1. **What does high-quality care look like for adults with severe mental illness and their families/carers?**
- **How could the service user journey be improved both within community mental health services and in accessing support provided by other services/agencies?**
- **How could this be measured/monitored locally and nationally?**

High-quality care for adults with severe mental illness and their families/carers must be person-centred, holistic, and responsive, addressing not only clinical needs but also the wider social determinants of mental health, such as housing, employment, and social inclusion. Social work has a central role in achieving this vision, offering expertise in understanding the complexity of people's lives and delivering support that enables recovery, empowerment, and meaningful participation in their communities. Care should be co-produced with people accessing services and their families, respecting their lived experience and fostering a collaborative approach that promotes both recovery and resilience.

To achieve this, services must offer timely and accessible support that meet diverse population needs and are underpinned by equality, diversity and inclusion policies and practice . Opportunities for self-referral, available through a range of channels including digital platforms, should be a core feature of the system, allowing people to seek help directly and without unnecessary barriers. Referral processes must be clear, with timely responses and regular updates communicated to people and carers to reduce uncertainty and stress. Social workers and other professionals should record response and action times for each referral, with this data collated centrally to ensure accountability and identify system bottlenecks.

Integrated care is vital to improving the journey of people accessing community mental health services. Social workers are uniquely placed to coordinate support that addresses housing, employment, physical health, and wider social needs, ensuring a joined-up approach to care. This integration not only supports people in achieving stability and wellbeing but also ensures families and carers are supported as part of the broader care network. However, care must balance involving carers in planning and decision-making with providing them standalone support to prevent burnout and promote their own wellbeing.

The involvement of people accessing services and their carers in co-producing care pathways is essential to improving both access and quality. Local networks of support, designed with input from those with lived experience, can ensure care plans are truly reflective of the needs of people and their families. Social workers, with their focus on advocacy and empowerment, play a key role in facilitating this co-production. Trauma-informed and culturally competent approaches are crucial to fostering trust and ensuring services meet the needs of diverse communities. Additionally, strengthening mental health awareness training for professionals in related services, such as housing and employment, can improve the quality of support available at key touchpoints outside the mental health system.

Monitoring and evaluating the quality of care is critical at both local and national levels. Transparency and accountability can be achieved through robust data collection, including the central collation of referral response and action times, with services reporting regularly to the Department of Health and NHS England. Lived experience must also be a central measure of

success: locally and nationally, people accessing services and carers should have opportunities to provide feedback through surveys, focus groups, and forums that directly inform service development.

Outcome-based indicators, such as reductions in hospital admissions, sustained housing, employment retention, and improved physical health, should be used alongside lived experience feedback to measure success. Locally, services should be evaluated against the principles of the Community Mental Health Framework to ensure care is integrated, person-centred, and aligned with the long-term vision for mental health services. Social workers are essential in driving this integration, as their professional expertise enables them to navigate complex systems and advocate for people's rights and needs. Independent reviews and quality assurance processes can further ensure that high standards are maintained and that service improvements are data-driven and informed by evidence.

 Good mental health care for adults with severe mental illness should be timely, well-coordinated, reliable, and well-funded, built around principles of equity, rights of access co-production, integration, and accountability. It should resemble a properly resourced and universally implemented care programme approach, recognising care coordination as a vital intervention and ensuring long-term 'light touch' monitoring within secondary services to avoid harmful transitions caused by the step-up, step-down model. Social work must remain central to this system, supported by adequate resourcing, workforce investment, and professional recognition, to improve outcomes for people, families, and communities.

2. **What is the current state of access for adults with severe mental illness to community mental health services?**
- **What progress has been made in implementing waiting time and access standards for community mental health services?**
- **How could access be improved across the country?**

 Access to community mental health services for adults with severe mental illness remains inconsistent and insufficient across England, marked by long waiting lists, delays, and a postcode lottery of provision that exacerbates inequalities. Despite promises of seamless step-up and step-down support, frontline practice shows a system failing to deliver, with many discharged from the protections of the care programme approach into primary care only to face significant barriers when seeking referral back into secondary care after relapse. This crisis-driven system, focused on episodic, intervention-based care, neglects the need for stable, long-term care coordination and relational, person-centred support that prioritises prevention, early intervention, and ongoing monitoring to help people maintain stability. The emphasis on medical interventions over therapeutic and social approaches further limits opportunities for holistic care.

