

# Community Mental Health Services in the UK

## 1. What the Service Is

Community Mental Health Services (CMHS) are mental health services offered to members of the local communities as opposed to hospitals. These services involve assessments, treatment, medication, crisis intervention, and recovery, making it possible to control mental illnesses and enhance wellbeing in mammals through community-based provision of recovery-oriented services that are readily available and accessible (Thornicroft et al., 2016).

### 1.1 Who Uses the Service

Mental health services are provided in a community to a broad range of people who include:

- Individuals with a severe mental illness, including schizophrenia, bipolar disorder, or severe depression.
- Individuals who are anxious, traumatised, or emotionally distressed.
- Children and young people in need of psychological assistance.
- The mentally unstable elderly are dealing with dementia issues.
- Individuals who have been recently discharged from psychiatric hospitals (Rehm and Shield, 2019).

The UK is a place where mental health needs are prevalent. In 2022/23, NHS-funded secondary mental health services were in contact with approximately 3.58 million people, which constituted a bit over 6% of the population (Glasby, 2026).

## 1.2 Who Provides the Service

Multidisciplinary teams that provide community mental health services are composed of:

- Psychiatrists
- Mental health nurses
- Clinical psychologists
- Social workers (Plaistow et al., 2014).
- Occupational therapists
- Support workers and counsellors.

These are professionals who collaborate with each other to deliver holistic care that encompasses medical and psychological as well as social needs (Docherty and Thornicroft, 2015).

### 1.3 Where the Service Is Delivered

The services are usually provided within the community setting, such as:

- Community mental health clinics.
- GP clinics (Thornicroft et al., 2016)
- Patients' homes
- Local health centres
- The crisis care facilities ( Glasby, 2026)

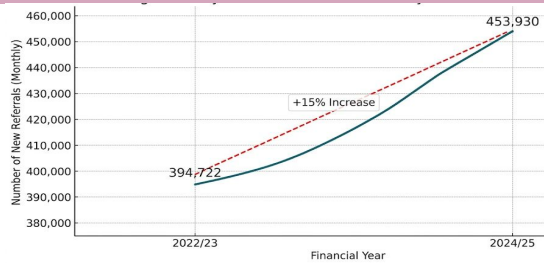
This community-based intervention assists patients to live independently and stay in touch with family, employment and social support circles.

### 1.4 Why the Service Is Important

The community mental health services are significant in the broader health and social care. They:

- Early intervention and prevention of mental health crises.
- Decrease the load on hospital and inpatient services (Gilbert et al., 2008).
- Develop improved recovery results and quality of life.
- Favour social aspect and autonomy.

The mental health care demand is ever-growing. In 2024/25, it was estimated that there existed approximately 453,930 new enrollments to secondary mental health services per month, indicating a 15% growth above the 2022/23 period. This shows the increased role of community-based mental care (Spanos et al., 2025).



## 2. History of Community Mental Health Services

Until recently, mental health care in the UK was provided in major mental hospitals or asylums. Since the 1980s, the policy of Care in the Community has moved the treatment to the community level, closing long-stay hospitals and opening community mental health teams to offer care, treatment, and follow-up. The major developments were the 1999 National Service Framework of Mental Health, as well as the latter NHS reforms, which widened access to psychological therapeutic offerings and crisis services. The most recent NHS policies concern the concept of integrated care systems and schemes, including NHS Talking Therapies, in order to enhance community-based mental health services (Jones, 2023).



## 3. Function of the Service

### 3.1 What the Service Does

Mental health services offered by the community have a number of important functions:

- Mental health evaluation and diagnoses.
- Mental treatments like cognitive behavioural therapy (CBT).
- Medication management and monitoring (Reynolds 3rd et al., 2022)
- Crisis intervention and emergency assistance.
- Rehabilitation and recovery programmes.
- Employment, housing, and social integration assistance (Plaistow et al., 2014)

These services are designed to enable lifelong care provision and relapse prevention.

### 3.2 Who Delivers the Service

Mental health services are provided by multidisciplinary health teams operating both in healthcare and social services. Professional collaboration among professionals is a practice that guarantees patients have total and integrated attention.

### 3.3 Where and How the Service Is Accessed



### 3.4 How the Service Is Funded and Managed

The primary source of community mental health support comes from the National Health Service (NHS). They are organised by NHS Trusts and, to a larger degree, integrated in terms of Integrated Care Systems (ICS), which are seeking to enhance the mutual cooperation of healthcare providers, local authorities and voluntary organisations (Jones, 2023).

