



**HEALTH AND SOCIAL CARE SERVICES:
COMMUNITY MENTAL HEALTH SERVICES AND PHARMACY SERVICES**

Name: Shahzada Mahmood Ul Hassan

Student ID: 2506116

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Lecturer: Mumtaz Goolam

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Community Mental Health Services

Brief history of Community Mental Health Services:

Community Mental Health Services in the UK developed as care moved from large asylums to local, community-based support. Key milestones include the Mental Health Acts (1930 & 1959), which promoted voluntary treatment and aftercare, and the Care Programme Approach (1991), which formalised coordinated care for people with severe mental illness (Burns, 2020; Wikipedia, 2024). These reforms laid the foundation for today's multidisciplinary community teams.



Current function of Community Mental Health Services:

Community Mental Health Services currently operate through integrated, locality-based teams that coordinate care across health and social care systems. They implement structured care planning, risk assessment, safeguarding procedures, and multi-agency collaboration to ensure continuity of care. Services increasingly adopt trauma-informed and recovery-oriented frameworks, utilise outcome monitoring tools, and provide stepped-care interventions tailored to clinical need. The model aligns with national policy objectives to modernise pathways and improve access, waiting times, and quality standards (NHS England, 2019; World Health Organisation, 2021).

Some challenges faced by the service:

Community Mental Health Services face significant long waiting times and high demand, meaning many people wait months for treatment or support, which can worsen their mental health before help begins (Care Quality Commission, 2025). In addition, workforce shortages and under-resourcing create gaps in service delivery, limiting timely access, continuity of care and adequate follow-up support across different localities. These challenges are compounded by persistent inequalities in access, with evidence showing certain population groups face greater barriers to timely, high-quality mental healthcare (Lowther-Payne et al, 2023).



What are Community Mental Health Services?

Community Mental Health Services (CMHS) provide assessment, treatment, and ongoing support for individuals experiencing mental health difficulties outside of hospital settings. Care is delivered in community clinics, primary care settings, and service users' homes by multidisciplinary teams, including psychiatrists, community psychiatric nurses, psychologists, social workers and occupational therapists.

The aim is to provide recovery, support independent living, prevent relapse, and reduce unnecessary hospital admissions through accessible, person-centred care (NHS England, 2019). Community-based models are central to modern mental health policy, emphasising early intervention, integration with primary care, and continuity of care (World Health Organisation, 2021; The Kind's Fund, 2022).

Reference List:

Burns, T. (2020). Community-Based Mental Health Care in Britain. *Consortium Psychiatricum*, 1(2), pp.14–20. doi:<https://doi.org/10.17650/2712-7672-2020-1-2-14-20>.

Cqc.org.uk. (2024). *Mental health - Care Quality Commission*. [online] Available at: <https://www.cqc.org.uk/publications/major-report/state-care/2024-2025/access/mh>.

Lowther-Payne, H.J., Ushakova, A., Beckwith, A., Liberty, C., Edge, R. and Lobban, F. (2023). Understanding Inequalities in Access to Adult Mental Health Services in the UK: a Systematic Mapping Review. *BMC Health Services Research*, [online] 23(1). Available at: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-10030-8>.

NHS England (2019). *NHS England» The community mental health framework for adults and older adults*. [online] England.nhs.uk. Available at: <https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/>.

NHS England (2024). *NHS England Community Mental Health Services*. [online] England.nhs.uk. Available at: <https://www.england.nhs.uk/mental-health/adults/cmhs/>.

Wikipedia Contributors (2019). *Care Programme Approach*. [online] Wikipedia. Available at: https://en.wikipedia.org/wiki/Care_programme_approach.

Pharmacy Services:

Pharmacy services have changed from basic preparation of mixtures to a clinical profession in modern health systems. In earlier times, apothecaries prepared them by mixing herbs and natural substances to treat illnesses. During the Middle Ages, these workers followed rules about how medicines should be made or sold. In the nineteenth century, medicine started to be produced in factories instead of prepared by hand as science developed. This reduced the need for pharmacies to make medicines by hand and increased their role in checking the quality and supplying of medicines. In the UK, the creation of national health services (NHS) in 1948 made community pharmacies an important part of public healthcare because people could get their medicines and advice easier (Anderson, 2007). Later, the idea of pharmaceutical care appeared, meaning pharmacists were responsible not only for supplying medicines but also for helping patients achieve better health outcomes.

