**Q&A for Community Mental Health: What Next For Systems?**

18/07/24

For the recording and further resources, please visit the webinar’s webpage here: [www.rethink.org/cmhtwebinar](http://www.rethink.org/cmhtwebinar)

Please note that some questions have been consolidated according to theme and answers reflect the opinions of the individual speakers.

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| **Question** | **Answer** |
| Could we please find out how the alliances were initially funded and do we know anything about funding going forward? | The Alliances we evaluated were funded by Charities Aid Foundation (CAF). There are more details via a number of reports on the programme from Rethink Mental Illness [here.](https://www.rethink.org/aboutus/what-we-do/community-mental-health-unit/)– David Woodhead (Centre for Mental Health) |
| Is it possible to have a copy of this report? | You can download the report via the Centre for Mental Health website [here](https://www.centreformentalhealth.org.uk/publications/more-than-the-sum-of-our-parts/#:~:text=More%20than%20the%20sum%20of%20our%20parts%20explores%20how%20bringing,living%20with%20a%20mental%20illness.).– David Woodhead (Centre for Mental Health) |
| I want to ask about basic access to mental health services and NHS in general. Very often doctors pushed people to call, which could be extremely tricky for many Autistic people, or came several times what people with depression just couldn't do many times. It lead to a poor quality of living, and to situation where people with depression and autistic people do not get help at all/ increase suicide risks/made people uncapable to deal with everyday life. Is there any programs going on now to change this situation? | Under the [Equality Act 2010](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fguidance%2Fequality-act-2010-guidance&data=05%7C02%7Colivia.ball4%40nhs.net%7C0813c766986b467bab8e08dcb083fdcc%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638579328163992617%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=OK359p3E6lzf6YJrBAtiGIKhM%2BfH2SNU2vo2n1BHPgg%3D&reserved=0) , organisations have a legal duty to make changes in their approach or provision to ensure that services are as accessible to people with disabilities as they are for everybody else. The [Adult Autism Strategy: Supporting its use](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fadult-autism-strategy-statutory-guidance&data=05%7C02%7Colivia.ball4%40nhs.net%7C0813c766986b467bab8e08dcb083fdcc%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638579328164006414%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=TSmpUxAUoaM8Sg9bJJdbp4Zz8hbX5p3Cl7rr82FweSo%3D&reserved=0) statutory guidance for local authorities and NHS organisations clearly states that autistic people should have support adjusted to their needs if they have a mental health difficulty and the change is considered reasonable. In addition to a [clinical guide for front line staff to support the management of patients with a learning disability and autistic patients](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Flong-read%2Fclinical-guide-for-front-line-staff-to-support-the-management-of-patients-with-a-learning-disability-and-autistic-people-relevant-to-all-clinical-specialties%2F&data=05%7C02%7Colivia.ball4%40nhs.net%7C0813c766986b467bab8e08dcb083fdcc%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638579328164016001%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=tICWp8GaEbC%2BmJpf%2BwJhiidiKaErdQcn4XpAjfbUCWk%3D&reserved=0), NHS England has published guidance for all main stream mental health services: [NHS England » Meeting the needs of autistic adults in mental health services](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Flong-read%2Fmeeting-the-needs-of-autistic-adults-in-mental-health-services%2F&data=05%7C02%7Colivia.ball4%40nhs.net%7C0813c766986b467bab8e08dcb083fdcc%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638579328164023037%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=6oZxQOjhtwTnfm9VpUUrorlVOIWZ4YDZXqqji16hMw0%3D&reserved=0) to ensure they can meet the needs of autistic adults requiring mental health support. The guidance provides practical examples of the application of ten principles at different levels of mental health services and sets out that to be accessible and acceptable to autistic adults, common autistic traits such as communication and interaction difficulties, anxiety about uncertain or unpredictable care, executive functioning difficulties, sensory reactivity and masking should be accommodated. The NHS England [sensory friendly resource pack](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fpublication%2Fsensory-friendly-resource-pack%2F&data=05%7C02%7Colivia.ball4%40nhs.net%7C0813c766986b467bab8e08dcb083fdcc%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638579328164029021%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=zivIvgc%2FJ2uwcrJBSVe1rMuU5gixcAHdy4g4M4C3ca0%3D&reserved=0) is intended for all settings, to support in addressing issues raised about sensory environments impacting on poor quality care for autistic children and adults. The Health and Care Act 2022 (24) placed a duty on all Care Quality Commission- regulated health and social care providers to ensure their staff receive training on learning disability and autism that is appropriate to their role. The [core capabilities framework for