Adults Mental Health Commissioning Strategy 2024 – 2029

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List of Abbreviations

Abbreviation	Meaning
AMHPs	Approved Mental Health Professionals
ARRS	Additional Roles Reimbursement Scheme
ASCOF	Adult Social Care Outcomes Framework
ASPD	Antisocial Personality Disorder
BAME	Black, Asian, and Minority Ethnic
BHFT	Berkshire Healthcare NHS Foundation Trust
BPD	Borderline Personality Disorder
BRAVE	Building Resilience and Valuing Emotions
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CBTp	Cognitive Behavioural Therapy for Psychosis
CfD	Counselling for Depression
CMHS	Community Mental Health Service
CPN	Co-Production Network
CRHTT	Crisis Resolution and Home Treatment Team
D2A	Discharge to Assess
DBT	Dialectical Behaviour Therapy
DIT	Dynamic Interpersonal Therapy
DTOC	Delayed Transfers of Care
DUP	Duration of Untreated Psychosis
EIP	Early Intervention in Psychosis
EMBRACE	Emotionally Educated Minds Bring Reason and Choices Everyday
EUPD	Emotionally Unstable Personality Disorder
EQIA	Equality Impact Assessment
GP	General Practitioner
HBPoS	Health-Based Place of Safety
IAPT	Improving Access to Psychological Therapy
IMD	Index of Multiple Deprivation
IMPACTT	Intensive Management of Personality Disorders and Clinical Therapies Team
ICB	Integrated Care Board
ICS	Integrated Care System
IPS	Individual Placement and Support
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and others
LSOAs	Lower Layer Super Output Areas
MHCM	Mental Health Continuum Model
MHA	Mental Health Act
MHFA	Mental Health First Aid
MHST	Mental Health Support Teams
MoU	Memorandum of Understanding
NPD	Narcissistic Personality Disorder
NHS	National Health Service

| OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
OOA	Out of Area
PANSI	Projecting Adult Needs and Service Information
PCNs	Primary Care Networks
PHBs	Personal Health Budgets
PHE	Public Health England
POPPI	Projecting Older People Population Information
PPH	Prospect Park Hospital
PTSD	Post-Traumatic Stress Disorder
RCRP	Right Care, Right Person
SEND	Special Educational Needs and Disabilities
SMI	Severe Mental Illness
TVP	Thames Valley Police
VCS	Voluntary and Community Sector
VCSE	Voluntary, Community, and Social Enterprise
VPM	Volunteer Peer Mentor
WHO	World Health Organisation

1. Executive Summary

The Slough Adults Mental Health Commissioning Strategy 2024-2029 provides a comprehensive, forward-looking framework to address the borough's growing mental health challenges and transform support services. Rooted in the principles of equity, accessibility, and quality, this strategy demonstrates our commitment to meeting the diverse needs of Slough's residents. Aligned with both local and national policies, informed by population health data, and shaped through extensive community engagement, the strategy envisions a community where mental wellbeing is prioritised, mental illness is actively prevented, and individuals have timely access to support that empowers them to lead fulfilling, independent lives.

Slough's unique socio-economic landscape – characterised by a highly diverse population and significant levels of deprivation in certain areas – requires tailored approaches to mental health care. With a substantial proportion of residents from Black, Asian, and Minority Ethnic (BAME) backgrounds, the strategy emphasises addressing inequalities in mental health outcomes, particularly for vulnerable groups such as young people, individuals with disabilities, and ethnic minorities. Underpinned by the Mental Health Continuum Model, our strategy recognises mental health as a dynamic spectrum of needs, from promoting wellbeing to supporting individuals facing severe mental health challenges.

Through a data-driven approach, our strategy addresses both the current and future mental health needs of the community. Local population data reveals a steady rise in mental health challenges within Slough, particularly in common mental disorders, psychotic disorders, and comorbidities. This informed perspective enables the Council, NHS partners, and local commissioners to anticipate service demand and strategically allocate resources, ensuring that Slough remains responsive to emerging trends and the evolving complexity of mental health conditions.

