



The Hidden Mental Health Service

Rethink
Mental
Illness

teva

Rethink Mental Illness conducted this survey with funding support from Teva UK. Teva UK has reviewed this survey report to ensure accuracy but did not influence the content or interpretation of the results.

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What working for an MP really involves

When you think of frontline mental health staff, your mind might jump to GPs, psychologists, social workers, or perhaps less commonly, emergency services.

It is unlikely you would jump to a parliamentary assistant in an MP's office. But a frontline service is precisely what these offices provide. The majority of constituent engagement is done by staffers rather than the MP, including everything from meeting people face-to-face to speaking on the phone and handling correspondence by email.

This service is being provided to a greater and greater number of constituents in relation to mental health. These are people often struggling to know where to turn against the backdrop of lengthy NHS waiting lists, young people reeling from the impact of the pandemic, and a society struggling amidst a cost-of-living crisis. Unlike doctors or social workers, there is no formal qualification needed to work for an MP, and no mandatory training provided in complex mental health casework or safeguarding.

What are the implications of this status quo, and what do trends in constituency casework tell us about the mental health of our society?

In a first-of-its-kind piece of research, Rethink Mental Illness has sought to dig deeper into these questions. With funding from Teva UK, we surveyed staff from 120 offices in Westminster about their experiences dealing with mental health casework, and held interviews with five staff members, who were willing to speak on the condition of anonymity.

Our findings were stark

9 in 10

(88%) of MPs' staff have direct experience dealing with a suicidal constituent.

54%

The majority (54%) said that since starting in their role, **the amount of mental health casework has increased. Nobody said it has decreased.**

53%

The majority (53%) of staffers stated that **their own mental health has been negatively impacted by this aspect of the role.**

1 in 5

Remarkably, 1 in 5 (20%) said they **have considered quitting because of the issue.**

We are recommending the following changes to how mental health casework is managed in Parliament, implemented by the House of Commons:

1.



Mandatory training for new staff, with time allotted to complete it before handling casework.

2.



An employee helpline specifically focused on helping staff with challenging casework.

3.



An established protocol in place for handling calls from constituents who are suicidal or experiencing significant distress.

But staggering levels of mental health casework cannot be viewed in a vacuum.

We are witnessing a rising challenge of mental ill health, impacting families, workplaces, the economy and society. As such, we are also calling for the following measures the Government can take, which will both improve the current situation and also prevent future illness:

1.



Rolling out waiting times standards across all mental health services

2.



Making mental health a cornerstone of neighbourhood health

3.



Accelerate access to new, innovative treatments

Methodology

This research used a mixed methods approach, combining a largely quantitative survey with follow-up qualitative interviews. The survey was open from 25 November 2025 to 26 January 2026 and was completed by 148 parliamentary staffers from 120 unique MP offices. It included a mixture of mainly scale-based and multiple-choice questions, alongside optional free-text fields where respondents could elaborate on their experiences in greater detail.

At the end of the survey, participants were invited to opt in for a follow-up interview. 67% expressed willingness to be contacted. From this group, five staff members took part in a short, semi-structured interview. Participants were selected to reflect a mix of roles and levels of experience, including caseworkers, office managers and parliamentary assistants or researchers. Participation in both the survey and the interviews was entirely voluntary.

While this dataset is not statistically representative of all parliamentary staff, it nonetheless captures the voices and experiences of different staffers across a variety of roles and constituencies. With responses from nearly a fifth (18%) of all MP offices, this research marks an impactful contribution to understanding the mental health pressures facing constituency staff.

Respondent profile

Survey respondents represented a broad range of roles within MPs' offices, reflecting the diversity of staff who handle mental health-related casework across Parliament. Most participants identified as caseworkers (70%), which aligns with the nature of the role as the primary point of contact for constituents seeking help. The remaining respondents included office managers (14%), parliamentary researchers (3%), parliamentary assistants (2%), and administrative staff (1%), while 9% selected "other," covering a mix of hybrid or non-standard roles. One respondent identified as an MP. This spread of roles allowed for a varied view of responsibilities and emotional pressures within different office structures.

