Mental health and wellbeing in **A**dvanced **I**llness **N**etwork
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The Rt Hon Alison McGovern MP
Minister of State for Social Care and Mental Health
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

18th September, 2026.

Dear Minister McGovern

Re: Palliative Care and End-of-Life Care Modern Service Framework

We are writing on behalf of the Mental health and wellbeing in Advanced Illness Network (MAIN), a multidisciplinary network of more than 550 researchers, healthcare professionals and members of the public committed to improving mental health and wellbeing for people living with life-limiting illness and those close to them.

We welcome the development of the Modern Service Framework (MSF) for Palliative and End-of-Life Care and urge that psychological care be recognised as a core component of high-quality palliative care.

Psychological distress is common among people living with advanced progressive illness and their families, yet access to psychological support remains inconsistent and inequitable. Unmet psychological needs are associated with poorer experiences of care, more complex symptom management, higher healthcare utilisation, and increased costs for health and social care services.

The MSF presents an important opportunity to address this. We recommend that it:

- Explicitly embeds psychological care and wellbeing within its vision, priorities and accountability framework.
- Requires proactive assessment of psychological support needs as part of holistic care.
- Supports workforce development by equipping all health and social care professionals delivering palliative care with core psychological support skills.

- Promotes cost-effective stepped-care approaches, including digital and low-intensity interventions integrated into routine care, while ensuring access to specialist mental health support for people with more complex needs.
- Measures and reports psychological outcomes, service access and inequalities to ensure support is available according to need rather than diagnosis, geography or demographic characteristics.

Particular attention is needed for groups who currently experience poorer access to support, including people living in deprived communities, those from ethnic minority groups, people with non-cancer conditions, those in rural areas, and individuals with severe mental illness whose needs often fall between services.

By embedding psychological care within the MSF, England has the opportunity to improve quality of life, support carers, reduce inequalities and make better use of existing health and care resources through earlier identification and management of distress.

MAIN would welcome the opportunity to contribute further evidence and expertise as the MSF is developed and implemented, including discussion with both the Palliative and End-of-Life Care and Severe Mental Illness MSF teams.

Yours sincerely,

Dr Anne Finucane, Senior Research Fellow, Co-Lead MAIN, University of Edinburgh
Dr David Gillanders, Senior Lecturer, Co-Lead MAIN, University of Edinburgh
Dr Yingna Li, Postdoctoral Researcher, MAIN Network Coordinator, University of Edinburgh
Dr Sarah Yardley, Associate Professor of Palliative Medicine, University College London
Prof Liz Forbat, Honorary Professor and AHP Manager, University of Stirling and Marie Curie
Dr Emily Harrop. Senior Research Fellow, Cardiff University
Dr Tracey McConnell, Lecturer – Chronic Illness and Palliative Care, Queen's University Belfast
Katarzyna A. Patynowska, Doctoral Research Fellow and Research Nurse, Ulster University and Marie Curie
On behalf of the MAIN Steering Group.

Cc: Dr Sarah Mitchell

Dr Adrian James