Progress on implementing waiting time and access standards has been slow, with insufficient transparency on how these are being met locally and nationally. While some areas have begun integrating the Community Mental Health Framework to promote more joined-up services, the lack of robust investment and workforce planning remains a significant challenge. Social workers, who bring vital expertise in understanding the wider social determinants of mental

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health, are often underutilised within community mental health teams, despite their ability to deliver holistic support that promotes recovery and prevents escalation to more intensive care.

Improving access to community mental health services requires bold, system-wide action. Investment in workforce capacity is critical to meeting current and future demand, ensuring people can access services before their needs escalate into crises. Social workers must be recognised and supported as key professionals in these services, working alongside medical and therapeutic colleagues to deliver integrated, person-centred care. This includes addressing wider health, housing, and employment needs, which are often overlooked in medicalised models of care. Currently over 3,700 social workers are directly employed by NHS Mental Health Trusts and yet the NHS does not provide funding for social work specific training and development whilst Trusts receive funding for allied health professionals and nurses of aprox £2,000 per head over 3 years. Social workers contributions must be valued and their professional development supported by the NHS.

Preventative programmes must also be developed to support people before their mental health reaches the threshold of "severe and enduring." Social workers are well-positioned to lead this work, using their skills to identify early signs of need and connect people to appropriate support within their communities. Greater investment in therapeutic options, such as counselling and trauma-informed care, alongside social interventions, will reduce reliance on purely medical approaches and offer more meaningful, sustainable pathways to recovery.

Nationally, waiting time and access standards must be implemented consistently, with clear accountability mechanisms and regular reporting. Feedback from people accessing services, carers, and professionals, including social workers, should be embedded in evaluating progress. Transparent data on waiting lists, service uptake, and outcomes will drive improvements, ensuring a more equitable and effective system.

For Gypsy, Roma, and Traveller (GRT) communities, the situation is particularly concerning, with disproportionately high rates of serious mental illness and suicide (source). Barriers such as stigma, low literacy and digital competence, lack of outreach by services, and discriminatory attitudes among professionals compound the crisis. BASW is working to raise awareness and improve access through initiatives like the Romani and Traveller Social Work Association, co-produced resources, and conferences featuring community voices. A targeted approach, including inclusive) Equality, Diversity and Inclusion training, proactive outreach, and culturally sensitive preventive strategies, is essential to address these disparities and improve outcomes.

Has the Community Mental Health Framework been an effective tool for driving the delivery of more integrated, person-centred community mental health services?

The Community Mental Health Framework was intended to drive more integrated, person-centred mental health services, but its implementation has been deeply flawed, leading to significant harm for people with severe mental illness (SMI). Rather than improving care, the framework has supercharged discharges to primary care, with many former Care Programme Approach (CPA) patients now falling through the cracks of an underfunded and chaotic system. The over-reliance on the voluntary sector, which is overwhelmed, combined with inconsistent implementation and a lack of governance, has resulted in a fragmented and inequitable approach.

Levelling up services for people with lesser needs has come at the cost of levelling down for those with the most complex needs. Local areas are focused on showcasing 'good news stories' and producing a 'sales pitch' for the framework, rather than conducting robust assessments of its impact or prioritising governance to safeguard people with SMI. There is currently no clear national data on critical measures, such as how many CPA patients have been discharged to primary care since community transformation began, further illustrating the lack of oversight and accountability.

While the framework's principle of assigning one lead professional to coordinate care aligns with social work's strengths in holistic and relational approaches, its success depends on adequate resourcing, manageable caseloads, and workforce support. Integration must move beyond medical models and include therapeutic and social interventions that address the social determinants of mental health. The commissioning of services also requires greater consistency, as current NHS commissioning under the Patient Carer Race Equality Framework and local authority commissioning under LGA "Diverse by Design" guidance often diverge, depending on individual relationships within Integrated Care Systems (ICSs).

To truly achieve equitable, person-centred care, there must be substantial investment in core services, clear accountability mechanisms, and meaningful input from social workers to ensure governance structures safeguard those most in need. Without these changes, the Community Mental Health Framework risks deepening inequalities and failing the very people it was designed to support.

How can community mental health services work with social care, the third sector and local government to better address service users' health and wider social needs that are wider determinants of mental health outcomes?