Respondents spanned a wide range of ages. The largest groups were those aged 25–34 (26%) and 45–54 (23%), followed by 35–44 (20%) and 18–24 (12%). Smaller proportions of respondents were aged 55–64 (11%) and 65 or older (6%), while 3% preferred not to disclose their age. This range of experience levels added depth to the findings, with some participants bringing years of insight into the changing nature of constituency casework and others offering a fresh perspective on the pressures facing new staff entering the role today.

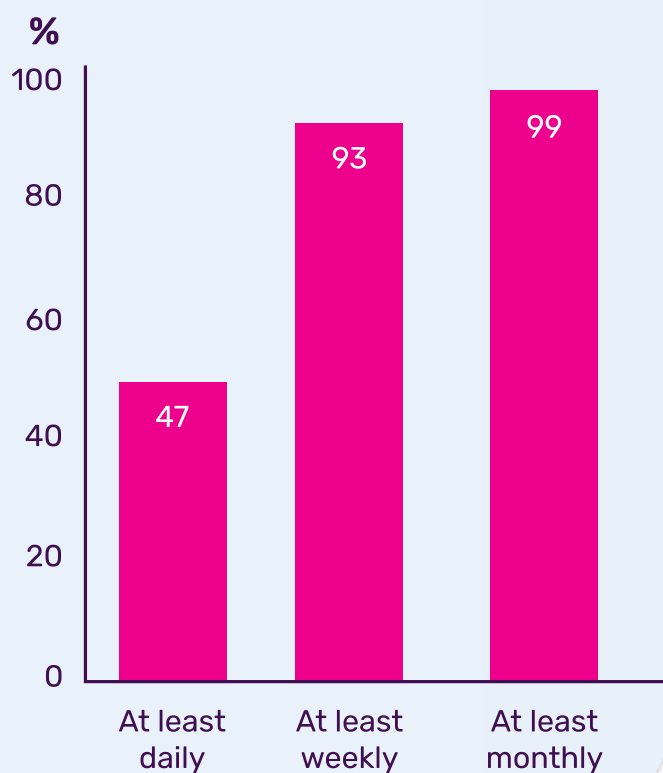
Key findings

There is a rising tide of mental health related casework

As a starting point, we wanted to get a sense of how often staffers are dealing with mental health casework.

The below graphic shows the frequency of correspondence MP offices report receiving:

How often do you receive correspondence relating to the mental health of a constituent?



“

I have noticed **an increase in suicidal calls** in the last year.”

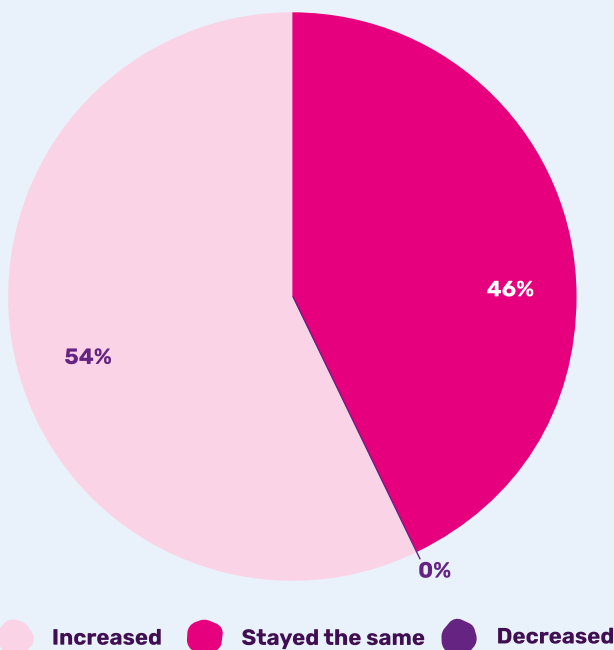
(Caseworker, Scotland)



These results show that the overwhelming majority are receiving mental health casework on at least a weekly basis (93%), with almost half receiving it daily (47%). Only a tiny minority (1.4%) said they receive correspondence of this kind less than once a month.