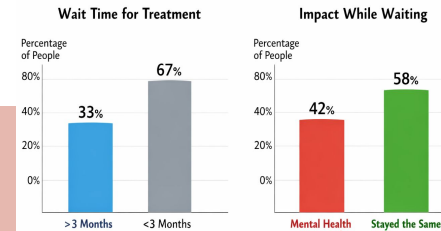
Charities and private providers who work with the NHS also provide some of the services.

## 4. Challenges Facing Community Mental Health Services

### Challenge 1: Long Waiting Times

Long queues in mental health treatment are one of the biggest challenges. A national survey revealed that 33 percent had a waiting period of three months or more between assessment and treatment, and 42 percent of the participants stated that they had gotten worse mentally during the waiting period (Spanos et al., 2025).

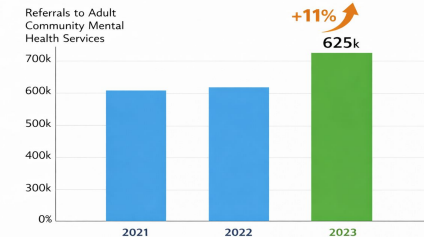
A long waiting line may postpone treatment, create a crisis risk, and result in worse health outcomes.



### Challenge 2: Increasing Demand for Services

The past years have increased the level of demand in the community mental health services. In 2023, the number of referrals to adult community mental health teams grew by 11%, and approximately 625,000 individuals are being referred each year (Glasby, 2026).

Increasing demand also strains personnel and resources, and services struggle to respond to increasing mental health needs.



# **Community Antenatal Midwifery Services: Origins, Development, Function and Impact**

Community antenatal midwifery services are specialised medical services that trained midwives offer in communities in order to provide support to pregnant women during pregnancy, childbirth and during the postpartum phase (Shikuku et al., 2020). The midwifery practice is pre-modern and has its origins in ancient cultures, when the female population helped fellow female counterparts in childbirth and, in most cases, used on-the-job and culture-based practices. In the years that have passed, midwifery has developed from an informal caregiver to a regulated health profession that is part of maternal and newborn care across the world.

The background of antenatal midwifery includes the existence of midwifery in cultures before the medicalisation of childbirth at the beginning of the last century (Kennedy et al., 2020). Technology started to take over the midwifery field, with institutional care and obstetrics sidelining midwifery in certain areas, primarily in high-income countries. However, in most countries globally, especially in the low- and middle-income countries, community midwives have been at the centre of maternal health because of its need and because of cultural practices (Goodwin et al., 2018).

Within the framework of organised healthcare, in many countries, community midwifery services were institutionalised in order to better access professional care and minimise maternal and neonatal mortality. To illustrate, in Pakistan and other places like it, governments launched informatized midwifery training and rollout in the early 2000s to expand the use of facility-based maternity care in rural environments where access to it was limited (Fernandez Turienzo et al., 2020).

Community antenatal midwifery services today form constituents of the primary healthcare systems, which provide holistic antenatal care, health education, risk screening, psychosocial provision, and continuity of care. Skilled midwives deliver antenatal care, care of both the mother and the unborn, make referrals when complications set in, and promote evidence-based interventions, including nutrition counselling and birth planning (Smylie and Phillips-Beck, 2019). Continuity of care models are women-centred processes led by the midwife, which are intended to provide personalised care and enhance trust between the service users and the providers.

It has always been shown that midwife-led antenatal care positively affects the outcomes of maternity and the neonatal outcomes. Another scoping review has reported that the continuity of care during midwifery is related to a 16-24% reduction in neonatal mortality and 24-30% reduction in pre-term births, 10-20% reduction in newborn mortality and 30% adaptation in breastfeeding initiation (MacLellan et al., 2022). Additionally, the systematic evidence indicates that there is less emergency Caesarean section, more likely to give birth vaginally, fewer medical interventions like episiotomies, and a shorter stay of the baby in the neonatal intensive care unit are associated with midwifery-led care, which are primary indicators of quality maternal care (Bradford et al., 2022).

Community antenatal midwifery services are important because they help improve the quality of life among mothers and babies. These services improve maternal health literacy, empower women during decision-making, and promote healthy pregnancy paths by promoting access to culturally appropriate care. The presence of continuity of care by a familiar midwife enhances maternal satisfaction and psychological wellbeing, alleviating anxiety and creating (or creating) positive birth experiences (Yoder and Hardy, 2018). Notably, in low-infrastructure areas, community midwives fill health system gaps, and skilled care becomes accessible among underserved populations.

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