Our strategy is anchored by **seven key priorities** aimed at transforming mental health services in Slough and driving meaningful improvements over the next five years:
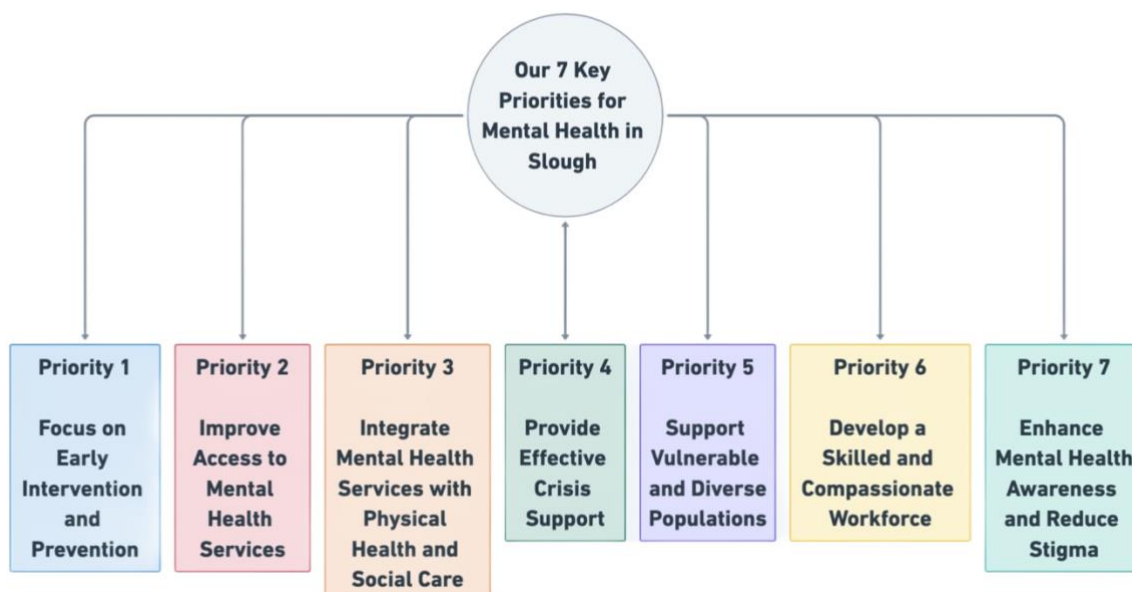
1. **Early Intervention and Prevention**

   The commissioning strategy prioritises early intervention and prevention to identify and address mental health issues at the earliest possible stage. We will liaise and collaborate closely with Children and Young People (CYP) services or draw upon existing strategies to ensure alignment and avoid duplication. Through partnerships with schools, social care, and community organisations, we will engage young people and marginalised groups with targeted, preventive services to mitigate long-term mental health challenges. The strategy demonstrates a strong commitment to partner with CYP services to promote a cohesive, community-driven approach to mental health.

2. **Improving Access to Mental Health Services**

   Our commissioning strategy is committed to expanding timely access to high-quality mental health services for all, aiming to improve early diagnosis irrespective of socio-economic or cultural backgrounds. This includes exploring digital and remote access options to broaden accessibility, reducing waiting times, simplifying self-referral pathways and promoting culturally competent care to ensure services are approachable and responsive to Slough's diverse communities.

3. **Integration of Mental Health with Physical Health and Social Care**

   Integrated care is central to achieving seamless coordination across mental health, physical health, and social care. By strengthening multidisciplinary collaboration, particularly with GPs and primary care, our strategy will create holistic care pathways that comprehensively address individuals' needs. This approach aims to reduce health inequalities, improve care quality across the borough, and maximise opportunities for partnership working through the Health and Social Care Partnership Board. Central to this vision is building resilient communities and embedding an integrated neighbourhood working model, which ensures mental health support is closely aligned with local physical health and social care services, ultimately improving the physical health outcomes of people with mental illness.

4. **Providing Effective Crisis Support**

   Ensuring responsive, round-the-clock crisis support is crucial to reducing the need for emergency hospital admissions and ensuring individuals in distress receive timely and effective care. The strategy will enhance crisis intervention teams, expand crisis helplines, and improve home treatment options, promoting a cohesive, community-wide response in times of need. By working closely with voluntary organisations, peer networks, and other community partners, the strategy aims to build a robust, cohesive response system that ensures help is readily available during critical moments, reducing barriers to care and promoting trust within the community.

