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Community mental health services.

Explanation of the community mental health services.

Community mental health services are a non-hospital service that provide care and support for people in the community with mental health difficulties. Supporting people to gain back any independence they may have lost from a mental health illness. Promote recovery and reduce the needs of hospitalisation by ensuring individuals have a long-term wellbeing by helping to reduce the chances of a crisis leading to emergency care. The community health services are a multidisciplinary team that can be made up of; psychiatrist, mental health nurses, occupational therapists and psychologists. People access this team from either a gp referral, as a part of a discharge care plan or self-referral if an individual is seeking support.

History of community mental health services.

Community mental health services have had a radical transformation over the decades. Until the 18th century individuals who suffered with mental health issues where solely the responsibility of their family and the community as there was no help for anyone who was faced with mental health struggles. This then led to the institutional approach which developed more in the 19th century. This meant that by 1954 there where over 154,000 patients that had been institutionalised.

During this second half of the 20th century advances came along in medication which led to the introduction of antipsychotic and mood stabiliser drugs. With a positive result of these medications this meant that more individuals where now able to be treated in the community. Outpatient clinic attendances increased from virtually zero to 144,000 in 1959. (Lester and Glasby 2010).

The Mental Health Act 1959 came into force in 1960. This legislation removed the distinction between psychiatric and different hospitals. This Mental health Act 1959 marked a transition in history moving forward from the Lunacy Act. The transition from the lunacy act to The Mental Health Act 1959 is a big mark in the history of mental health services as this legislation (The Mental Health Act 1959) stated that anyone who

was deemed sane but labelled “morally defective” where no longer able to be admitted in to asylums and should be treated through the community.

The current functioning of the community mental health services.

The way that community mental health services functions is through integrated professional teams. The community mental health services are a local non-hospital services that support individuals with mental health difficulties. Meeting people's needs is the core of the services. According to NHS England “this is why community mental health services are at the heart of the NHS long term plan”, As the NHS plan commits that 390,000 people with severe mental health needs will also have their physical health needs met (National collaborating for mental health).

Throughout recent years there has been an investment of almost £1 billion a year (NHS England). There is currently a new system that has demolished the traditional Care programme approach. Whole person, whole population is the new care that has been put in place to address health inequalities and social determinants of mental health. The treatment that is currently provided is through evidence based.

Two challenges faced for community mental health services.

An increase of service users and a ‘chronic staff shortage’

Collected data from ‘the mental health services data set’ shows that there where 600,000 more people who were dealing where dealing with secondary mental health issues in 2024 compared to 2019. The increase of service users is leading to a need to increase in professionals. The mental health services are unable to currently provide consistent high levels of care due to a ‘chronic staff shortage’. The decreased level of staff is leading to longer waiting times for service users which is leading to individuals needs potentially leading to a crisis which then requires more 1-1 care and essentially leading to hospitalisation. CQC regularity activity discovered that individuals are having increased wait times after a referral to receive care within the community.

Funding issues in the community mental health services.

Community mental health services currently face funding shortages as the demand drastically increases meaning that the demand is quickly outpacing the investments into the services. Due to the funding cuts in the service, there has been a report from local mental health doctors and other professionals reporting that they no longer have the resources they need to be able to provide adequate care to the service users.

According to GOV.UK Early support hubs across England will receive a £7 million funding boost for younger people who are facing mental health issues. This funding boost is an insight into the fundamental issue that has been ongoing in the community mental health services. Reports show that there is still room for improvement as the number of young people reporting mental health issues has been increasing the funding is still inadequate and will still lead to long waiting times for referrals and appointments for help. Alongside the funding for younger people, £2.3 billion additional funding in March 2024 was given to the community mental health services with hopes of an extra 2 million people been able to gain early access for mental health issues. Even though this funding was given there is still a big delay in people getting their treatment and care that is needed. This is due to centres been closed because the funding is still inadequate for the demands rising for the service.

Component 2 – 600-word essay.

Community antenatal midwifery services.

Investigate the origins of community antenatal midwifery services and explore the historical context that shaped the development.

The origins of the antenatal community midwifery services lay in the early twentieth century. The Midwives Act 1902 was put into place to ensure that formal training was provided under supervision. This legislation lay the foundation for antenatal midwifery services in the UK. (Donnison, 1988). Changing childbirth report 1993 from the department of health advocated that there needs to be a clear change in intentions and move towards ensuring women are heard and have a choice in making decisions on what they would like to happen in their time of birthing a child, whether they would like a home birth or to be institutionalised and birth within the NHS facilities.

Critically evaluate how Community antenatal midwifery services function today.

