Royal College of Psychiatrists' Opening Written Statement – February 2026

The Royal College of Psychiatrists welcomes the focus of this inquiry. The catastrophic events which occurred were devasting and no one should ever have to learn such news about their loved ones. Our thoughts will always be with the families of the victims.

While nothing will compensate for the loss now faced by many, it is imperative that everything is done to reduce the likelihood of a recurrence of such tragic incidents.

As the Inquiry considers the failings in VC's care, and the steps which should have been taken to ensure his safety, and the safety of others, it must consider both the local and national context in which mental health services, and professionals, finds themselves.

Mental health services have faced years of stigma, chronic underfunding and a lack of political prioritisation which has resulted in the provision of care that is over-stretched and under-resourced.

Despite being 20% of the disease burden, mental health care receives 8.7% of the healthcare budget. This affects the ability of staff and services to provide consistently safe and high-quality care. Less than one third of people are able to access mental health care when they need it.

Between April 2024 and March 2025, there were 187% more referrals to secondary mental health, learning disability and autism services from the most deprived income decile (858,985) compared to the least deprived (299,432).

At the end of December 2025, 185,814 referrals remained open that were waiting for a second contact. Across those referrals, the median waiting time was 70 days and the 90th percentile waiting time was 483 days.

In combined data from 2007, 2014, and 2023/4, a fifth (21%) of adults identified with psychotic disorder in the past year (based on SCAN examination) were not receiving any treatment for a mental or emotional problem. Three in four adults identified with psychotic disorder were in receipt of psychotropic medication (75%) and just under half were in receipt of psychological therapy (43%).

Findings from the 2025 RCPsych Workforce Census found that one in seven (14%) consultant psychiatrist posts in England are vacant or unfilled. After accounting for all non-substantive consultant psychiatrist posts, the 'true vacancy rate' rises to 27%; over a quarter of consultant psychiatrist posts in England are vacant or filled by non-substantive psychiatrists.

As the data indicates, over previous Governments we have seen the promise, yet ultimate failure, to improve mental healthcare: a Long Term Plan which didn't meet all its commitments and has been paused halfway through; several 'cross-Government' mental health strategies which never materialised; a reformed Mental Health Act without the funding to actualise the promised changes; a Community Mental Health Framework published without the full implementation guidance.

The delivery of high-quality care is unfortunately severely restricted under these circumstances, which is exacerbated by local decision-making. With ICBs facing deficits, they are required to make cuts and historically, in these situations, we have seen mental health de-prioritised in the face of more acute pressures. Between 2022/23 and 2024/25, mental health funding by

Nottingham and Nottinghamshire ICB only increased 4.8% in real terms, compared to 10.54% in the Midlands region overall.

More recent changes in ICB structures no longer require mental health expertise on the Board – in short, local commissioning decisions are being made without the input and understanding of mental health professionals.

No one feels the stigma towards mental illness greater than those with severe mental illness (SMI). While national conversations about anxiety and depression (more common mental illnesses) and neurodiversity have become louder, and funding has followed in the shape of Talking Therapies, the same is not the case for SMI. SMIs are treatable illness, with 75% of people being able to achieve remission and stability – yet they often aren't seen this way. A lack of robust community support - including early intervention; models that allow continuity of care and assertive outreach; psychological therapies for more 'complex' conditions, and implementation of the Community Mental Health Framework - often result in patients being reliant on crisis care and inpatient services – both of which are under immense strain. If there are limited means to prevent or intervene early in someone's illness, how can we expect them to live well.

Patients and the public are being failed, and its unacceptable.

However, an erosion of standards shouldn't be a forgone conclusion. There are areas of best practice supporting people – the HEARD study outlines how therapies can be provided in the community; Trusts which have funded and staffed the implementation of the Community Mental Health Framework have seen improvements in outcomes; Hertfordshire has implemented clear care pathways to ensure evidence-based interventions are provided to every patient. The objectives of public and patient safety never need to be at odds with each other.

Well-resourced, effective services improve public safety. We have seen that the families of victims, alongside the victims themselves, are often forgotten in discussions yet their lives have been changed irrevocably – we hope this Inquiry changes that.

The College applied for Core Participant status in this Inquiry because we work to provide high quality mental health services through the training of clinicians, supporting research and setting standards. In short, we know what good can look like, the barriers to delivering this and the steps providers and the mental health system can take to achieve high quality care – to improve public and patient safety.