# Mental health strategy - response to call for evidence

# Head On & Future Minds

**Centre for Mental Health** is an independent charity. We take the lead in challenging injustices in policies, systems and society, so that everyone can have better mental health. By building research evidence to create fairer mental health policy, we are pursuing equality, social justice and good mental health for all. This response was submitted by Centre for Mental Health on behalf of the Head On and Future Minds campaigns.

## 1. Hospital to community

**How can mental health services work more effectively across these areas:**

- The wider NHS, including new neighbourhood health centres
- Services to support people with co-occurring mental health and neurodevelopmental conditions
- Different sectors, including education, employers, local authorities and the voluntary, community and social enterprise (VCSE) sector.

**Please provide examples of cross-sector pathways in practice**

It remains unclear how mental health will be embedded within wider neighbourhood health services, risking it not being consistently prioritised across local systems.[i] The Community Mental Health Framework (CMHF) provides the blueprint for delivering holistic, joined-up support closer to home, but implementation remains inconsistent across England.[ii]

Six 24/7 neighbourhood mental health centre pilots provide open-access, relational care in the community, integrating crisis support, primary care, peer support, social prescribing, housing and employment advice. Emerging evidence suggests this improves continuity of care and reduces avoidable hospital use.[iii] Ipsos, University College London and Centre for Mental Health's evaluation, due in September, should inform national rollout.

It is vital that children and young people's mental health is prioritised within neighbourhood models. The CHILDS model in Lambeth is a promising example, using local data and integrated mental health expertise to support children who do not meet specialist thresholds.[iv]

Encouraging place-based approaches - such as the Growing Up Well model - bring together health, local government, education and VCSE partners around shared goals to improve children and young people's wellbeing.

The Future Minds Roadmap outlines a vision for children and young people's mental health reform.[v] This includes a "no wrong door" approach, where NHS, local authority, education and VCSE partners are jointly responsible for early identification, timely support and escalation where required.

**Recommendation:** Ensure mental health is a central component of wider neighbourhood health services, including support to address the determinants of mental health, underpinned by full implementation of the CMHF.

**Recommendation:** Roll out neighbourhood mental health centres across England, backed by capital investment and sustained revenue funding, building on emerging evidence from existing pilot programmes.

**Recommendation:** Prioritise children and young people's mental health within neighbourhood models, as seen in models like CHILDS and Growing Up Well, organising care around a "no wrong door" approach.

### What further support should be provided for people with severe and enduring mental illness?

People with severe and enduring mental illness (SMI) all need timely access to specialist care. Government should prioritise stabilising specialist and inpatient services, while also shifting investment upstream into community-based care, so that fewer people deteriorate to crisis point. Providing community-based alternatives for crisis and urgent care offers both better outcomes and cost savings.

For example, crisis cafes provide a fluid, open-door approach where people can drop in, or attain specialist support, through much lower thresholds, while remaining connected to local clinical pathways as needed. An evaluation of these crisis hubs in London found reductions in both the number of people attending emergency departments in crisis, and in later onward referrals to services.[vi]

Employment is an important part of recovery, yet people with SMI continue to face significant barriers to finding and staying in work. Individual Placement and Support services (IPS) integrate employment specialists within community mental health teams, helping people to find and remain in employment during their treatment and beyond.[vii]

Alongside expanding adult IPS services, Government should also invest in IPS-Y, which adapts the model for young people aged 14–25 by integrating mental health services with support for education, training, apprenticeships and employment. Expanding both models would support those with SMI to recover and become financially independent, as well as easing pressures on the welfare system.[viii]

**Recommendation:** Expand community-based crisis alternatives (e.g. crisis hubs, safe havens, digital helplines).

**Recommendation:** Deliver the commitment to expand access to Individual Placement and Support (IPS) services to an additional 140,000 people by 2028/29, alongside expanding provision of IPS-Y, which provides employment and education support for 16–25-year-olds using youth-appropriate approaches.

**What are the main barriers to continuity of care across transitions between hospital and community services, and between different levels of care, including child to adult services?** Please provide examples from either side of the transition and outline how these barriers could be effectively addressed.

Clear national standards, statutory commissioning guidance, shared outcomes and multi-year funding could all improve continuity of care.

Waiting times standards have already been developed and have demonstrable benefits where they are in place, but are not consistently applied across mental health services. Long waits are the norm, with many left to deteriorate while awaiting assessment or treatment, or after being discharged from one service before another is available.[ix] NHS Talking Therapies consistently exceeds its waiting time targets, with over 90% of people starting treatment within six weeks.[x] The 2-week standard for Early Intervention in Psychosis has reduced the time people go without care, improving chances of recovery.[xi]

Children and young people fall through the gaps between early support and specialist services and while transitioning to adult services –when need is particularly high. Transitions into adult services are particularly challenging because many are never seen as a child and instead referred to adult services before turning 18. Early Support Hubs help bridge this gap (see: Q8).

Social prescribing supports children and young people by connecting them to community-based activities and services. This preventative, strengths-based approach complements clinical care and reduces pressure on wider services.