Pharmacists nowadays check prescriptions, give medicines, explain how to take them safely and answer any health associated questions. Many pharmacies now also provide vaccinations, blood pressure checks, and treatments for minor illnesses. Some pharmacists also work inside GP practices and can prescribe medication themselves after extra training. Electronic prescriptions and shared patient records help pharmacists detect errors and prevent harmful drug interactions. International guidelines like the world health organisation, also known as WHO, encourage pharmacists to support prevention and long-term disease management (Okoro and Nduaguba, 2021).

Even though pharmacy services are important, they still face challenges. Many pharmacies are busy and spend a lot of time dispensing medicines, which can reduce the time available for patient care. Most of the time, funding systems pay more for dispensing than clinical advice, even though advice improves health outcomes (Ceka et al., 2026). There are also staff shortages in some areas, and not all patients have equal access to extra services like health screening. However, research shows medicine reviews by pharmacists can lessen hospital admissions and improve how well patients follow treatments (Degen, Chen and Schöttker, 2025). This shows that pharmacy services are moving in the right direction but need more support and resources.

Pharmacy services improve the quality of life in many ways. Community pharmacies are easy to reach and usually do not need appointments, which helps people get quicker care (Hindi, Schafheutle and Jacobs, 2019). Pharmacists teach patients how to use medication correctly which reduces side effects and preventing harm. They also help people manage long-term conditions such as asthma, diabetes, and high blood pressure by monitoring treatment and giving lifestyle advice. Elderly patients and those taking many medicines benefit from medication reviews, which prevent confusion and improve independence in daily living. Preventive services like vaccinations and smoking-cessation programmes also protect public health. Overall, pharmacy services help people stay healthier, avoid complications, and maintain everyday activities (Fares et al., 2025).

Reference list

Anderson, S. (2007). Community pharmacy and public health in Great Britain, 1936 to 2006: how a phoenix rose from the ashes. *Journal of Epidemiology & Community Health*, 61(10), pp.844–848. doi:<https://doi.org/10.1136/jech.2006.055442>.

Ceka, A., Juneja, B., Tseng, O., Zhang, W., Kuo, I.F., Bansback, N., Law, M.R., Lynd, L.D., Zed, P.J. and Mitton, C. (2026). Bridging the gap between expanded pharmacy services and payment models: A jurisdictional scan. *Journal of the American Pharmacists Association*, 66(1), p.102989. doi:<https://doi.org/10.1016/j.japh.2025.102989>.

Degen, M., Chen, L.-J. and Schöttker, B. (2025). Medication reviews in hospitalised patients for reduced hospital readmission and mortality. Systematic review, meta-analysis and meta-regression of RCTs. *Ageing Research Reviews*, 104, p.102661. doi:<https://doi.org/10.1016/j.arr.2025.102661>.

Fares, R., Bardiau Marjorie, Chaballe, C. and Crunenber, R. (2025). The outcomes of pharmacist-led pharmaceutical care within community pharmacies: An overview of systematic reviews. *Research in Social and Administrative Pharmacy*. doi:<https://doi.org/10.1016/j.sapharm.2025.01.015>.

Hindi, A.M.K., Schafheutle, E.I. and Jacobs, S. (2019). Community pharmacy integration within the primary care pathway for people with long-term conditions: a focus group study of patients', pharmacists' and GPs' experiences and expectations. *BMC Family Practice*, [online] 20(1). doi:<https://doi.org/10.1186/s12875-019-0912-0>.

Okoro, R.N. and Nduaguba, S.O. (2021). Community pharmacists on the frontline in the chronic disease management: The need for primary healthcare policy reforms in low and middle income countries. *Exploratory Research in Clinical and Social Pharmacy*, 2, p.100011. doi:<https://doi.org/10.1016/j.rcsop.2021.100011>.