We then asked participants if there has been a change in the frequency of such correspondence. The results can be seen below:

Since you started your role, has the amount of casework related to mental health:



Respondents were relatively split between those who stated mental health casework had increased (54%) and those who thought it had stayed the same (46%). None of the 148 people who answered this question said that the volume of casework has decreased.

These types of questions rely on people's recollections across different time periods, so we should be open to the possibility that not everyone is remembering accurately. For example, current casework might feel fresher in the mind and so be over-reported. However, the inverse bias could also be in play: mental health casework might feel more all-consuming when you are new to a role, but less so as you become more experienced. Either way, the data is overwhelming enough to conclude that mental health casework is rising, and a lot of people would have to be misremembering to conclude otherwise.

This finding becomes starker when you consider the level of recent churn among MP staff. Out of our participants, over two-thirds (69%) have been in their roles for less than two years. This is not necessarily a concern in itself, as it is likely a simple result of the 2024 General Election creating mass change in personnel. However, it suggests that the increase in mental health casework is not a historic change, but something that is happening now.

“

It's very challenging and is something that's become a lot more so in the 6 years I've worked in parliamentary roles. ”

(Caseworker, London)

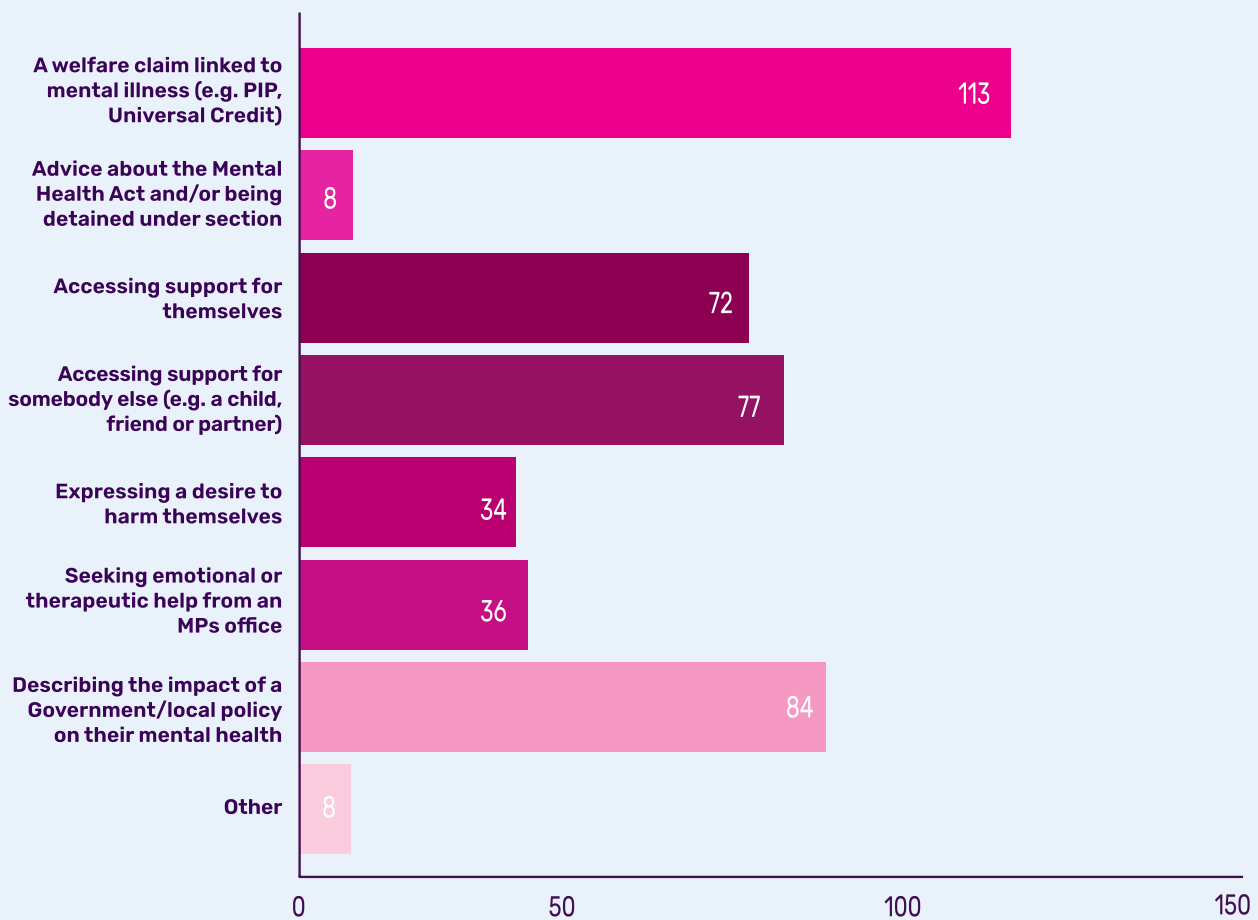
The themes that come up again and again

We wanted to dig a little deeper in examining the nature of this rising casework, hoping to determine particular topics that are dominating staff time. We asked respondents to choose the three most common themes of mental health casework out of a wide-ranging list, and found the below:

