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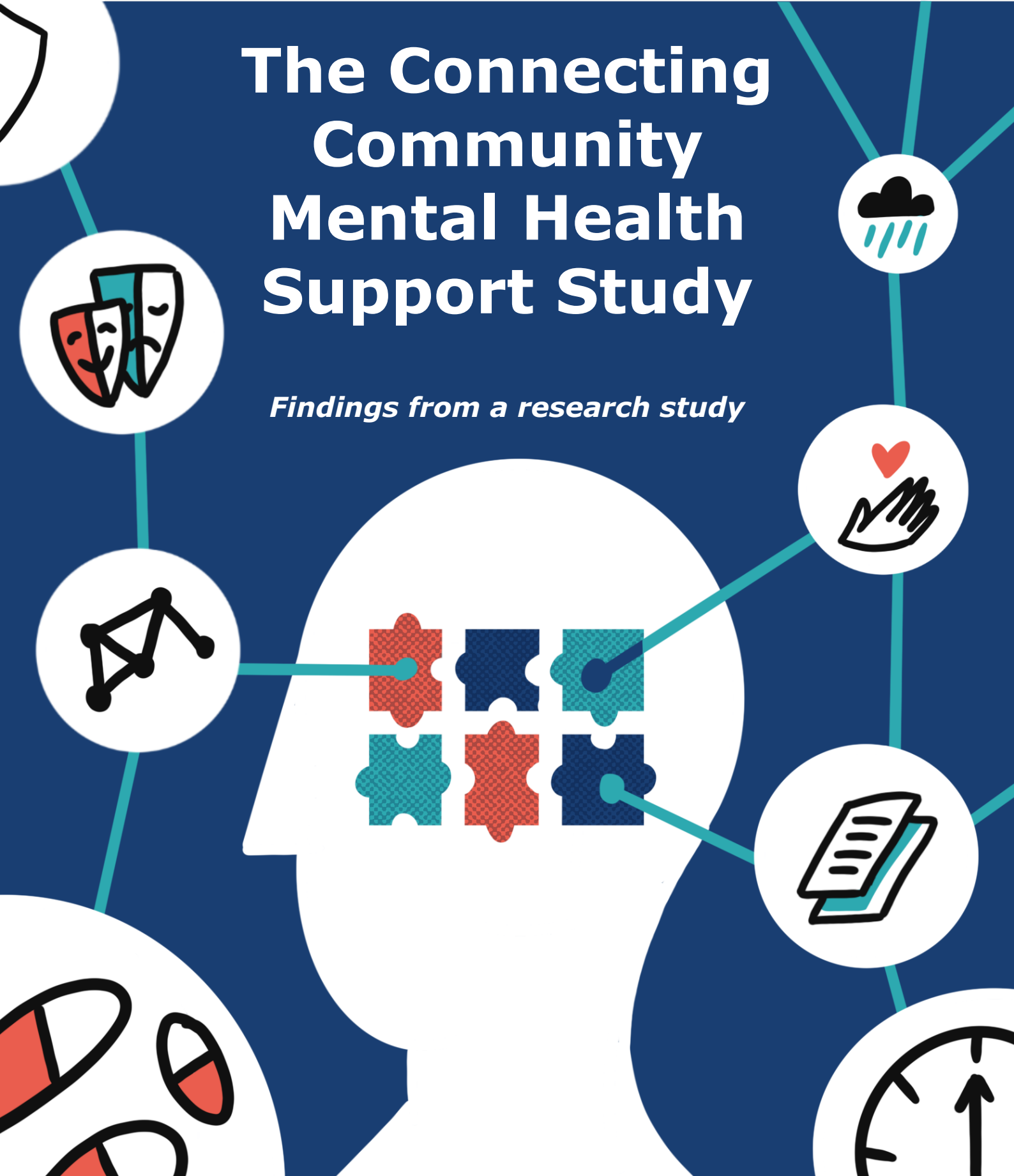
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The Connecting Community Mental Health Support Study

Findings from a research study



Executive Summary

Integrating mental health and social care services is essential for improving access to good quality care and for addressing the wider determinants of poor mental health. England's National Health Service, together with its social care and voluntary sectors, is currently transforming to achieve this.