supporting autistic people and/or people with a learning disability](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.skillsforhealth.org.uk%2Finfo-hub%2Flearning-disability-and-autism-frameworks-2019%2F&data=05%7C02%7Colivia.ball4%40nhs.net%7C0813c766986b467bab8e08dcb083fdcc%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638579328164034625%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=y%2Bl8TQQ0XdVoiqgpY4Jow0vzspY3mJ0v8UL83mcSz7E%3D&reserved=0) outlines three tiers of capabilities (i.e., skills, knowledge and behaviours) that anyone working within any health or social care setting need to support autistic people. [The Oliver McGowan Mandatory Training on Learning Disability and Autism](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hee.nhs.uk%2Four-work%2Flearning-disability%2Fcurrent-projects%2Foliver-mcgowan-mandatory-training-learning-disability-autism&data=05%7C02%7Colivia.ball4%40nhs.net%7C0813c766986b467bab8e08dcb083fdcc%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638579328164040334%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=yYyiE2pcvDH0hCagtvasjwSXxcq7MlfDDN5yM9xenk0%3D&reserved=0) is the preferred and recommended training package developed by the Department of Health and Social Care.A [national autism trainer programme](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.annafreud.org%2Ftraining%2Fnational-autism-trainer-programme%2F&data=05%7C02%7Colivia.ball4%40nhs.net%7C0813c766986b467bab8e08dcb083fdcc%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638579328164046111%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=CWfFdsSFLGCgu7DAGiuuoT7yngQCAwd%2B6lqmgrC0RVc%3D&reserved=0) is also available to mental health professionals working in all-age community and inpatient mental health settings (as well as health and justice settings and residential special schools and colleges). This programme has been developed by the Anna Freud Centre and AT-Autism and it is co-designed and co-delivered by autistic people, trainers, and clinicians. This training is additional to the Oliver McGowan Mandatory Training on Learning Disability and Autism.- Jane Saunders-Bain (NHS England) |
| Mental health is not a NHS problem, but rather a societal issue. Data suggests that NHS mental health outcomes accounts for only 20% of population recovery rates. So how does the Social Care sector converge with Healthcare to bring about the necessary support of the UK population? | We found that the Alliances where productive discussions were underway about how best to take system wide approaches to improving mental health, including the contribution of all relevant agencies, included social care, housing providers and community organisations, and not just health services.The relationships between health and social care have been debated for a long time, with a view to integrating and the different approaches of each, and to improving outcomes for some of the most vulnerable people in society. Integrated Care Boards are the vehicle through which piece meal attempts to improve seamless care are being systematically developed and implemented. In the areas we evaluated, the mental health alliances were key parts of the governance which aimed to develop a shared vision for services and an equitable allocation of resources to deliver services. – David Woodhead (Centre for Mental Health)\*please see webinar recording for more discussion of this question during the Q&A |
| To what extent does the term "VCSE" continue to be useful given the significant diversity of organisations that sit under that umbrella, and the complex politics and power dynamics within that sector. Feels particularly important in the discussions about CMH transformation, prevention and tackling health inequalities. | This is an important point. The VCSE sector contains organisations of many sizes and resources, from large international agencies to very small local groups. Our study observed tensions between groups, as well as examples of collaboration, which is not surprising given the context in which they operate and the pressures they find themselves under. The term has continued usefulness in relation to distinguishing its purpose and ethos from the private sector and public sectors. They are often united by an explicit focus on communities and the individuals within them and the systematic reduction of inequalities and injustice. As within any categorisation, it is helpful that it is reviewed and refreshed from time to time, to reflect current social needs and mores, and to remain relevant. – David Woodhead (Centre for Mental Health) |
| This is really excellent and helpful research, thank you. Have you explored the role of lead organisations or leadership in forming the alliances? For example, do you have a view on whether it is advantageous to have a 'lead organisation' like Rethink or the ICB starting up and enabling alliances? | In short, it is crucial that there are organisations that are robust enough to take leadership roles, but which have deep commitments to supporting other organisations, levelling the playing field, and building the resilience of the sector as a whole.– David Woodhead (Centre for Mental Health)\*please see webinar recording for more discussion of this question during the Q&A |