5. Supporting Vulnerable and Diverse Populations

Dedicated to inclusivity, the strategy emphasises culturally competent care tailored to the unique needs of BAME communities, LGBTQ+ individuals, people with disabilities, our neurodiverse population and carers – recognised as a group at higher risk of poor mental health. Services will be tailored to meet the unique challenges these groups face, ensuring that care is culturally competent and sensitive to their needs. Our strategy incorporates the Core20PLUS5 framework to address health inequalities systematically and effectively from a population mental health approach. Through Equality Impact Assessments (EQIAs) and proactive outreach programmes such as engaging with local faith, religion, and cultural groups, the strategy aims to reduce mental health disparities, ensuring equitable access to essential mental health support for all individuals, regardless of their background.

6. Developing a Skilled and Compassionate Workforce

Building a skilled and compassionate workforce is essential for delivering high-quality mental health care. The strategy prioritises ongoing training and development, focusing on compassion, empathy, and person-centred care. Initiatives such as Mental Health First Aid (MHFA) training and emotion coaching will equip professionals and communities with the tools to recognise and manage mental health challenges, ensuring the workforce is prepared to meet the evolving needs of the community effectively.

7. Enhancing Mental Health Awareness and Reducing Stigma

Public understanding and awareness of mental health are essential to creating an inclusive and supportive community. Our strategy focuses on reducing stigma around mental illness through targeted campaigns, community outreach, and partnerships with local organisations. By promoting early intervention and encouraging open conversations about mental health, we aim to build a community culture where individuals feel empowered to discuss mental health and seek help without fear of judgement. This also includes creating spaces that promote mental health to support overall wellbeing.

Our strategy includes plans for a Supported Living Accommodation Strategy to address the demand for sustainable housing solutions for individuals with moderate to severe mental health needs. The accommodation strategy will focus on ensuring continuity of care, reducing reliance on costly emergency and out of area placements, and delivering long-term, financially viable housing solutions that promote independence and wellbeing.

Furthermore, recovery-focused services, exemplified by Hope College, provide structured learning pathways that empower individuals in their recovery journeys through skill-building, social engagement, and employment support. Central to these services is co-production, where individuals with lived experience actively shape and deliver mental health programmes. This collaborative approach strengthens our vision for a responsive, community-driven system that prioritises the voices and experiences of those we serve.

The Slough Adults Mental Health Commissioning Strategy sets a clear course for addressing the borough's mental health challenges. With a strong emphasis on early intervention, integrated care, and inclusivity, the strategy aims to build a resilient and supportive community where everyone can achieve their best mental health and wellbeing. Supported by continuous monitoring, stakeholder engagement, and a clear action plan, the strategy will deliver measurable, impactful outcomes that reflect Slough's dedication to enhancing mental health support for all residents.

In conclusion, a broader all-age mental health strategy will be developed, adopting a population-based approach to address mental health comprehensively across the lifespan. The development of this strategy will be led by Public Health, in collaboration with Adult and Children's Services, NHS partners, and other key stakeholders. This strategy will align with Slough's overarching health and wellbeing objectives. Once developed, it will integrate seamlessly with existing strategies and priorities, complementing the Adults Mental Health Commissioning Strategy to create a cohesive and inclusive approach to mental health support.

2. Introduction

Mental health is a critical element of overall wellbeing, profoundly affecting how individuals think, feel, and interact with the world around them. In the UK, mental health issues are pervasive and represent a significant public health challenge. The Mental Health Foundation reports that one in four people in England will experience a mental health issue each year, with one in six people suffering from common mental health problems such as anxiety or depression weekly.[1] The most prevalent mental illness in the UK is mixed anxiety and depression, with 7.8% of the population meeting diagnostic criteria.[2]

The landscape of mental health care in the UK has evolved considerably over the past decades. Historically, mental health conditions were heavily stigmatised, leading to inadequate support and a lack of resources.[3] However, with increasing awareness and advocacy, mental health policies and services have seen substantial progress. The NHS Long Term Plan now places mental health at the forefront, outlining ambitious goals to improve service accessibility, integrate mental health with physical health care, and address inequalities in mental health outcomes.[4]

Despite this progress, significant challenges remain. Mental health problems are the leading cause of disability in the UK, accounting for 23% of the overall burden of disease—surpassing both cancer and cardiovascular disease, which account for 16% each.[5] The financial cost to the UK economy is substantial, estimated at over £117.9 billion annually, due to healthcare expenses, social services demands, and lost productivity.[6] [7] These statistics highlight the urgency of developing comprehensive strategies that address mental health at both national and local levels.