However, many service users **report a lack of integration, long waiting lists, and services that focus on treating symptoms** rather than taking a holistic approach.



Researchers from the Universities of Bristol and Sheffield consulted with **55 service users across two regions in England** to inform an integrated whole-system approach to improving mental healthcare and reducing mental health inequalities.

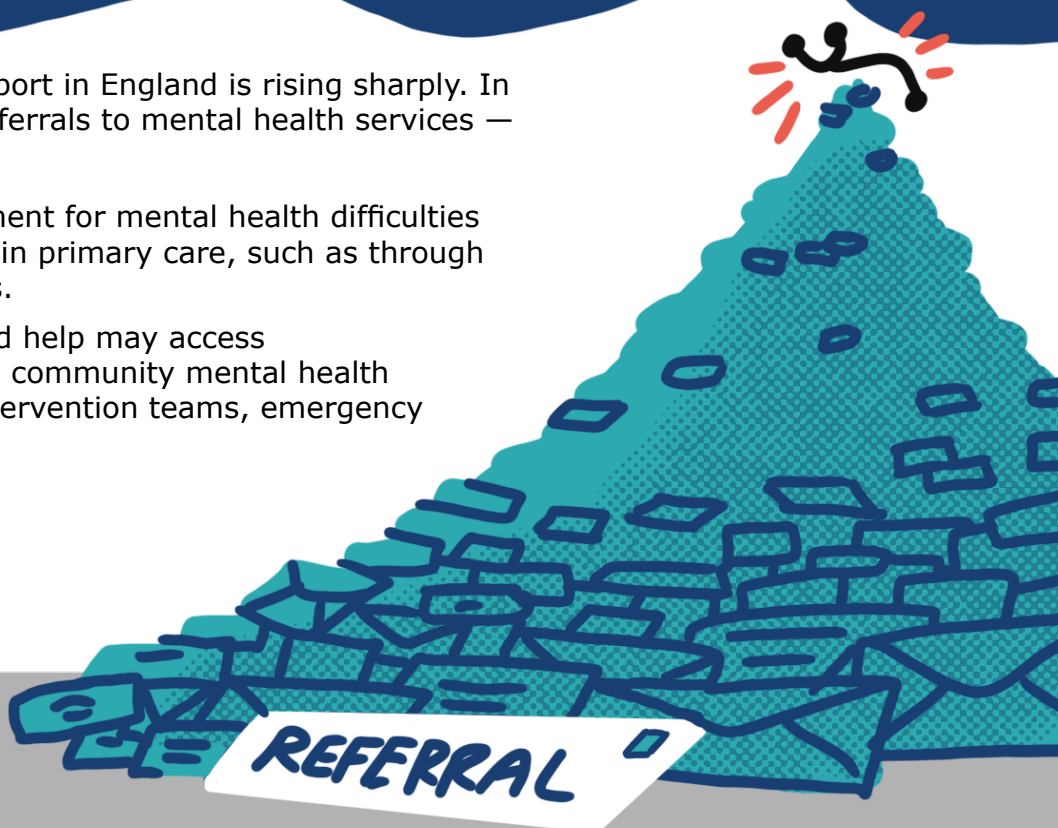
Together, they identified seven actions for improving integration, and sense checked them with service commissioners and leaders.

Background

Demand for mental health support in England is rising sharply. In 2023, there were five million referrals to mental health services — **a 33% increase since 2019.**

Most adults who receive treatment for mental health difficulties (**around 90%**) are supported in primary care, such as through GPs and NHS Talking Therapies.

Those needing more specialised help may access secondary care, which includes community mental health teams, crisis services, early intervention teams, emergency care, and inpatient units.



Alongside NHS provision, mental health social care plays a critical role. Commissioned by local authorities and often delivered by the voluntary, community, and social enterprise (VCSE) sector, these services support people to live well in the community and help prevent hospital admissions.