| Apologies if I missed this - are MH alliances set up just in these four areas, or in others? If so, how many systems/areas have an alliance? | The evaluation focused exclusively on four sites. There are mental health alliances elsewhere that function in similar ways, we understand.– David Woodhead (Centre for Mental Health)\*please see webinar recording for more discussion of this question during the Q&A |
| What does the NHSE do currently to recognise the role of the VCSE sector in supporting the delivery of the NHS priorities and how do NHSE encourage ICSs to share some power and work with the VCSE providers? | Partnership working across both NHS and non-NHS organisations is integral to the delivery of community mental health transformation. Systems are building stronger relationships across primary and secondary services, as well as involving VCSE organisations as strategic and delivery partners within new models of integrated care. Some community mental health services are at the forefront of building VCSE partnerships in the NHS, including establishing VCSE alliances to deliver services that will better reach and meet the needs of their local communities and to help provide more holistic support for mental health, including on the wider determinants of health. The community mental health framework can be found here: <https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/>- Jane Saunders-Bain (NHS England)\*please see webinar recording for more discussion of this question during the Q&A |
| Debbie mentioned diagnostic tools aren't trauma/culturally informed. Is something happening to change this? | As far as I’m aware re diagnostic tools not being either trauma/culturally informed, there is nothing currently happening to change this. The [Reforming the Mental Health Act white paper](https://www.gov.uk/government/consultations/reforming-the-mental-health-act)talks to: * Culturally appropriate advocacy
* The reforms aim to tackle the racial disparities in mental health services
* Patient Carer Race Equality Framework (PCREF), NHS England’s anti-racist framework - a practical toolkit the aims to enable Mental Health Trusts to understand what steps they need to take to improve Black, Asian and minority ethnic communities mental health outcomes

However there is nothing in the reform that talks to the fact that diagnostic tools are neither trauma/culturally informed. I raise it in as many spaces as I can, mental health practitioners that I have come into contact with agree that mental health act assessments need to be trauma/culturally informed. - Debbie Best (Lived Experience Carer and Activist)\*please see webinar recording for more discussion of this question during the Q&A |
| Where does implementation of the Patient and Carer Race Equality Framework fit within these NHS priorities and workplans? | The [Priorities and operational planning guidance 2024/25](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fpublication%2Fpriorities-and-operational-planning-guidance-2024-25%2F&data=05%7C02%7Colivia.ball4%40nhs.net%7C2f5836d8cba344c740e708dcabbf64e2%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638574085717777253%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=EsN0YEVrWMWt9W26b8ZXDjpPkAaG9J%2FKF3IbEaUa4fo%3D&reserved=0), set out a series of requirements in relation to NHS services. The guidance specifically requires the implementation of the Patient and Carer Race Equality Framework (PCREF) by the end of 2024/25. This aligns to the NHS Standards Contract 2024/25, for all mental health providers to establish the governance structure and reporting metrics to monitor the access, experience, and outcomes of ethnic minority groups, and building organisational competencies. - Jane Saunders-Bain (NHS England)  |
| What is happening nationally to support the continued delivery of SMI physical health checks, especially with income protection of some QOF indicators in 2024/25? | The Quality and Outcomes Framework (QOF) indicators for the SMI register and for the ‘full’ physical health check are income protected in the 24/25 GP contract, to support the overall movement in primary care to reduce the administrative burden on GP practices. The QOF incentives for each individual element of the core physical health check are not income protected and remain incentivised in 2024/25.  Nationally we are continuing to promote the importance of these checks and to highlight recent work in this area, including: * [National guidance](https://www.england.nhs.uk/publication/improving-physical-healthcare-for-people-living-with-severe-mental-illness-smi/) (published January 2024)
* Encouraging funding outreach to support uptake of the SMI physical health checks and follow up interventions. Some learnings from how this funding has been used previously have been put together by Equally Well in their Reaching Out report (published January 2024).
* [Race Equality Foundation resources](https://raceequalityfoundation.org.uk/health-care/physical-health-checks-for-people-with-severe-mental-illness/) aimed at Black African and Caribbean people with SMI (March 2024).
* [RightCare Scenario](https://www.england.nhs.uk/publication/rightcare-physical-health-and-severe-mental-illness-scenario/) on physical health and severe mental illness (published July 2023).
* [Lester Tool](https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/ncap-library/eip-2024/ncap-lester-tool-intervention-framework.pdf?sfvrsn=21e45dbd_17) outlining NICE guidance on physical health monitoring and follow-up interventions (updated in 2023).