Link workers in Primary Care link young people to these interventions. However, social prescribing for children and young people is underdeveloped, with overreliance on adult or all-age link workers. There should be sufficient funding for a dedicated workforce and for wider NHS provision of social prescribing options.

**Recommendation:** Expand and fully implement waiting times standards across all mental health services.

**Recommendation:** Set clear, time-bound targets to reduce the number of children and young people in inpatient settings, underpinned by investment in earlier intervention and community-based support.

**Recommendation:** Ensure social prescribing expansion is focused on children and young people, with dedicated link workers in every primary care network.

## 2: Analogue to digital

### What evidence and innovative examples are there of digital and AI tools being used to achieve these outcomes? Please provide examples

Digital and AI tools can widen access, reduce stigma and offer flexible, early support. They should complement, rather than replace, human care, responding to identified need and gaps in provision.[xii]

Kooth,[xiii] The Mix[xiv] and 42nd Street[xv] demonstrate how digital support can be integrated with wider community services, enabling young people to access information, peer support and low-intensity interventions online, while connecting them to additional offline support where needed.

The NHS should roll out what is proven to work, while continuing to build the evidence base. For example, NICE has conditionally recommended several therapist-supported digital therapies for depression and anxiety.[xvi] Where evidence is sufficient, the rollout of these interventions should be accelerated, enabling further evidence to be generated through routine use.

AI should be used cautiously, prioritising products that reduce inefficiency without losing trusted human relationships. [xvii] [xviii] For example, treatment-matching tools (such as Anathem) help clinicians identify the most appropriate intervention more quickly and support more personalised care,[xix] and ambient voice technologies (such as CLEAR Notes) reduce the administrative burden by automatically generating clinical documentation.[xx]

**Recommendation:** Prioritise need-driven, regulated, and evidence-based digital tools, including tools developed with strong clinical expertise and governance.

**Recommendation:** Support hybrid models (e.g. Kooth, The Mix, 42nd Street) that combine online interventions with community outreach.

**Recommendation:** Accelerate implementation of NICE-recommended digital therapies where evidence supports it.

**Recommendation:** Prioritise support for generative AI mental health products that drive efficiency, treatment-matching and data collection improvements.

### How can data be used more innovatively to improve mental health and wider societal outcomes? Please provide examples.

Data should be used to identify need earlier, target resources more fairly and track outcomes across a person's journey.

Local systems should combine health, education, social care and community data to identify unmet need, including among children with SEND, children in care, young carers, care-experienced young people and underserved communities.

There are also significant gaps in crucial data available on children and young people. For example, the data that does exist for children in mental health hospitals can often be incomplete and difficult to access. It is only since January 2016 that figures showing the number of children under 18 admitted to hospital under the Mental Health Act have been published, and there is still no published data on the total number of children admitted to Tier 4 units as informal patients.

Through its Shout text messaging service, Mental Health Innovations (MHI) generates an anonymised dataset of over 3 million conversations and 104 million text messages from nearly 950,000 texters, offering real-time insight. Because this data is captured as it happens, rather than through periodic surveys or delayed administrative returns, it can identify emerging trends months before these become visible in official statistics. This demonstrates the value of using charity-sector data alongside routine public sector datasets.

**Recommendation**: Establish structured partnerships with charities holding real-time mental health datasets to inform local and national planning and commissioning of services.

## 3: Sickness to prevention

### Which preventative approaches have the strongest evidence for reducing incidence or severity of mental health problems and promoting good mental health?

Successive Governments have previously implemented policies which have worsened mental health or missed opportunities to consider potential mitigations. A cross-government Mental Health Policy Test would ensure the mental health impacts of all policies are properly considered before implementation, moving away from siloed approaches towards shared accountability.[xxi]

Similar policy tests are already being used by local and national bodies to make decisions that boost wellbeing, prevent risks to mental health, and address determinants like poverty, homelessness and isolation. Development would be low cost, taking

advantage of existing infrastructure and freely available resources, with the Mental Health Wellbeing Impact Assessment providing an applicable framework.

Fostering healthy family relationships in childhood is a powerful, cost-effective lever for preventing mental health problems later on.xxii The strategy should scale access to evidence-based parent-led and parent-supported interventions through family hubs, early years settings and primary care.

Mental Health Support Teams (MHSTs) support early identification, timely intervention and a whole-school approach to mental health, helping to prevent problems from escalating.xxiii MHSTs should be broadened to support those with more diverse, complex and escalating needs.

The youth sector plays a vital role in prevention, with 87% of youth workers already frequently engaging with young people around their mental health.xxiv £50m a year would fund two wellbeing workers in all 580 local authority youth clubs, enabling them to reach young people where they are.

**Recommendation:** Commit to establishing a cross-government Mental Health Policy Test.

**Recommendation:** Embed family and early years mental health support within community provision.

**Recommendation**: Broaden the MHST model by offering tailored support for neurodiverse pupils and integrating school counselling services and relational care approaches.

**Recommendation:** Invest in mental health and wellbeing support within youth provision, enabling trusted relationships and providing early help in settings where young people are already spending time.

