

Executive Summary of Findings

The Implementation Gap: Findings from an Independent Mental Health Survey (n = 1,013)

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June 2026

Important Notice

This document provides a summary of findings from an independent mental health survey involving 1,013 respondents. The findings support a manuscript submitted to *BJPsych Bulletin* and should be regarded as preliminary pending completion of the peer-review process.

The full manuscript contains detailed methodology, analysis, discussion, limitations, and references. This summary is intended to promote informed discussion among healthcare professionals, service users, carers, researchers, policymakers, and other stakeholders with an interest in contemporary mental health services.

Background

Over recent decades, mental health services have undergone a profound transition from institutional models of care towards community-based systems of treatment and support. While this transformation reflects important principles of recovery, inclusion, and care delivered closer to home, concerns continue to be raised regarding workforce capacity, psychiatric bed availability, access to timely intervention, housing support, rehabilitation pathways, continuity of care, and crisis provision.

To explore these issues, an independent survey was undertaken to gather the experiences and perspectives of individuals working within, using, supporting, or interacting with mental health services.

A total of 1,013 valid responses were received from healthcare professionals, service users, carers, managers, support staff, and other stakeholders from across the United Kingdom and internationally.

Purpose

The purpose of this survey was to examine perceptions of the adequacy, safety, effectiveness, and capacity of contemporary mental health services and to explore what is termed the **Implementation Gap**.

The Implementation Gap refers to the difference between the objectives originally envisaged by community-based mental health policy and the workforce, infrastructure, housing provision, rehabilitation services, crisis support, and service capacity available to deliver those objectives in practice.

Key Findings

Psychiatric Bed Availability

- 91.2% of respondents reported that psychiatric beds were not available when needed.
- 5.0% believed beds were generally available when required.
- 3.8% were uncertain.

Clinical Decisions and Capacity Pressures

- 83.8% reported that admission or treatment decisions were always or often influenced by bed availability rather than clinical need.
- Respondents described concerns regarding delayed admissions, premature discharge, and reduced treatment options arising from increasing service pressures.

Risk During Mental Health Crisis

- 67.4% considered current service pressures to create a high level of risk during mental health crises.
- 30.5% considered the risks to be moderate.
- Combined, 97.9% reported moderate or high concern regarding safety during periods of crisis.

Consequences of Service Gaps

Respondents believed that service gaps contribute substantially to:

- Repeated crises and readmissions (88%)
- Homelessness (81%)
- Contact with the criminal justice system (76%)

Overall Assessment of Current Services

- 40.1% rated current services as failing.
- 25.1% rated services as poor.

- 23.1% reported mixed effectiveness.
- 1.7% rated services as effective.
- 0.1% rated services as very effective.

Overall, only **1.8%** of respondents rated current mental health services as effective or very effective, while **65.2%** rated services as poor or failing.

Scope of the Study

This study was not designed to determine whether psychiatric hospitals should or should not have been closed. Such questions involve historical, political, and social considerations that extend beyond the scope of this research.

Instead, the study examines whether the workforce, infrastructure, housing provision, rehabilitation pathways, crisis services, and inpatient capacity required to replace institutional care were implemented at sufficient scale following deinstitutionalisation.

The findings form part of a broader programme of research evaluating contemporary mental health service provision and the extent to which the objectives of community care have been realised in practice.

The focus of this work is therefore on **implementation rather than ideology**.

Conclusions

The findings suggest that many respondents perceive a substantial implementation gap between the intended objectives of community care and the resources available to deliver them.

While community-based care remains central to modern mental health policy, respondents expressed significant concerns regarding workforce capacity, psychiatric bed availability, housing support, rehabilitation services, continuity of care, crisis provision, and patient safety.

These findings do not advocate a return to large institutional models of care, nor do they seek to evaluate psychiatric hospital closure as a success or failure in itself.

Rather, they highlight the importance of ensuring that community-based systems are supported by adequate investment in workforce development, infrastructure, housing, rehabilitation services, crisis provision, and appropriate inpatient capacity.

Addressing the Implementation Gap should remain a priority for policymakers, service providers, researchers, and stakeholders seeking to improve mental health outcomes and ensure that vulnerable individuals receive safe, timely, and effective care.

About MHRT

The **Mental Health Research Team (MHRT)** is an independent initiative dedicated to research, education, historical preservation, and informed discussion relating to mental health services, policy, and practice.

For updates, future publications, research activities, and media enquiries, please contact:

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