Think Ahead's Submission to the Inquiry into Community Mental Health Services

About Think Ahead:

Think Ahead is a mental health workforce organisation – we deliver a national programme that recruits and trains mental health social workers who work in NHS trusts and local authorities across England. To date, over 1,100 people have joined our programme, providing new resources and vital central investment in the mental health workforce, helping address recruitment and retention problems, and enabling systemic and transformational change.

Social workers in mental health services tackle the broader determinants of health, including employment, housing, poverty, discrimination and access to community resources. These social factors drive health inequalities, significantly impacting mental health outcomes. Without a holistic approach in community mental health and other services, individuals with severe mental illness (SMI) may continue to experience barriers that undermine their recovery and quality of life.

At Think Ahead, we advocate for a holistic approach to mental health that acknowledges medical treatment alone isn't enough to improve life-chances and reduce health inequalities. This is supported by our pedagogical approach to learning, training, and professional development delivered through the Think Ahead programme.

Community mental health services are uniquely positioned to collaborate with statutory social care services, the third sector, and the NHS to address these issues. Social workers in community mental health teams act as the link – the connective tissue - between health and social care, bringing a social perspective to mental health care[i] and enabling better clinical and social outcomes.

1) *What does high quality care look like for adults with severe mental illness and their families/carers?*

Mental health is a social issue as much as a health issue, shaped by factors like employment, income, financial stability, relationships, and safe housing. Those facing poor social conditions are more likely to experience mental health challenges throughout their lives[1]. Furthermore, medical interventions are compromised when someone's mental illness is caused by, or exacerbated by, social determinants[2.]

Integrating the 'social approach' throughout clinical mental health care fosters a sense of belonging, purpose and connection- factors crucial to achieving and maintaining recovery. The social approach ensures care is tailored to the diverse communities it serves and actively works to challenge the barriers and prejudices many individuals face when seeking help.

High-quality care from a service user perspective involves building strong, trusting relationships between patients and professionals over time[3]. This enables individuals to live independently, manage their mental health with fewer crises and interventions, and feel understood in terms of their background, hopes, and aspirations. It also involves consistent, long-term relationships, avoiding the traumatising effect of having to repeatedly share a personal story. In our own research a social worker told us "The lack of continuity of care is the biggest complaint I get from service users, they hate the changeover"[4].

High quality care depends on a workforce resourced and fit for the future. The current workforce is over-stretched, and staff often face unmanageable caseloads and inadequate support, impacted by high turnover and staffing shortages[5]. One social worker told us: "Our morning meetings are all just about who is taking their medication and who isn't- not because we don't care about other things, but because there isn't any time to speak about anything because there are so many cases"[6].

Mental health social workers use their expertise to navigate systems, connecting service users to the resources they need. They use their legal powers to advocate for the support required and ensure people's safety through their expertise in safeguarding. Often embedded in CMHTs, they enable person-centred care and ensure the social determinants of health are central to good practice.

Their role and expertise in social, relational and trauma-informed practice, working alongside individuals and families, means they respond proactively to protect and promote individuals' mental health. By acting as the connecting tissue between clinical and community interventions and care plans, they take cost, risk and stress out of the system by enabling smoother navigation, fewer gaps, and reducing need for repeated assessments.

High quality care embedded in socially informed and connected systems requires more qualified mental health social workers, so every person with SMI is supported in a consistent relationship, enabling better outcomes focused on social factors for them and their families.

However, in our experience at Think Ahead, where we have direct and highly valued relationships with NHS Trust and local authority partners, we see social work being devalued, and in many cases, lost in clinical settings.

The removal of social workers posts from CMHTs in some Trusts, as section 75 agreements end and local authority duties shift to social workers due to financial and operational pressures, has led to a reduction in integrated care approaches[7]. A report by the Health Services Safety Investigation Body (HSSIB) found integrating mental health social workers improved efficiency, collaboration and understanding of cross-system pressure[8]. However, when social workers are removed from CMHT support is slower, more fragmented, more likely to be transactional and less socially appropriate[9].

It is essential that any quality measures are owned and embedded within community mental health teams, with input from both patients and staff on what matters most. These standards

should be straightforward and practical, ensuring they are achievable and motivating for staff to implement.

2) *What is the current state of access for adults with severe mental illness to community mental health services?*

The nation's mental health is worsening, with around 1 million people waiting for services[10]. The inability of services to meet rising demand means waiting times continue to rise[11], with some people waiting months, even years, between referral, assessment, and treatment[12]. While many on waiting lists require clinical intervention and diagnosis, many also require support with housing, benefits, and employment. Social interventions ease waiting lists by supporting individuals in navigating the social issues that are causing and worsening SMI. However, 42% of respondents to the 2023 Community Mental Health Survey reported they did not receive support for their mental health whilst waiting for their first appointment and 44% reported their mental health deteriorated while they waited[13]. Furthermore, whilst more people are in contact with community mental health services, the number of interactions hasn't increased suggesting unequal provisions of care[14].

