

LCH4003 Introduction to health and social care:

***The Origins, Current Functioning, and
Significance of Community Antenatal
Midwifery Services in the UK***

Table of Contents

Task 1	3
Task 2	4
Introduction	4
Origins and Historical Development	5
Critical Evaluation of Current Functioning	5
Significance for Quality of Life and Outcomes	6
CONCLUSION	6
REFERENCES	6

Task 1

COMMUNITY MENTAL HEALTH SERVICES

Introduction

Community Mental Health Services (CMHS) refer to multi-professional care systems designed to administer mental health services to individuals with highly intricate and critical mental health requirements as near as feasible. They are also attempting to provide early assessment, holistic intervention, and living continuity after institutes in order that individuals might be in a position to lead a productive life within their respective communities. CMHS play a very important role as part of NHS Long Term Plan of transformation of mental health (NHS England, 2024).



Evidence of Service Effectiveness

It has been proven that the community mental health practice can improve the outcome in individuals with a severe mental illness, and this can be in the form of reduction in suicide rates, boosts in care attendance rate, and reduced inpatient hospitalization rate in the event that it operates in multidisciplinary teams. Research has also shown that patients favour a team based psychiatric care over the only hospital-based, hence making its treatment more acceptable and able to assist patients facilitate their compliance to treatment and recovery. However, evidence base is contradictory as well as dynamic and it requires revision to improve the outcome of effectiveness.



Major Challenges Facing CMHS

Challenge 1: Demand Outstrips Capacity
According to the latest statistics, community mental health services have been witnessed growing exponentially in demand and number of adults served by the services compared to five years ago. Jackson partially open and waiting time remains a long one, especially among the disadvantaged groups and ethnic minorities (CQC, 2023).
The limitations in access facilitate the impediments of the early intervention, the continuation of service provision and the potentiality to resort to emergency care or crisis referral.

Challenge 2: Workforce Constraints and Skill Mix Imbalances
Irrespective of the policy investment, participation and retention of the services in the available disciplines such as mental health nursing, psychiatry and other professionals is a challenge. The workforce shortages also cause the capacity to lead to inconsistent care contacts, burnout, and lack of consistency in the quality of service (Adams, Ryan and Wood, 2021).
The research has identified a problem in the form of extending the number of one or two confusion of roles in certain professions, including that of a mental health social worker, as one of the problems that contribute to the disintegration of the workforce.

Policy and Strategic Initiatives

The vision of an integrated care is also offered by the NHS Long Term Plan and Community Mental Health Framework that will receive more investment to promote more access and modernize the service delivery (Tracy et al., 2019). These initiatives promote:

- Place-based multidisciplinary mental healthcare.
- Personalised and trauma-informed care plans.
- Improved measures of physical health of people with a severe mental illness.

The HRM-oriented strategic change has its orientation on population health and multisectoral collaboration.

Conclusion

The Community Mental Health Services is among the most significant spheres of interest in the modern mental health policy in the UK, which attempts at providing quality, accessible, and integrated care beyond the institutions. Although CMHS have significantly evolved and become a significant part of the mental health outcomes, they have access systemic issues, workforce sustainability concerns, and unequal delivery. Additional investment in the integrated models and the workforce capacity is paramount in an attempt to achieve the potential community-based care.



Historical Development

In the UK, the community mental health can be traced back to the early policy reforms that changed the models of care on asylums into outpatient and community-based care models. Mental Treatment Act of 1930 permitted voluntary outpatient care and follow up, at the community level, and Mental Health Act of 1959 provided with local sectorisation to mainstream mental health provisioning the structures of community to mainstream (Burns, 2020).

Disciplinary treatment Concept Multidisciplinary preventive care in later legislation and policymaking, e.g., Care Programme Approach (CPA), NHS and Community Care Act 1990, the idea of multidisciplinary treatment came to be accepted in its entirety, along with care planning.



Structure and Functions of CMHS

Multidisciplinary Team Composition
CMHTs agency Community Mental Health Teams (CMHTs) offer CMHTs and they typically include:

- Recent practitioners Community psychiatric nurses
- Psychiatrists and Psychologists
- Social worker
- Support employees and delay employment

Because community psychiatric nurses are the first point of contact to service users, the former provide first line assessment services, a home visitation service, and referral (Burns, 2007).

Core Functions
CMHS focus on:

- Risk management and overall evaluation.
- Development and provision of evidence-based care.
- Psychological treatment, medication treatment and rehabilitation.
- Crisis and relapse prevention.
- Primary care coordination and social services coordination.

