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Co-locating mental health services in community spaces targets inequalities

Co-location models deliver public mental health support alongside other services. These non-clinical interventions, for example welfare advice, are traditionally offered within health settings such as GP surgeries, but increasingly also in community spaces. Here, we summarise how community co-location impacts public mental health and develop recommendations for scaling up and sustainability.

Public mental health interventions address a wide range of factors that influence mental health through non-clinical approaches. For example, employment-related training and support, expanding access to financial or legal advice, and providing interaction, social, and peer support.

The practice of co-locating these services in the same physical space is established in the UK's health system (e.g. delivering welfare or legal advice within primary care services). However, this may limit access for those who have had negative experiences of, or are hesitant to use, public services and may increase stigma by aligning mental health support with clinical spaces.

Changes to the Health and Social Care Act (2012) and austerity measures have led to an increase in the number of community organisations (third sector and voluntary) taking on roles previously the responsibility of the public sector. With a growing awareness of the need to diversify services to engage groups at risk of poor mental health in prevention, promotion, and early intervention, increasingly both statutory and community sectors are delivering co-located services in community venues. These include libraries, faith buildings, community centres, and recovery colleges. The overarching aim is to bring services closer to those most affected by inequalities and allow local people to be meaningfully involved in the design and delivery of such services.

Here we present research about *how* co-located services work to improve mental health outcomes and reduce mental health inequalities, *who* they may work or not work for, and develop recommendations for ensuring the success and sustainability of such approaches. Our analysis is based on six case study sites in

England, including a library, a foodbank, a heritage site and three community hubs (for a minority ethnic population; those with lived experience of mental health problems; and those experiencing social isolation and poverty). At each site we spoke with service users and providers, and throughout engaged peer researchers with lived experience of mental illness.

Key Findings

- **Holistic and person-centred support**
Services paid for and provided by the government can be fragmented, problem-focused, and with rigid delivery environments. Community-based co-location supports flexible, cross-service care, tailored to local contexts and the complexity of people's lives, enhancing engagement and mental health outcomes.

- **Reducing stigma**
Negative experiences, mistrust of statutory providers, and mental health stigma act as barriers to engagement. Community-based co-location enables "soft" entry routes to support via familiar spaces and trusted providers, increasing early access and onward referral.

- **Psychologically safe delivery environments**
Resource pressures and performance-focused cultures can create stressful environments in statutory services for staff and users of services. Community-based co-location creates opportunities for positive, low-pressure engagements, characterised by working together, empathy and trust.

- **Barriers to accessibility**
A fragmented service landscape can be challenging to navigate and physically access. Co-located community services reduce time and cost barriers and may improve the ability of services to develop accessible spaces; together, these support access especially for those with limited resources or multiple service needs.

- **Sustainability of services**
In competitive and short-term focused funding environments, services can share resources for fund-seeking, operational costs, and delivery. Where relationships between services are strong, collaborations can be agile in response to changing funding climates or patterns of need.

Policy relevance and implications

- Expanding community-based co-located services could improve public mental health and reduce mental health inequalities as its mechanisms particularly impact those facing multiple disadvantages.

- Policy makers and commissioners should value, not constrain, community-based service ways of working, for example, via funding arrangements that require/reward quality rather than quantity of engagements.

- Relatedly, researchers and providers need to consider how to capture the reach of these services beyond "tick box" demographics. Expanding the use of social return on investment models, and working with communities to identify meaningful impacts, is important.

- To maximise co-location benefits, service values should be aligned, and structures should support co-working (e.g. cross-service meetings and training). Local authorities and integrated systems can broker and support relationships and organise physical and financial assets to achieve this.

- Proposed expansions include: repurposing unused or underused community sites, expanding clinical outreach models, widening training in mental health, and enhancing statutory/non-statutory partnerships to access longer-term funding channels. Such spaces are well-placed to respond to increasing mental health, digital access, and service navigation needs in communities.

"We need to bring services closer to those most affected by inequalities and allow local people to be meaningfully involved."

BRIEF DESCRIPTION OF THE RESEARCH

This multi-site case study research interviewed service providers and users of services in six different community-based co-located services across England. We explored whether and how co-locating services in community settings impacts the mental health and wellbeing of the community and has the potential to reduce mental health inequalities.

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Web: www.sphr.nihr.ac.uk/research/exploring-co-located-public-mental-health-interventions-in-community-spaces-and-impacts-on-health-inequalities-a-realist-evaluation

FURTHER INFORMATION

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Photo: Workshop in Harrow, Greater London

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