Social issues and mental illness are intrinsically linked- they cannot be tackled in isolation:

- People with severe mental illness experience particularly poor outcomes[15], including poor physical health and die on average 15 to 20 years earlier than the general population[16].
- Nine out of ten prisoners have at least one mental health problem[17].
- Children whose parents were experiencing high levels of psychological distress have lower attainment in communication, language and literacy, mathematical development and personal, social and emotional development[18].
- Unemployment and unstable employment are both risk factors for mental health problems[19].
- 46% of people in problem debt also have a mental health problem, and almost 4 in 10 (39%) people with a mental health problem said their financial situation had worsened their mental health problems[20].

Taking a social approach, and investing in mental health social workers, will lead to better mental health and improvements across the board.

Unfortunately, evidence suggests this is not yet happening.

To deal with the increase in demand, many CMHTs have been forced to be more selective about the referrals they accept[21]. Increases in thresholds mean many people are no longer eligible for the treatment they need, even when it has been recognised they would benefit from them[22]. Stricter criteria adopted by some CMHTs means people are falling through the gaps during the transition from children and adolescent mental health services to adult mental health services[23]. People leaving prison also face challenges. Research into an Individual Placement and Support project for people with mental health problems leaving prison found that a total of 63 referrals to the project were received from the in-reach team. Despite all 63 individuals meeting the secondary care criteria while in prison, only nine received support from community mental health services[24].

Adults with SMI also encounter barriers in the scope of care they receive. According to the 2023 Community Mental Health Survey, only 14% of respondents said that they had definitely been given help of advice with finding or keeping work and only 17% of respondents said that they had definitely been given financial advice or benefits. Physical health needs were the most addressed area, with 31% of service users reporting they had definitely been given help or advice[25].

Delivering quality community mental health services requires a strong and multidisciplinary workforce. However, a report by Rethink Mental Illness reviewing the first year of implementing the framework cited recruitment as a common challenge[26]. Existing CMHT staff have reported that the provision at the community level is not enough to meet demand, and staff absence related to wellbeing concerns and burn out are creating additional pressures on remaining staff[27].

Social workers are a vital, yet frequently undervalued, resource for CMHTs. They ease the burden on other professionals by offering unique support others are not qualified to provide. The training and qualifications they receive enable them to provide high-quality, supportive, and effective decision-making within mental health teams, ensuring safeguarding is addressed with the necessary depth and sensitivity. Evidence also shows that embedding social workers in CMHTs encourages the 'widening' of perspectives in clinical care and treatment. It was established these social approaches are distinct from, and an important companion to, medical approaches within mental health[28][29].

Finally, we know the pressure on community health services is massively affected by the flow of patients in and out of inpatient services. Current bed occupancy on the inpatient estate is 95% with 334 inappropriate adult acute out of area placements active at the end of June 2024[30]. Evidence suggests integrating social workers within NHS trusts enhances workflow efficiency, patient flow, and discharge processes[31]. By facilitating the timely discharge of patients who are ready to transition to community support, individuals in the community who require inpatient care can have their needs escalated appropriately.

3) *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 presents an opportunity to enhance and develop community-based, personalised mental health support. However, it is constrained by the ongoing crisis in the mental health workforce and the financial uncertainties faced by local authorities and NHS trusts.

While the approaches to delivering person-centred interventions are beneficial in the short term, the inequalities in waiting times for specialised services can set individuals back. The effectiveness of the framework will ultimately depend on the capacity and stability of the workforce, which, as we know, is currently under significant strain.

4) 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?

Effective collaboration in community mental health services starts with leadership. Leaders must model collaborative behaviour and align with the mission of delivering high-quality, person-centred care, while embodying core social work values like empathy, justice, and respect. Leadership development is a key part of the Think Ahead programme, focused on empowering social workers to drive positive change through strong relationship-based practice. Leaders who reflect these principles foster a culture of collaboration where all professionals' contributions are valued. However, this can only happen if leaders and practitioners have capacity to make it a reality. To mobilise the type of transformation required, they need a well-supported and well-equipped workforce.

The skills of the mental health social worker must be leveraged in this process. Social workers extensive knowledge of legal and statutory frameworks[32], as well as their deep understanding of local communities, make them ideally positioned to coordinate multi-agency work. This ensures interventions are informed, tailored to local needs, and sensitive to the specific challenges faced by individuals, particularly in marginalised communities.

Social workers can also connect service users to additional resources from third sector organisations. However, to promote this, bureaucratic barriers need to be reduced to enable grassroots organisations to access funding.

Social workers bring values-based, person-centred, and collaborative mindsets to the workforce. They draw on the strengths of others within the sector to promote more integrated care and bring evidence-based approaches into practice so that individuals are supported in a meaningful and sustainable way. In our own programme for example, social workers hold Case Consultation Meetings to elicit thoughts from others on how to progress with a particular case.

