Rogerprudon.com. Available at: https://www.rogerprudon.com/research
- 9. Department of Health and Social Care (2024). Independent investigation of the NHS in England. Available at: *Independent Investigation of the NHS in England*
- 10. Public Health England (2018). Severe mental illness (SMI) and physical health inequalities: briefing. Available at: <u>Severe mental illness (SMI) and physical health inequalities:</u> briefina GOV.UK
- 11. Centre for Mental Health (2023). Prison mental health services in England. Available at: Prison mental health services in England. 2023 - Centre for Mental Health
- 12. The Health Foundation (2024). Inequalities in likelihood of living in high-crime neighbourhoods. Available at: <u>Inequalities in likelihood of living in high-crime neighbourhoods I The Health Foundation</u>
- 13. Trust for London (2023). Crime and income deprivation. Available at: <u>Crime and income</u> deprivation I Trust for London
- 14. Home Office, Dame Carol Black (2020). Review of drugs: summary. Available at: <u>Review</u> of drugs: summary (accessible version) GOV.UK
- 15. Weaver, T., Madden, P., Charles, V., Stimson, G., Renton, A., Tyrer, P., Barnes, T., Bench, C., Middleton, H., Wright, N., Paterson, S., Shanahan, W., Seivewright, N. and Ford, C. (2003). Comorbidity of substance misuse and mental illness in community mental health and substance misuse services. *British Journal of Psychiatry*, 183(04), pp.304–313. doi: https://doi.org/10.1192/bjp.183.4.304.

- 16. Delgadillo, J., Godfrey, C.A., Gilbody, S.M. and Payne, S. (2025). Depression, anxiety and comorbid substance use: association patterns in outpatient addictions treatment. [online] Mental Health and Substance Use. Available at: https://pure.york.ac.uk/portal/en/publications/depression-anxiety-and-comorbid-substance-use-association-pattern
- 17. Child of the North, Anna Longfield's Centre for Young Lives (2024). An evidence-based approach to supporting children in the preschool years. Available at: 66fec552d5159812bc01ff6d_Pre-School Report Digital.pdf
- 18. Mensah, F.K. and Kiernan, K.E. (2009). Parents' mental health and children's cognitive and social development. *Social Psychiatry and Psychiatric Epidemiology*, [online] 45(11), pp.1023–1035. doi: https://doi.org/10.1007/s00127-009-0137-y.
- 19. Think Ahead (2022). DHSC Open Consultation: Mental health and wellbeing plan. Think Ahead Submission. Available at: <u>Consultation-Response Mental-Health-and-Wellbeing-Plan June22.pdf</u>
- 20. Abendstern, M., Hughes, J., Wilberforce, M., Davies, K., Pitts, R., Batool, S., Robinson, C. and Challis, D. (2020). Perceptions of the social worker role in adult community mental health teams in England. *Qualitative Social Work*, [online] 20(3). doi: https://doi.org/10.1177/1473325020924085
- 21. Abendstern, M., Wilberforce, M., Hughes, J., Arandelovic, A., Batool, S., Boland, J., Pitts, R. and Challis, D. (2021). The social worker in community mental health teams: Findings from a national survey. *Journal of Social Work*, 22(1), doi: https://doi.org/10.1177/1468017320979932.
- 22. Health Services Safety Investigations Body (2024). Mental health inpatient settings: out of area placements. Available at: <u>Investigation report: Mental health inpatient settings</u> out of area placements
- 23. Social work England (2023). Social Work in England: State of the nation 2023. Available at: Social work in England State of the nation 2023
- 24. NHS Benchmarking Network (2023). National Workforce Census of Social Workers and Social Care Workforce within Mental Health Services. Available at: <u>Social Workers and Social Care Workforce within mental health services National report Accessible.pptx</u>
- NHS England (2025). NHS Workforce Statistics September 2024. Available at: <u>NHS</u>
 <u>Workforce Statistics September 2024 (Including selected provisional statistics for October 2024) NHS England Digital
 </u>
- 26. Social Workers Union (2022). Available at: Social Work Union
- 27. Evans, S., Huxley, P., Gately, C., Webber, M., Mears, A., Pajak, S., Medina, J., Kendall, T. and Katona, C. (2006). Mental health, burnout and job satisfaction among mental health social workers in England and Wales. *British Journal of Psychiatry*, [online] 188(1), pp.75–80. doi: https://doi.org/10.1192/bjp.188.1.75.
- 28. Mind (2024). The Big Mental Health Report. Available at: <u>The Big Mental Health Report</u> Mind
- 29. Health Services Safety Investigations Body (2024). Mental health inpatient settings: out of area placements. Available at: <u>Investigation report: Mental health inpatient settings</u> out of area placements

- 30. NHS Confederation (2023). Unlocking the power of health beyond the hospital: supporting communities to prosper. Available at: https://www.nhsconfed.org/publications/unlocking-power-health-beyond-hospital
- 31. Money and Mental Health Policy Institute. Available at: <u>Money and mental health facts</u> and statistics
- 32. Centre for Mental Health (2024). The economic and social costs of mental ill health. Available at: <u>The economic and social costs of mental ill health Centre for Mental Health</u>
- 33. Local Government Association (2024). Earlier Action and support. Available at: <u>Investing in preventative support can save more than £3 for every pound spent I Local Government Association</u>
- 34. NHS England (2024). Mental health physical health checks for people with severe mental illness. Available at: <u>Statistics » Mental health: physical health checks for people with severe mental illness</u>
- 35. Social Work Scotland (2022. Setting the Bar for Social Work in Scotland. Available at: Setting-the-Bar-Full-Report.pdf
- 36. Department for Health and Social Care (2021. Evidence review for Adult Social care Reform. Available at: *Evidence review for adult social care reform*
- 37. NHS England. NHS mental health dashboard. Available at: <u>NHS England » NHS mental</u> health dashboard



★ @thinkaheadmh.bsky.social

f thinkaheadorg

in think-ahead-org

@Think AheadMH

thinkahead.org

The Think Ahead Organisation is a registered charity and a company limited by guarantee. Charity number: 1166577. Company number: 10015893.