Yet mental health is shaped by more than clinical care. Factors such as **poor housing, financial insecurity, social isolation, and physical inactivity can all contribute to mental ill health.**

These wider determinants are unevenly spread across society, with **disadvantaged groups often hardest hit.** VCSE organisations and social care providers play a key role in addressing these social challenges, but their role is not always well-integrated with NHS provision.

The result is a system that remains fragmented. Many people fall through the gaps — their needs judged too complex for primary care, but not severe enough for secondary care. **This leaves service users navigating a confusing and inconsistent system, with the risk of worsening mental health and increased pressure on crisis and inpatient services.**



Research

This mixed-methods study combined Group Concept Mapping (GCM) and semi-structured interviews with service users. GCM workshops allowed participants to share and group ideas about how services could work better together, while interviews provided more in-depth insights into lived experience.

Participants: 55 adults with experience of primary care, secondary care, social care, or VCSE mental health services across two regions in England.

Recruitment: Service users were invited through GP practices, VCSE organisations, newsletters, posters, and social media.

Process:

Workshops: Participants generated ideas, grouped them, and later developed specific actions for improvement.

Interviews: Participants shared personal experiences in more depth, complementing the workshop findings.

Data collected between March 2023 and February 2024.

Using both workshops and interviews provided breadth (many ideas from different people) and depth (detailed personal experiences), ensuring recommendations reflected service users' voices.



Key Recommendations

Service users identified seven actions to improve integration:

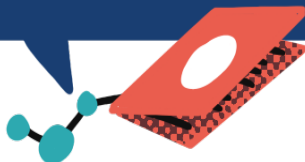
1. Link IT systems so staff can share information and people avoid repeating their story.

"(Going over your story) can be so retraumatising because you're going over this stuff over and over again."



2. Use mental health passports so service users have a record of their story in their own words.

"(when moving between services) it were very, very very mentally challenging and it were very frustrating because obviously you got to start all over again, you got to explain all your stuff over again"



3. Provide named link workers to guide individuals to services.

"it felt like a bit of a labyrinth to navigate at times really ... when I was well enough, I'd sort of have a real like put all my energy and efforts into it and then ... when I was unwell again I wouldn't be able to."



4. Establish community hubs and **maintain clear directories** of available support.

"So there are many things out there, but it's finding if they're accessible, if it's appropriate to you... I think people need to have that information."



5. Embed mental health staff in wider teams to connect health and social care.

"It was an absolutely incredible service because it was like five different people for all aspects of what was happening... it was everything in one place and the access to speak to someone."



6. Employ people with lived experience to bring empathy and understanding.

"people wish that there were more peer support workers and that there was more lived experience input into services... Because, I know from most of the people who have lived experience, we could proactively add a perspective from a service user perspective."