### Which preventative approaches have the strongest evidence for reducing the numbers of lives lost to suicide?

Suicide prevention requires earlier access to trusted support, rapid crisis alternatives, continuity after crisis, and action on the social drivers of distress.

For children and young people, families, parents and carers this means strengthening school, college, primary care, youth and community settings so that concerns are identified early and young people can access help without long waits or high thresholds.

Community-based crisis alternatives can provide immediate non-clinical support while maintaining links with local clinical pathways.

**How can services better support the 'missing middle' – those with sustained needs (that affect their participation in community life, for example, in education or work) who may not meet the criteria for NHS mental health services?** Please provide examples.

The Government's manifesto pledged to deliver open-access mental health support in every community through the Young Futures programme.[xxv] But Young Futures Hubs are not designed or funded to address the scale of unmet mental health need among young people.

Young Futures provision should complement, rather than compete with, Early Support Hubs, which provide 11–25-year-olds with open-access, community-based support before problems escalate.[xxvi] Tailored to local need, they offer a range of services to address poor mental health and wider needs.

Early Support Hubs improve mental health outcomes, generate cost savings and reduce pressure on wider services. But with only 70 operating across England, and Government funding for 24 Hubs ending in March 2027, provision remains patchy and funding uncertain. We recommend each Hub is backed by £1 million per year, jointly funded by government departments to cover staff and administrative costs, as well as rent and activities.

Evidence shows high satisfaction with support, measurable reductions in psychological distress, quick and youth-friendly access with shorter waits and greater reach to underserved groups (e.g. racialised communities, LGBTQ+ young people, those involved in the justice system) as well as strengthened support networks.[xxvii] [xxviii] [xxix] [xxx] [xxxi] Hubs can play a pivotal role in increasing the number of trusted relationships children and young people have, which can build confidence and resilience, particularly for young people who feel failed by the system.[xxxii]

**Recommendation:** Deliver a national network of open-access Early Support Hubs for 11–25-year-olds in every local authority area, backed by sustainable long-term funding, statutory commissioning guidance, and investment in quality, implementation and data infrastructure.

**Recommendation:** Recognise that Early Support Hubs and Young Futures Hubs are designed to meet different needs and invest in both as complementary elements of a coherent and joined-up local system, with shared pathways, clear referral routes and, where appropriate, co-location.

## 4: Factors enabling best practice

**What commissioning, funding and oversight or accountability arrangements (nationally and locally) best support safe and integrated mental health services that improve outcomes across mental health, participation in work, education and community life, and social functioning?** Please provide examples**.**

Mental health's share of spend is set to fall again next year, despite rising demand.[xxxiii] Without sustained investment, systems will continue prioritising crisis response over prevention and early intervention, limiting their ability to target support where it can have the most impact. Traditional evaluation methods cannot fully capture the impacts of preventative, relational, individualised care. A 'test, learn and scale' approach would enable promising interventions to be piloted and evaluated before rollout.[xxxiv]

To tackle the postcode lottery of provision, local services should be built on population need and partnership working. Local authorities should undertake mental health needs assessments (MHNA) to identify unmet need, inequalities and gaps in provision.[xxxv] These should inform ICBs and local partners in joint planning, commissioning and delivery of services. Voices of people with lived experience should be routinely embedded in planning and delivery, in line with the THRIVE framework, ensuring services reflect their needs.[xxxvi]

National funding should incentivise local multi-agency collaboration. Building on Future In Mind, Local Transformation Plans for Children and Young People's Mental Health and Wellbeing should be re-established and expanded to adults.[xxxvii]

**Recommendation:** Ensure the Strategy is fully costed, supporting each commitment with sufficient funding.

**Recommendation:** Allocate a fair and growing share of NHS funding to mental health. Spending on children and young people's mental health should increase in line with inflation, average earnings growth or by 2.5% - whichever is the largest.

**Recommendation:** Adopt a 'test, learn and scale' approach, using proportionate evaluation methods and scaling promising interventions.

**Recommendation:** Local authorities should undertake MHNAs, with ICBs working with local partners across health, education, social care and the VCSE sector, to plan, commission and deliver services in response to need, involving people with lived experience.

**Recommendation:** Establish Local Transformation Plans for Mental Health and Wellbeing (or equivalent funding mechanism) to incentivise partnership working.

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## About the Future Minds campaign

In the face of a major and growing crisis in children and young people's mental health, four of the UK's leading children and young people's and mental health organisations – Centre for Mental Health, the Centre for Young Lives, the Children and Young People's Mental Health Coalition and YoungMinds, with the support of the Prudence Trust – joined forces to call on the Government to deliver urgent reform and investment.About the Head On campaign

## About the Head On Campaign

The Head On Campaign is led by a coalition of over 20 leading UK mental health charities, united by a shared belief: the current system is not good enough and we can fix it. We bring frontline expertise, lived experience, and practical solutions. Our focus is simple: what works, what's needed, and what must happen next. Reimagining mental health for the future starts now.