The impact of poor mental health is wide-reaching, affecting individuals, families, and communities. People with mental health conditions are more likely to live in deprivation, experience housing instability, face challenges in securing employment, suffer from poorer physical health, and have a shorter life expectancy than the general population. These disparities make clear the importance of addressing the social determinants of health to create a more resilient, healthier society.

While ongoing work aims to improve the emotional wellbeing and resilience of Slough's residents, mental health care extends beyond treatment. The strategy recognises the need to address broader factors that contribute to wellbeing and to prevent mental illness—particularly among young people. By adopting a whole-

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[1] Mental Health Foundation (2022). Mental Health Statistics: Prevalence
[2] Adult Psychiatric Morbidity Survey (APMS) 2022 – Survey Consultation Findings 2022 | NHS Digital
[3] Mosaic toolkit to end stigma and discrimination in mental health | World Health Organisation (WHO) Europe Region | October 2024
[4] The NHS Long Term Plan
[5] No health without mental health: A cross-Government mental health outcomes strategy for people of all ages Supporting document – The economic case for improving efficiency and quality in mental health | Department of Health
[6] The economic case for investing in the prevention of mental health conditions in the UK | Mental Health Foundation | London School of Economics (February 2022)
[7] National Mental Health Programme | Research demand signalling | NHS England (September 2022)

population approach, promoting access to green spaces, encouraging physical activity, and promoting community connections, we can shift the focus towards mental wellbeing and reduce the prevalence of severe mental health problems. [8]

Slough, as a vibrant and diverse borough–which is a strength in itself–faces unique challenges in mental health service provision. Our diverse population, encompassing various cultures, ethnicities, and socioeconomic backgrounds, requires tailored, culturally competent services. Local data indicates that the prevalence of mental health issues in Slough mirrors national trends, with high rates of depression, anxiety, and severe mental illnesses such as schizophrenia. The Slough Joint Wellbeing Strategy highlights mental health conditions as a leading cause of ill health and disability in the borough, underscoring the urgent need for an inclusive and responsive adults mental health commissioning strategy.[9]

Slough also faces significant mental health challenges, particularly in areas marked by high levels of deprivation. Slough is more deprived than the England average on the 2019 Index of Multiple Deprivation (IMD). 71% of Slough's Lower Layer Super Output Areas (LSOAs) fall below the national average of the IMD. There are particularly severe pockets of deprivation in Britwell, Chalvey, Herschel Park, Elliman, Wexham Court, and Colnbrook & Poyle.[10]

Figure 1: Index of Multiple Deprivation (IMD) in Slough
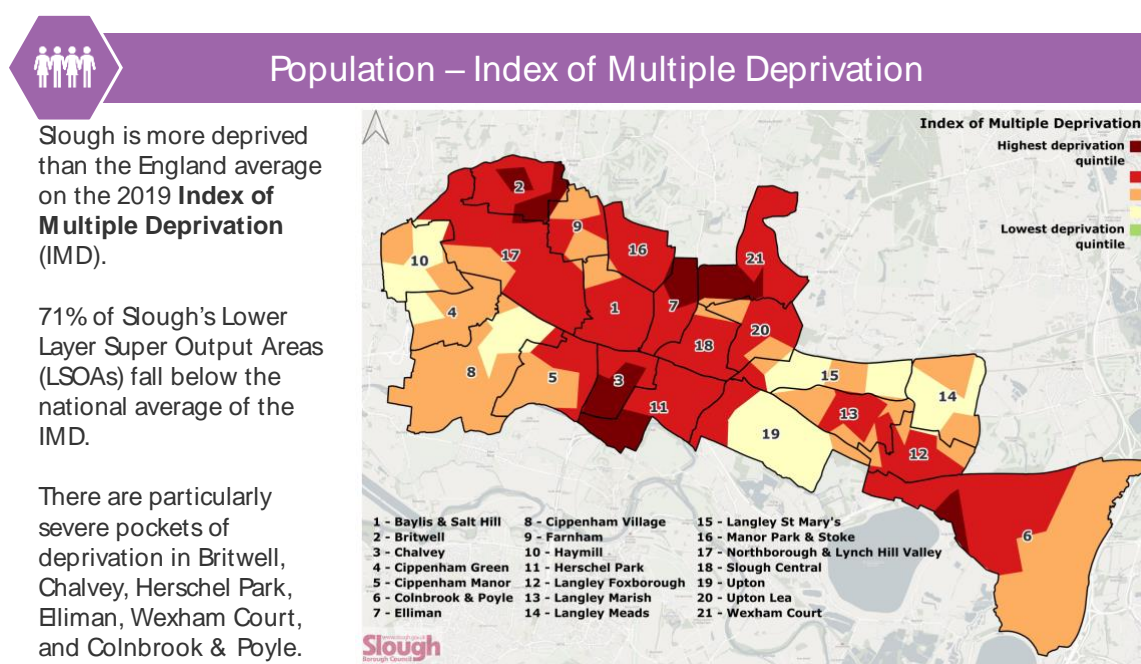
Source: Indices of Deprivation, 2019[11] (Adapted from Slough Insights, September 2024)