- Jane Saunders-Bain (NHS England)  |
| What are NHSE doing to encourage systems to look at interoperable data sharing for SMI physical health checks?  | NHS England recognises the challenges of interoperability between secondary and primary care, and the impact this can have particularly on data flows for SMI physical health checks. The national team is exploring how we can best support addressing this issue, including working with the [GP Connect](https://digital.nhs.uk/services/gp-connect) team to develop a PHSMI use-case for their Update Record functionality. - Jane Saunders-Bain (NHS England) |
| What is NHS England doing on intensive community treatment and follow up? | NHS England also included a requirement in the [2024/25 NHS Priorities and Operational Planning Guidance](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Foperational-planning-and-contracting%2F&data=05%7C02%7Cclare.smyth3%40nhs.net%7Cb296bc3ddb8a4fbc3f0808dcacc7a692%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638575220697661286%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=%2BpLFKtCkpg0Ohi60vQloaF1yg2oz1gd8LEhFT1UVm5k%3D&reserved=0) that all Integrated Care Boards (ICBs) to *“Review their community services by Q2 2024/25 to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge.”* NHS England have subsequently produced [guidance](https://www.england.nhs.uk/publication/guidance-on-intensive-and-assertive-community-mental-health-treatment/) to support ICBs to undertake these reviews.   - Jane Saunders-Bain (NHS England) |
| Is data on patient reported outcome measures monitored or reported? Is it/would it be helpful to do so? | Routine use of Patient Report Outcomes measures (PROMs) is associated with improving understanding of a person’s needs, fostering shared decision making, supporting quality improvement and better experience and outcomes from care.  [Guidance to support implementation in community services was released by National Collaborating Centre for Mental Health in 2023](https://www.rcpsych.ac.uk/improving-care/nccmh/service-design-and-development/proms-cmh-ig) and systems are encouraged to ensure routine and meaningful use of PROMs in services.  Outcome data, including PROM data, is reported within the CQUIN dashboard on the FutureNHS collaboration platform. This platform does require registration and sign in. MH CQUIN Dashboard 23/24- Jane Saunders-Bain (NHS England) |
| Any suggestions on how to work towards overcoming trust issues within VCSE alliances? National large charities carry less financial risk than smaller local organisations, and therefore the impact is greater on them than national organisations if funding is moved to an alliance model. | Trust is built through steadily and respectfully communicating with each other. It does take courage to take the risk of stepping into an alliance but the benefits can be huge. It is also true that toxic and bullying organisations should be held to account. This is not easy if they hold the authority and power and display little interest in reflecting upon their short comings. However, the benefit of alliance working is that smaller organisations can find safety in numbers.– David Woodhead (Centre for Mental Health)\*please see webinar recording for more discussion of this question during the Q&A |
| Amazing talks everyone, I’ve found it so insightful! :) As an employee working for a volunteer sector (Anawim), the wealth of work/support such organisation are able to provide have been significant for those struggling with their mental health and/or trauma experiences. However, I do think there is much more to be done in addressing mental health from a multisectoral standpoint to address challenges we are facing in the community. | Agreed – one of the benefits of the alliances is that they create a space in which that multi sectoral approach can be developed and services can be resourced appropriately.– David Woodhead (Centre for Mental Health)I agree that more needs to be done from a multi sectoral standpoint to address the challenges we are facing.- Debbie Best (Lived Experience Carer and Activist) |
| Listening to the presentations it is great to hear about research and recommendations, I feel tearful. the experience as a carer I still do not know who to contact for advice, information and how best to support a s.u.And the lack of diagnosing possible underlying reasons for mental health distress; some treatment may be ineffective or even have a negative effect.And the lack in general on different mental health issues which is experienced by lots of carers in carer groups, which often is the only place they get support, understanding and information. | These are important questions, which were often addressed by the Alliances, not least through their in depth work with experts by experience, including family carers.– David Woodhead (Centre for Mental Health)I’m sorry to hear that this is your lived experience, however I am not surprised to hear that you do not know who to contact for advice, information and how best to support a s.u. Hopefully one of the organisations within the webinar will support you with this by way of signposting you to the most appropriate service in your local area. I wish you all the best moving forward. The support for carers is inadequate, there is no long-term support in place for the 7 million unpaid carers in the UK, each year saving the government £162 billion.- Debbie Best (Lived Experience Carer and Activist)Rethink Mental Illness provides tailored information and advice to support carers and help maintain and improve their wellbeing. To see what support is available in your area, please visit:<https://www.rethink.org/help-in-your-area/services/carer-support/>You can also call our advice service free of charge 0808 801 0525 |