The rising number of people in receipt of welfare, such as Personal Independence Payment (PIP) and the health element of Universal Credit, has been much discussed recently, in particular in the summer of 2025 - when the Government sought to introduce reform to the system. It is clear that it is a topic that regularly comes up in casework as well.

It is also interesting to note that constituents are more likely to contact their MP about challenges getting

What are the most common issues people get in touch with you about regarding mental health? (tick up to 3)



“

People are really more unwell. They're not getting the help, they're not getting early intervention, **they're not getting the right support at the right time.**”

(Caseworker, East of England)

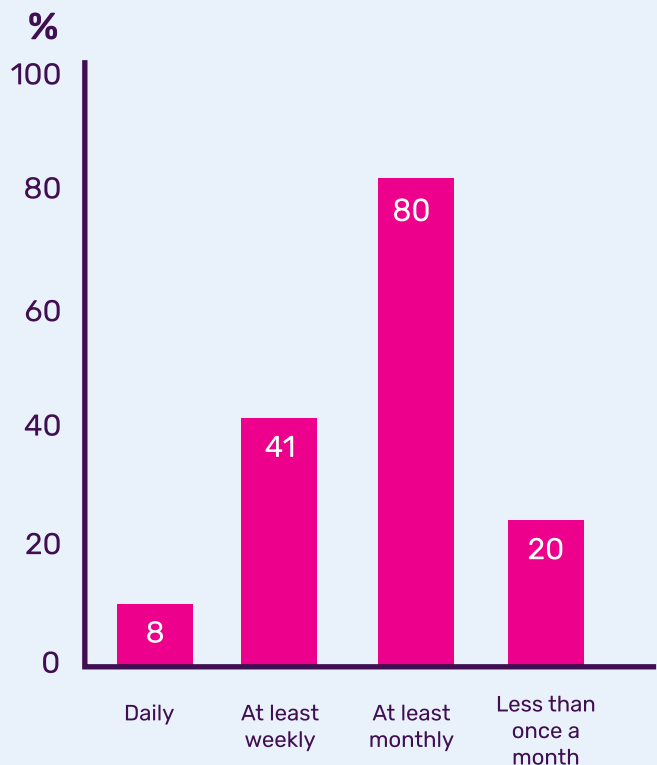
support for a third party than for themselves. While the data does not drill into the breakdown of who the third party is, this could be a reflection of the growing challenges we know exist with child and adolescent mental health, and more parents contacting MPs about their children.

Both in the case of welfare and in the case of child and adolescent mental health, debates in politics and media have become more polarising in the last couple of years, with the emergence of narratives suggesting mental health problems are being overblown, or used as an excuse to access benefits.

A detailed debate on these narratives is outside the scope of this piece of work. However, the free form comments made by respondents to the survey, and our interviews with staffers, gave a decent glimpse of caseworker opinion. Some respondents commented that constituents in crisis could be demanding, or even unreasonable at times, but we didn't receive any suggestions that the constituents in question are not really ill, or in contact over excessively mild concerns.

We sought to find out how regularly staff are interacting with constituents who are more severely unwell at the time of contact, and found the below:

How often are you contacted by a constituent you believe to be in acute mental distress at the time of contact?