- **How could the funding system be reformed to more effectively drive transformation in the delivery of integrated person-centred community mental health services?**

Community mental health services must work collaboratively with social care, the third sector, ,local government and local communities, to address the wider determinants of mental health, such as housing, employment, and social inclusion. True integration requires equity and mutual respect across professional roles, with social workers playing a central part in multidisciplinary teams. Social workers bring a unique focus on person-centred, strengths-based approaches and are skilled in addressing the social determinants of health, ensuring care plans are holistic and promote recovery.

Investment in the employment and professional development of social workers is critical, alongside support workers who can provide practical assistance. Systems such as person-centred planning and essential lifestyle planning should be embedded within multi-agency approaches, empowering people to lead their care and ensuring services are tailored to their needs and aspirations. The greater use of mental health personal budgets and direct payments should be encouraged, giving people more choice and control over their care and enabling them to access support that is meaningful to them.

To transform the delivery of integrated, person-centred services, the funding system must move away from siloed budgets and towards pooled funding across health, social care, and local government. This would reduce duplication, promote collaboration, and enable resources to be directed where they are most needed. A national funding framework should mandate equitable investment in preventative and community-based mental health services, with clear accountability for outcomes.

Long-term funding settlements are essential to build capacity and workforce stability, ensuring sustainable integration efforts. Community mental health services must work closely with local authorities and third-sector organisations to deliver innovative, locally tailored solutions that address both clinical and social needs, creating a system that supports recovery and promotes long-term wellbeing.

What blockers or enablers should policy interventions prioritise addressing to improve the integration of person-centred community mental health care?

Policy interventions should prioritise reducing reliance on medical models and promoting holistic, person-centred approaches that integrate social models of intervention. This includes greater emphasis on co-production with people who have lived experience of mental health issues and their families, ensuring services are designed to meet their real needs. Enablers such as investment in the social care workforce, particularly social workers, are vital to support multidisciplinary working and address the social determinants of mental health. Addressing systemic barriers like siloed funding and fragmented services is also essential, creating a framework that fosters collaboration and sustainable, integrated care.

A review of how Section 117 after care funding is used nationally and whether this in fact is the best model to fund care post discharge for some people detained under the Mental Health Act is needed. The current guidance does not address the ongoing local issues related to agreeing which elements of a person's care will be funded by the local authority or the ICB which can lead to delays in hospital discharge and fragmented service delivery and support planning.

Investment in recording systems which enable workers in NHS Trusts, Local Authorities and Acute Trusts to have access to agreed data and which supports single assessment and individual support plans is vital. Too often people are provided with multiple support plans from different agencies which don't speak to each other.

What are the examples of good or innovative practice in community mental health services?

- **What needs to happen to scale up the adoption of these practices across the country?**

There are examples of innovative community mental health practices, both within the UK and internationally, that can inform better service delivery. Scaling up such practices requires embedding Equality, Diversity, and Inclusion (EDI) principles into all levels of planning and delivery, alongside a clear set of values and a mission statement to guide implementation.

Internationally, the Italian community mental health model provides a strong example of holistic and integrated care, where services focus on prevention, inclusion, and recovery.[1] These models emphasise deinstitutionalisation, community-based support, and multidisciplinary collaboration, offering lessons on how the UK can better integrate social and medical interventions. Many areas have started to develop models which partially replicate this model, i.e. the introduction of crisis cafes, safe havens etc which provide immediate support at a local level. However outside of normal office hours, in many areas these provisions are relocated to a hospital site which are more difficult to access but address issues such as staff safety and security. With better investment these provisions could be offered 24/7 in the same facility making it truly locality based similar to the Italian community mental health model. Locality based services delivered jointly between the voluntary sector, local authority, NHS Trusts and other agencies such as housing, are key to ensuring services meet the specific needs of that local communities, including socio economic, cultural, religious needs.

To scale up good practices, government policy must ensure sufficient funding, workforce capacity, and flexibility to adapt approaches to local needs. This requires a robust evaluation of pilot schemes, national dissemination of findings, and investment in training for all professionals involved, particularly social workers, who are essential to delivering person-centred, community-based mental health care.

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[1] https://www.thelancet.com/action/showPdf?pii=S2215-0366%2821%2900252-2