With regards to funding, what is urgently needed is a long-term funding solution for adult social care that is developed collaboratively with those both receiving and providing care, including social workers.

Local authorities have a key role to play in community mental health services however there is no specific funding to support their involvement. In contrast, NHS and VCSE get specific funding set aside to facilitate their involvement with VCSE organisations typically receiving about 25% of NHS transformation money[33]. This poses a huge barrier for local authority involvement.

Greater certainty through multi-year settlements and more clarity on financial reform would enable local authorities to more effectively plan and maximise the impact of their spending. Without clarity from government, local authorities are not able to make much-needed investments in community and preventative mental health services.

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

Despite being a key enabler for person-centred community mental health care social workers are often overlooked in national reviews and workforce planning. They were not mentioned in the 2023 NHS workforce plan or in Lord Darzi's recent independent investigation of the NHS in England. This lack of recognition of their role and contribution means social workers are deprioritised when budget pressures arise, which is evident in the reduction of social workers across NHS teams.

We're seeing this firsthand in our work. Through our programme, we partner with NHS trusts and local authorities to provide salaried jobs for trainees once they qualify. However, in the past year, some partners have been unable to commit to these roles due to budgetary pressures and uncertainty. In fact, 35% of organisations that partnered with us for our 2024 intake are unable to continue their partnership for 2025 due to local financial insecurity, up from 20% the previous year. This is affecting NHS trusts more than local authorities.

Ongoing commitment to workforce investment and interventions to produce high quality, well qualified mental health social workers must remain a priority if we are to realise the efficiencies they bring to the wider system and the impact they have on both the wider workforce and those with SMI.

Social workers need the right tools to collaborate effectively. Outdated, disconnected technology hampers their work—70% of social workers in mental health teams report poor IT impacts their work, and 10% struggle with slow internet[34]. Different systems across Trusts and local authorities mean staff waste time uploading information to multiple platforms or chasing missing data. Proper training is also essential to ensure staff can use new and existing technologies effectively.

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

The Think Ahead programme is an innovative solution to the systemic challenges affecting the mental health workforce, addressing the critical need for a skilled, diverse workforce that can provide holistic, community-based care. Key parts of the programme include:

- A fast-track recruitment model, placing trainees in roles within 6 weeks, developing leaders from diverse backgrounds.
- Trainees receive practice-based and academic learning over two years.
- After one year, trainees qualify as social workers and achieve an MA after two years.
- Since 2016, over 1,100 trainees have been recruited, with 300 senior social workers receiving leadership opportunities.
- Our diverse cohorts include 30% from Black, Asian, and ethnically diverse backgrounds, 25% men, 50% first-generation university attendees, and 28% eligible for free school meals.
- We prioritise local recruitment to reflect the communities served.

- Our selection process focuses on leadership potential, training mental health professionals with the vision for systemic change.

In 2024, we launched a new training programme for qualified social workers addressing mental health and substance use issues. This programme enhances skills in harm reduction, trauma-informed care, evidence-based interventions, and interdisciplinary collaboration. It also promotes inclusive service delivery and builds a community of practice among social workers.

Think Ahead is hugely oversubscribed every year (with 90 registrations per training place), with national expertise in attracting, recruiting, training and rapidly deploying people. If Think Ahead doubled its intake each year (from 160 new trainees to 320 trainees), this would commit an additional 800 mental health social workers to the workforce over the next 5 years.

The new NHS workforce plan must include a target for the number of social workers. Additionally, without long term financial planning capabilities NHS trusts and local authorities are unable to commit to providing social work jobs to trainees from their local communities who are committed and capable.

[1] Kirkbride, J. et al (2024)
[2] British Medical Association (2024)
[3] Engström, I. et al (2023)
[4] Think Ahead (2022)
[5] Ibid
[6] Ibid
[7] Abendstern, M. et al (2022)
[8] Health Services Safety Investigations Board (2024)
[9] Abendstern, M. et al (2021)
[10] British Medical Association (2024)
[11] NHS England (2024)
[12] Care Quality Commission (2024)
[13] Ibid
[14] Care Quality Commission (2024)
[15] Mind (2024)
[16] Public Health England (2018)
[17] Centre for Mental Health (2023)
[18] Mensah, F.K and Kiernan, K.E (2009)
[19] Public Health England (2019)
[20] Money and Mental Health (2024)
[21] Centre for Mental Health (2018)
[22] British Medical Association (2024)
[23] Ibid
[24] Centre for Mental Health (2018)
[25] Care Quality Commission (2024)
[26] Rethink Mental Illness (2022)
[27] Health Services Safety Investigations Board (2024)
[28] Abendstern, M. et al (2022)
[29] Abendstern, M. et al (2021)
[30] NHS England (2024)
[31] Health Services Safety Investigations Board (2024)
[32] Department for Health (2016)
[33] Rethink Mental Illness (2022)
[34] Think Ahead (2022)