Handling somebody in acute mental distress seems a regular part of the job for those working in an MP's office.

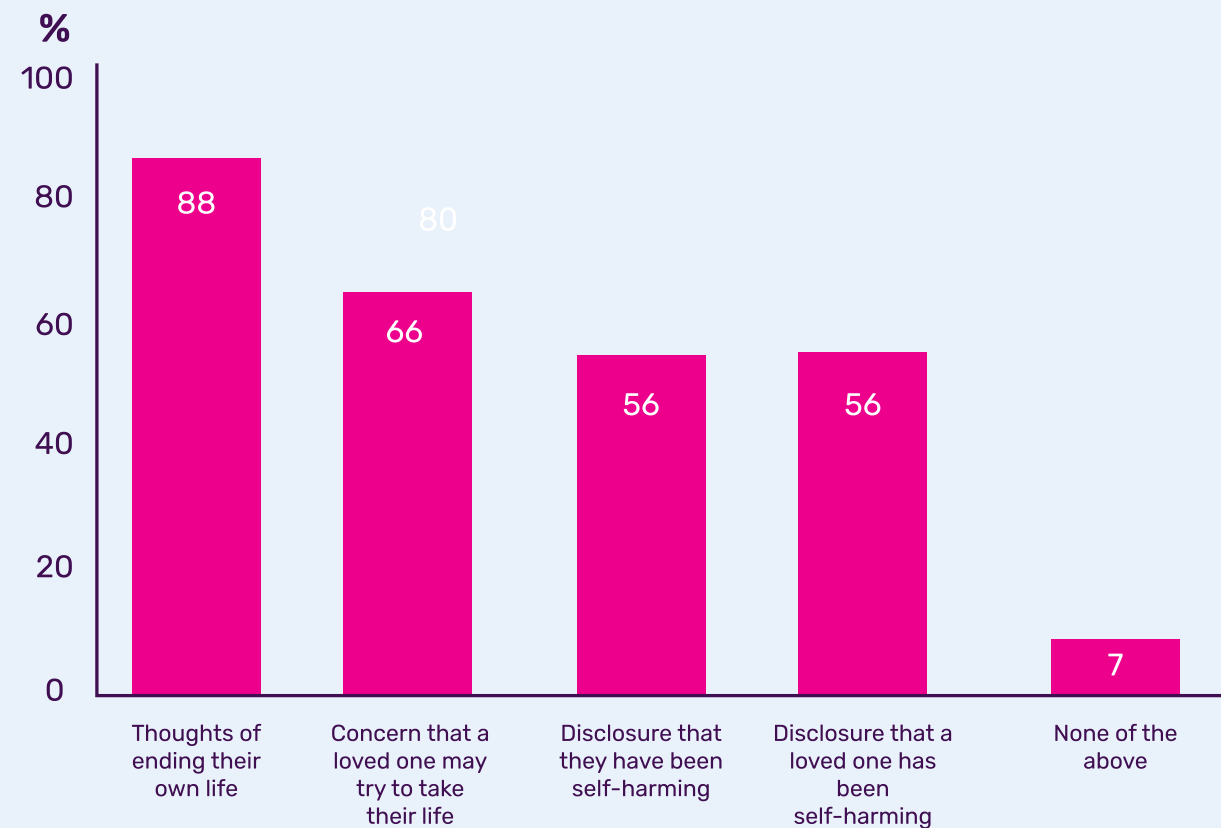
It is most commonly something that comes up between a weekly and monthly basis, although almost 1 in 10 (8%) report it as a daily occurrence. But what does acute mental distress look like in reality? We listed the following scenarios and asked respondents to indicate if they have experienced them, resulting in these findings:

“I have had a previous case where a **constituent made threats of suicide**. I referred to initial response service who after contacting the constituent said no help was needed and **classed them as low risk...** Following this I was **made aware the constituent had died by suicide**. Our office then received an email from the family blaming us for the death of their family member.”