| It would be great to hear about the areas where Local Authorities have been actively involved and leading on CMHT transformation, including public health. | The LGA website is a good place to start to find these examples. The mentally healthier councils network is also a source of support, examples, and discussions: <https://www.centreformentalhealth.org.uk/mentally-healthier-councils-network/>– David Woodhead (Centre for Mental Health)The [2023 LGA/ADASS survey on adult mental health social care](https://www.local.gov.uk/publications/adult-mental-health-social-care-report-findings-2023-insight-survey) may also be of interest with insights on engagement in community mental health transformation programmes, care coordination and commissioning arrangements. - Jane Saunders-Bain (NHS England) |
| I just want to notice about equality - it should be done something for people who came from unprivileged countries - and not just Black people. Many NHS talking therapy behaved like they have no idea about a level of trauma people from Ukraine, Chechnya, Belarus, Bosnia could experience (both contest of war, occupation, authoritarianism, but also refugee experience). After a therapy you only have a feeling like you are so marginalized that no one would ever understand you. I am saying as a person with PTSD who have been a refugee in the UK for 5 years | Thank you for sharing your lived experience, I’m sorry hear that you have not had a good experience. Unfortunately the system is inadequate, outdated and not fit for purpose and fails to meet the needs of many. Your voice is important, and your experience highlights the urgent need for change in the same way that people from Black, Asian and minority ethnic communities who are more likely to experience higher rates of mental health problems which can be higher amongst these groups than for white people. There are definitely equality gaps within services which hopefully being part of webinars and being in spaces to share our lives experiences, we can affect change together. Re your comment about ‘and not just Black people’ equality should be afforded to every human being irrespective of their ethnicity and the same applies to equity. Unfortunately this is not the case, for example, where Black people are concerned they receive poorer outcomes, treatment than any other ethnic group which research shows is linked to racism and racial micro aggressions.- Debbie Best (Lived Experience Carer and Activist)Trauma informed approaches should be responsive to the needs of individuals, including those from the countries you list. The issue of equality in healthcare, particularly in mental health services, is a critical concern that requires a nuanced understanding of the diverse experiences of individuals from underprivileged countries. This includes not only Black individuals but also those from regions such as Ukraine, Chechnya, Belarus, and Bosnia, who have endured significant trauma due to war, occupation, authoritarianism, and the refugee experience.From an academic standpoint, the literature emphasises the importance of culturally competent care. Cultural competence involves understanding and respecting the unique cultural, social, and historical contexts that shape an individual’s experiences and mental health needs. Studies have shown that mental health professionals must be trained to recognise and address the specific types of trauma experienced by these populations. This includes understanding the impact of war, displacement, and systemic oppression on mental health. In practice, guidelines from organisations such as the National Institute for Health and Care Excellence (NICE) and the World Health Organisation (WHO) stress the importance of providing equitable and inclusive mental health services. These guidelines advocate for the implementation of culturally sensitive practices that cater to the diverse needs of patients.– David Woodhead (Centre for Mental Health) |
| What is NHS England currently doing to promote equity in Talking Therapies? | NHS England is committed to promoting equity of access to and outcomes from NHS Talking Therapies for anxiety and depression services. This is monitored nationally via the IAPT dataset.   There are a range of resources and projects to support services to meet the needs of the populations they serve, including * NHS England launched work to challenge racism within NHS Talking Therapies in 2021 following feedback, and in conversation with our stakeholders. The goals of this work are to: a) Promote equity of access and outcome for ethnic minority users of NHS Talking Therapies services, and b) Eliminate racism for NHS Talking Therapies service users and staff. We aim to achieve our goals by supporting local systems to advance equalities, improving the use and quality of data, and developing and supporting the workforce. We report on our progress with this work, and other pieces of our advancing equalities programme, to the Mental Health Advancing Equalities Taskforce.
* Black Asian and Minority Ethnic Service User Positive Practice Guide supports clinicians, service managers and commissioners to support specific communities to access and benefit from NHS Talking Therapies for anxiety and depression services. This guide includes a section on working with refugees and asylum seekers.
* NHS England has translated twelve Step 2 self-help resources in 10 languages (Arabic, Bengali, Pakistani Punjabi, Persian Farsi, Polish, Portuguese, Russian, Spanish, Ukrainian and Urdu). It is hoped that the translated resources will support practice and improve access and outcomes for people whose first language is not English.