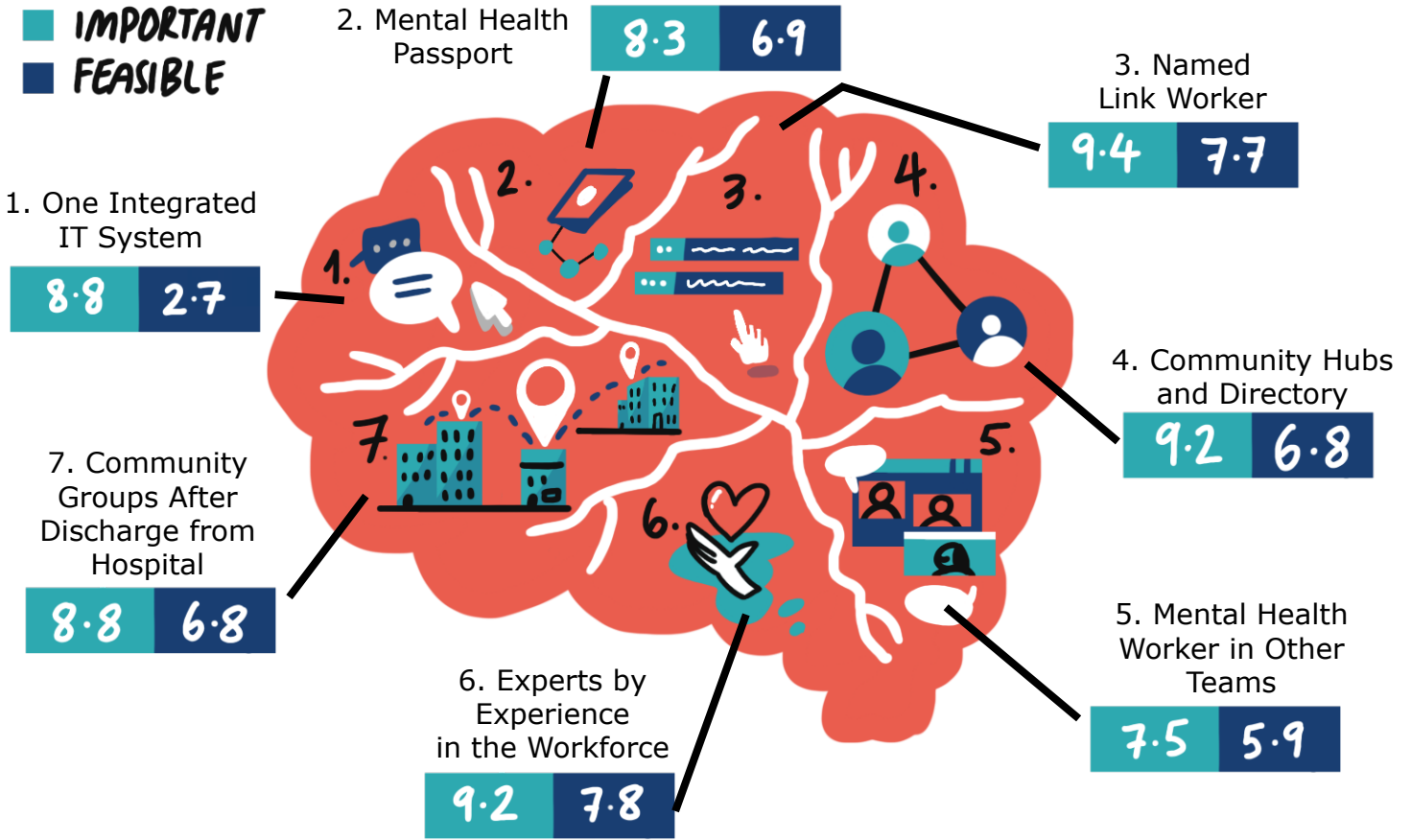


7. Offer tailored community support post-discharge to aid recovery.

"so if you (have) mild or moderate health problems, perhaps been in hospital, had a fall, trying to recover, bit like me, you can use a walk as a health walk and then perhaps progress to something a bit, erm, more strenuous."



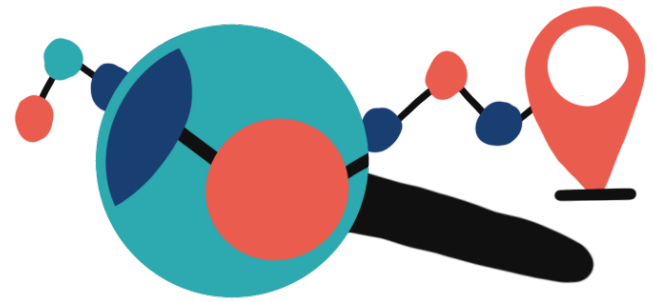
Service providers, commissioners and leaders ranked these actions by importance and feasibility. **Whilst almost all were seen as important, not all were feasible.**



Next Steps

Further research is needed to test the feasibility and sustainability of these actions nationally.

Commissioners and providers can begin **piloting these changes locally**, with strong involvement from service users and the communities they serve.



Key Questions



Commissioners: What could you do now to join up services in your area?

Providers: How can you reduce barriers for service users navigating your services?

Researchers: Where can evidence help identify what works at scale?

Further information



[See our animation created alongside this policy report](#)



[Read our research paper](#)



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