(Casework Team Manager, North-West England)

Almost 9 in 10 (88%) have experienced a constituent expressing suicidal thoughts. A majority have also experienced constituents disclosing self-harm, and fear that a loved one is self-harming or suicidal. Only 7% said they had not experienced any of these.

Has a constituent ever expressed the following during your correspondence?



The toll of mental health casework is having an impact on staff

As well as revealing rising levels of distress among the public, our research shows the toll mental health casework is having on MP staff themselves. Many respondents expressed feeling overwhelmed, anxious, or otherwise distressed by the mental health casework they are handling, including some severe individual cases which we will not describe to preserve anonymity.

We asked about the impact, if any, of mental health casework on staff wellbeing, exploring a few outcomes in particular, and received the following findings:

Working for an MP should involve frontline engagement with constituents, and this will inevitably include difficult conversations. It would be wrong to overly sanitise the role or remove people from dealing with the realities of what constituents are experiencing.

However, the results suggest that staff are experiencing distress which goes beyond what might be reasonable or expected. The majority state that their mental health has been negatively impacted, and as many as 1 in 5 say the issue has caused them to consider leaving their job. Many respondents remarked that they don't feel supported enough with this aspect of the role, and our survey revealed a majority (52%) do not think there is sufficient staff training for casework involving mental illness, while only 5% think there is (see graph overleaf).

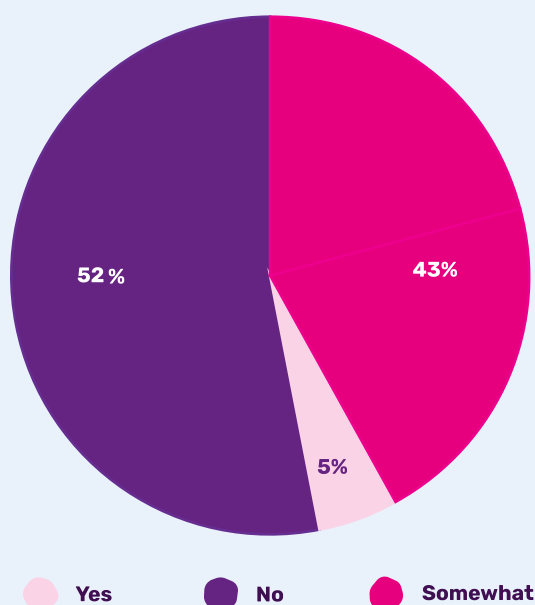
What impact has dealing with mental health related casework had on your own wellbeing?



“The quality of courses varies massively. Some of them have been pretty questionable and the only way to highlight it afterwards is with a feedback form that goes directly to the course provider rather than the House of Commons.”

(Caseworker, North-West of England)

Do you think there is sufficient training for parliamentary staff on how to handle cases involving mental illness?



“Staff are often placed in situations where they are **expected to provide emotional support and manage crises, despite not being trained mental health professionals.** This can create considerable pressure and risk for staff, as they are operating beyond their professional remit without adequate resources or training.”

(Caseworker, North-West of England)

“I do not know how people do this job with no mental health training.”

(Caseworker, Northern Ireland)

We had numerous respondents who stated that they felt personally able to handle the mental health aspect of casework, but only because of previous career or life experience. A common theme was concern for younger staff members who had not had relevant training in mental health.

Our interviews with caseworkers and the results of the survey painted a picture of varied support. A lot seems to depend on how seriously MPs take staff welfare and training. We heard from staff who say their office has a good system in place where more experienced members of the team check in with the people they manage before difficult calls, and coach them through the process. But in other offices this system is lacking or absent altogether.

Parliament is a unique and largely decentralised workplace. There are some resources in place which some staff say they have found useful. However, knowledge of these resources varies, views on the content are mixed, and the volume of resources seems to vary from time to time. For example, after the 2024 election, we heard that there was an influx of training resources, but that these have petered out in the almost two years since then.

Analysis and recommendations

Improving Parliament as a workplace

Our survey, interviews, and analysis have made it clear to us that change is needed. The nature of the mental health casework being handled is too serious, both for constituents and staff, to warrant the lack of more robust support and protocol.