* In 2021/22, we introduced a support metric to close the gap in outcomes between ethnicities. In 2022/23 the recovery rate gap was 3.1% between white British (50.7%) and all other ethnicities (47.6%). This gap has reduced from 4% in 2020/21.

 - Jane Saunders-Bain (NHS England) |
| Does anyone have a contact (or more info) about the Ealing MH A&E pilot pathway? | It’s ECC - Ealing Crisis Centre!<https://www.westlondon.nhs.uk/news/latest-news/west-london-nhs-trust-launches-innovative-ealing-crisis-centre-strengthen-local-mental-health-support-offer>- Debbie Best (Lived Experience Carer and Activist) |
| I'd like to make an observation, which I hope is OK. It's fantastic to hear reflections around the successes and challenges of MH Alliances but I wondered if there was any reflection on the challenges around establishing representative engagement in these? The VCSE sector can sometimes face quite significant challenges around sustainability / funding due to the current landscape so being able to free up capacity to commit can be a real challenge in achieving this. Some small/medium VCSE providers do great work on very little so it's ensure they are able to contribute locally? Cultural differences can also be an issue.. | In practice, several strategies can be employed to address these challenges:1. **Flexible Funding Models:** To support the sustainability of VCSE organisations, funding models need to be flexible and responsive to their needs. This includes providing core funding that allows these organisations to cover their operational costs and participate in collaborative efforts.2. **Capacity Building:** Investing in capacity-building initiatives can help small and medium-sized VCSE providers develop the skills and resources needed to engage effectively in MH Alliances. This can include training, mentorship, and access to shared resources.3. **Cultural Competence Training:** Providing cultural competence training for all members of MH Alliances can help bridge cultural differences and foster more inclusive and effective collaboration. This training should focus on understanding and respecting diverse cultural backgrounds and experiences.4. **Inclusive Governance Structures: Establishing** governance structures that ensure equitable representation from all stakeholders, including small and medium-sized VCSE providers, can help address issues of representation and engagement. This can involve creating advisory boards or committees that include representatives from these organisations.– David Woodhead (Centre for Mental Health) |
| Sorry if I have missed this but does the definition of community services include supported accommodation and if so, were there any recommendations in the report about the role of supported accommodation delivering for the community? | Yes, the definition of community services often includes supported accommodation, but not always. This type of service is crucial for vulnerable populations, including older adults, people with disabilities, and those transitioning from institutional care.– David Woodhead (Centre for Mental Health) |
| Can you explain the changes to funding of Mental Health Practitioners through the ARRS, and what is being done nationally to support the recruitment of these roles? | In the Network Contract DES 24/25 there were changes to the funding of additional Mental Health Practitioners (MHPs). It is still required that the first Mental Health Practitioner in a PCN is funded 50/50 between the primary care Additional Roles Reimbursement Scheme (ARRS) funding and the mental health provider.  For additional MHPs there is now flexibility in funding to be decided between the Primary Care Network (PCN) and the mental health provider, with commissioner agreement. Up to 100 per cent reimbursement for additional MHPs can come from the primary care ARRS funding, where there is a written agreement between the mental health provider and the PCN outlining this approach, the activities the MHP will support, the relevant supervision arrangements, and the commissioner supports this arrangement.  This flexibility was brought in after feedback from systems and stakeholders that the 50/50 funding arrangements were impacting on areas ability to recruit MHPs. Nationally we will continue to work with primary care to communicate best practice on recruiting and retaining MHPs.- Jane Saunders-Bain (NHS England) |
| Many thanks really interesting I look forward to reading research Hope is we continue to move as a collaborative Fear many changes get implemented without consultation and collaborationThank you | It was a central tenet of the Alliances we studied: ensure meaningful consultation with experts by experienceA core principle of the mental health alliances we examined was the commitment to ensuring meaningful consultation with experts by experience. This approach emphasises the importance of involving individuals who have lived experience with mental health issues in the planning, development, and evaluation of services. By actively engaging these experts, the alliances aim to create more effective and responsive mental health services that truly meet the needs of those they serve. This consultation process not only validates the experiences of individuals but also leverages their unique insights to inform better decision-making. It fosters a collaborative environment where service users feel heard and valued, leading to more tailored and impactful interventions. Ultimately, this principle underscores the belief that those who have navigated mental health challenges firsthand are invaluable contributors to shaping a more compassionate and effective mental health care system.– David Woodhead (Centre for Mental Health) |