Community antenatal midwifery services play a huge role in the maternity care a woman receives whilst pregnant. The support that is available from this service is from the very beginning of a pregnancy leading all the way through to postnatal care. The community midwives are usually based in GP surgeries, community centres and clinics. (NHS, 2025). The strengths of the current function of the community antenatal midwifery services today are that care that is provided from a professional will always be tailored to the individual's needs, choices and beliefs. Meaning that trust is built between the service user and provider. The engagement from the community midwives helps the service user to prepare for consultations, scans and birth. Research has shown that the continuity of midwifery care has higher levels of satisfaction from service users who have had to have less interventions throughout their pregnancy. The evidence shows that service users report of better emotional support throughout the journey of pregnancy. (Royal college of Midwives). Today there are challenges that the community antenatal midwives face, such as workload often been extremely huge with low staff numbers to provide the significant continuity of care that is required through a pregnancy. Women of Black ethnic backgrounds were four times more likely to die in childbirth. (Emma Dodsworth). Research shows that still today there are inequalities in the services. Overall, there is strong evidence that supports the continuity of support to the service user throughout the pregnancy and there are limitations that have a large knock-on effect to the services.

Discuss the significance in enhancing the quality of life of service users within the community antenatal midwifery services.

Enhancing the quality of life of service users is a fundamental function of the service. By address the wellbeing of the service user often leads to larger satisfaction as it boosts

the patient's confidence throughout pregnancy and in early stages of motherhood. Enhancing the quality of life of service users is an important role as a community antenatal midwife there is a duty to safeguard patients and make the required referrals that are necessary. This is highly important especially if the service user is from a disadvantaged background or marginalised. This will positively impact the service user's life. Overall enhancing the quality of life will always remain the objective throughout the ongoing evaluations and progression in community antenatal midwifery services.

References

Helen Gilbert , Edward Peck , with Beccy Ashton , Nigel Edwards , Chris Naylor , (February 2014) Service transformation lessons from mental health . Available at: https://assets.kingsfund.org.uk/f/256914/x/88feefd75c/service_transformation_february_2014.pdf (Accessed: 09/02/2026).

Yvette Sheline MD , Navigating Mental Crises (April 6 2025). The Origin of Community Based Mental Health Treatment. Available at: <https://www.psychologytoday.com/gb/blog/navigating-mental-crises/202504/the-origin-of-community-based-mental-health-treatment> (Accessed: 11/02/2026).

NHS England and NHS Improvement and the National collaborating central for Mental Health, (September 2019). The community mental health framework for adults and older adults. Available at: <https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/> (Accessed : 17/02/2026).

NHS RACE & HEALTH OBSERVATORY , (01.11.2023) NHS ‘Talking therapies Review identifies barriers in Accessing Care’ . Available at: <https://nhsrho.org/> (Accessed: 18/02/2026) .

Care Quality Commission , (25 October 2024) ‘The state of health care and adult social care in England 2023/24’ . Available at: <https://www.cqc.org.uk/publications/major-report/state-care/2023-2024> (Accessed: 18/02/2026) .

Integrated Care Journal, Lack of support causing ‘dangerous cycle’ of mental health readmittance , says CQC (March 19, 2025). Available at: <https://integratedcarejournal.com/lack-support-causing-dangerous-cycle-mental-health-readmittance-cqc-says/> (Accessed 18/02/2026).

GOV.UK , ‘Funding boost for young peoples mental health services’, (13 February 2026). Available at: <https://www.gov.uk/government/news/funding-boost-for-young-peoples-mental-health-services> (Accessed 18/02/2026).

GOV.UK , ‘How are we supporting mental health services in England’ (9 June 2023) . Available at: <https://healthmedia.blog.gov.uk/2023/06/09/how-we-are-supporting-mental-health-services-in-england/> (Accessed 18/02/2026).

Alex Smith, Judy Shakespeare, Anna Dixon. ‘ The role of GP’s in Maternity care - What does the future hold?’ (2010). Available at: https://assets.kingsfund.org.uk/f/256914/x/a9bdc4c396/gp_inquiry_maternity_care_2010.pdf (Accessed 22/02/2026).

AIMS Journal , 2022 , Vol 34 , NO 3. Available at: <https://www.aims.org.uk/journal/item/history-district-midwifery> (Accessed 22/02/2026).

Alison Macfarlane , Rona Campbell , select committee on Health Written Evidence. (22 July 2003) Available at: www.Parliament.uk (Accessed 22/02/2026).

Emma Dodsworth, (11/10/2023) 'Inequalities in midwifery continuity of care during pregnancy'. Available at: <https://www.nuffieldtrust.org.uk/news-item/inequalities-in-midwifery-continuity-of-care-during-pregnancy> (Accessed 22/02/2026).