We are calling on The House of Commons to explore the following improvements, alongside its Members and Members Staff Services Team (MMSST) and any other relevant internal bodies:

1.



Mandatory training is necessary, rather than relying on staff to opt in to courses that are not always well known or advertised. Time should also be set aside for staff to complete their training before they start corresponding with vulnerable people, as right now it seems that caseworkers are put on the front line very soon after starting in post, and usually before they would have had the opportunity to complete any training.

2.



More formal support is needed for MP staff, who are having to navigate extremely delicate and distressing situations, including regular exposure to suicidal ideation. While an Employee Assistance Programme exists for personal and professional concerns, there may be a need for something more directly focused on helping people with the difficult emotional aspects of casework, run by staff who have direct understanding of the role. Working for an MP is a unique role with its own nuances and considerations, so general employment support may not always be tailored enough to be helpful.

3.



An established, clear protocol should be in place for when any member of staff receives a call from a constituent who is suicidal. This should include step-by-step instructions for how staff should handle the situation, and when to call 999. We can't eliminate all need for judgement calls and there will always be grey areas, but Parliament should try to take some of the onus away from individual staff members to come out with a process in the most serious cases.

Individual MPs also have a responsibility to the staff they hire, and should ensure best practices are in place on supervision, guidance, and safeguarding. We were heartened to hear that in many instances, good practices are already in place, though there is lots of variation across 650 distinct workplace environments. In particular, it is important that individual MPs are putting in place a local safeguarding policy, including engaging with local authorities so their staff have access to appropriate local procedures and contact details for referrals. It is also important that there is appropriate record-keeping and information-sharing in place within the team when handling cases of concern.

“
I am considering quitting my job due to the impact of having to deal with mental health related casework.”

(Caseworker, East Anglia)

The Bigger Picture

We hope the aforementioned recommendations will help make mental health related casework run more effectively. But there is a bigger picture at play as well, which we must not ignore, because trends in parliamentary casework are a barometer for wider societal trends; nothing our research reveals can be viewed in a vacuum.

Rates of mental illness and distress are on the rise in society. This has been widely evidenced, with levels of suicide and self-harm perhaps the starkest indicators of all. Most recently, the Annual Psychiatric Morbidity Survey (APMS) 2024 found that the prevalence of many mental health conditions has increased, with the proportion of people screening positive for conditions like depression, OCD, and Generalised Anxiety Disorder markedly increasing over the last ten years - though rates of other conditions such as schizophrenia and bipolar appear more stable. Young people are particularly impacted and women aged between 16 - 24 are the most effected cohort. This research examines underlying symptoms rather than diagnosis rates, so it is not merely reflecting rising levels of awareness or the fact we are catching more cases.

We welcome the Government's Prevalence Review as an important opportunity to understand more about the drivers of what is going on, and the announcement of a mental health strategy is another welcome step towards rising to the challenges the Government faces on mental health.

In the immediate term, we are calling on the Government to make three commitments, which mirror the three shifts in the NHS.

1.



Roll out waiting times standards across all mental health services (prevention shift)

Long waits for mental health care have become the norm, with too many people only getting help when they reach crisis point. These delays make recovery harder and treatment more complex. We're calling on the Government to fully roll out existing NHS mental health waiting time standards, so people can get support earlier. The standards are ready – what's needed now is action to make timely access to support a guarantee, not a lottery.

2.



Make mental health a cornerstone of neighbourhood health (community shift)

Mental health support should start close to home, in our communities. We can start working towards this now by rolling out Early Support Hubs nationwide, expanding community mental health centres and ensuring mental health is central to the development of wider neighbourhood health services.

3.



Accelerate access to new, innovative treatments (digital shift)

Mental health care should have the same ambition we see in areas like cancer and dementia. People with mental health problems deserve access to the most effective treatments and real choice. This includes using digital and AI—safely and fairly. Speeding up the roll-out of NICE-approved digital treatments is one way we can get support to more people, faster, and make better use of clinical time - while still ensuring choice and human care.

Rethink Mental Illness

We are the charity for people severely affected by mental illness, no matter what they're going through.

For further information on Rethink Mental Illness
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