Under NHS Long Term Plan, CMHS are restructured to conduct physical health examination, individual care planning, employment seeking, and using an approach that relies on the trauma infection (Clark, Zagni and While, 2024).

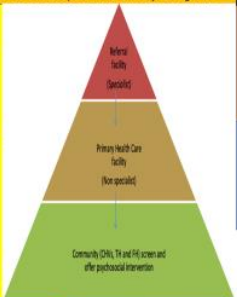
Current Operating Model

It is true that CMHS are operating as place-based integrated models of care, which complies with Primary Care Networks (PCNs). These models will aim at incorporating mental health care into a composite care of local general practice plus social support model, where the aim will be to develop unhindered pathways of care (Isaacs and Mitchell, 2024).
The multidisciplinary teams collaborate with the local authority services, voluntary sectors and carers in offering holistic person-centred care. This includes:

- Early intervention programmes EBP
- Rehabilitation community and self-management support.
- The crisis services and home treatment teams became interconnected.

These models indicate the move to episodic care to long-term care outside the community based on the need of an individual.







Task 2

Introduction

Community antenatal midwifery refers to the delivery of organised pregnancy services by the midwife at communal level and it entails continuous check-ups, assessment of risks, health education and support that is given to the expectant mothers in a customised way (Lanyo et al., 2025). This essay shall put into perspective the historical context of these services, the manner of their functioning as a policy under consideration as well as how they have contributed towards the quality of life of mothers and babies.

Origins and Historical Development

Medical practice In England and Wales Laws Midwifery in England and Wales Medical practice Laws, Practitioners. The application of the law brought about a legal standard of certified training and regulation of practitioners, the foundation of a normalised profession (Woodward and Bassett, 2025). It was brought the right of everyone to midwifery when the NHS was set up in 1948 which brought the connection between the medical care setting and the community setting. After policy review, such as the Better Births national review (2016), evidently indicated continuity of carer, whereby women would have a coordinated team of the specified midwife throughout the entire time of pregnancy, birth, and postnatal follow-up (National maternity Review, 2016). The same is continued in the NHS Long Term Plan whereby the continuity models have been listed as priorities in an attempt to improve the outcomes and mitigate the health disparities in maternity services.

Critical Evaluation of Current Functioning

The UK currently offers community antenatal midwifery in community hubs, primary care networks and continuity-based models, community hubs typically entails a female patient having continuous contact with a named midwife or small mob of midwives who will support her throughout pregnancy, labour and postpartum period. This arrangement makes it simpler to have frequent clinical check-ups, risk assessment, health education and personal discussions of ideas and care plan. Relational continuity, trust and individualised care are the supposed improvements that the continuity of care model (MCoC) advocated by Better Births cares to promote and the main aspect of the NHS maternity transformation agenda (Milton et al., 2025). Evidence-based models of midwife continuity of care are associated with increased positive maternal experience and improved clinical outcomes, including increased rates of spontaneous vaginal delivery and

reduced rates of instrumental delivery compared to standard care, potential cost-efficacy and more therapeutic relationships (Sandall et al., 2024).

However, the implementation problems are elevated. The adoption of continuity models has been slow because of membership limitations in the labour market and the organisational constraints too in addition to unequal access to the continuity even after it was given priority in the policy particularly to women in the disadvantaged regions and ethnic minority backgrounds.

Significance for Quality of Life and Outcomes

The Community antenatal midwifery services do add a significant contribution to the quality of life and clinical results. The continuity based care is already introduced to reduce maternal anxiety and depression that can occur during the pregnancy process, which enhances positive emotional state. The continuity of midwifery experiences has been linked to the improvements in maternal experiences and cultures, increased cases of spontaneous births of the maternity, and potential cost reductions in the maternity care. Follow-ups Continuity-based antenatal care also provides females with increased levels of satisfaction, increased empowerment and greater health behaviour participation. The community-based continuity models have shown a promise to have an effect of reducing health disparities and improving outcomes of socially at-risk women, which meet the national equity targets (Bradford et al., 2022).

CONCLUSION

Contemporary UK midwifery healthcare is based on the efforts of community antenatal midwifery workers. Being historically based on reform, with continuity-based policy; all of them are useful to maternal experience, clinical outcomes, and equity. They need to invest in the labour force in the long-term and alleviate inequality, which will enlarge its long-term social health benefits.

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