[8] Five Ways to Wellbeing New applications, new ways of thinking | New Economics Foundation | NHS Confederation

[9] Slough Borough Council. (2022). Slough Joint Wellbeing Strategy 2020-2025

[10] English Indices of Deprivation 2019

[11] The map uses Lower Layer Super Output Areas (LSOAs), which comprise between 400 and 1,200 households and have a usual resident population between 1,000 and 3,000 persons.

The map in Figure 2 below shows the percentage of households that are deprived in one or more dimension in the 2021 census. The red and dark red represent areas where 57% or more households are deprived in one or more dimension. The four dimensions are: **education, employment, health, and housing.**[12]

Figure 2: Percentage of Household Deprivation in one or more Dimensions
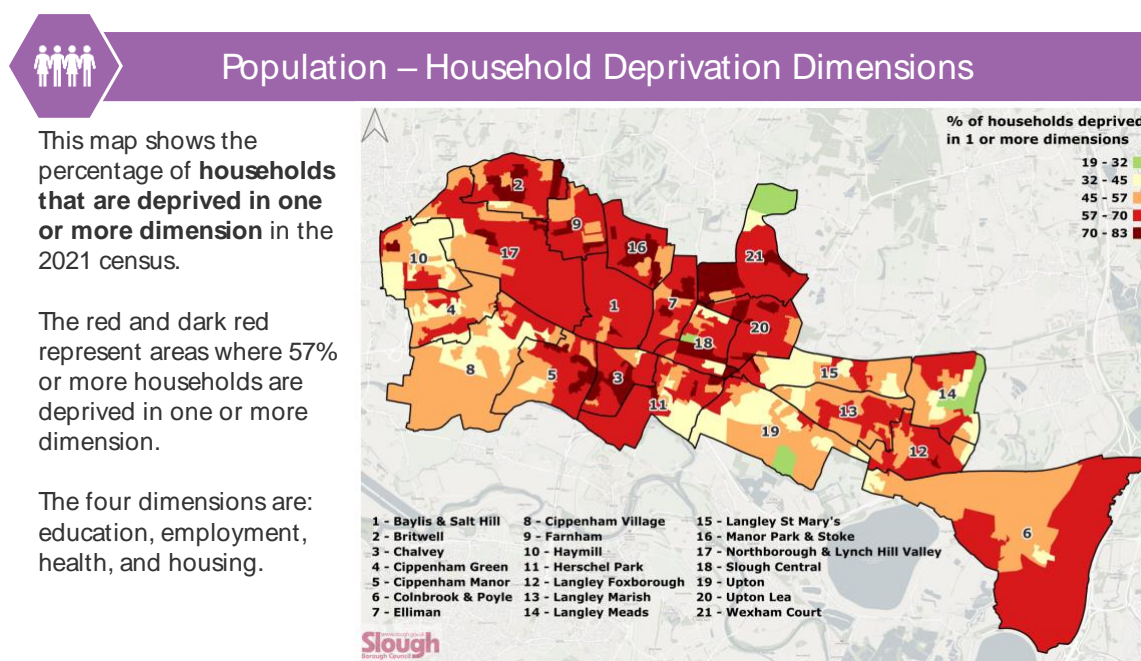
Source: Census 2021 (Adapted from Slough Insights, September 2024)

Economic instability, unemployment, and inadequate housing conditions are key contributors to the high rates of mental health issues in the borough. Several factors contribute to the high prevalence of mental health issues in Slough. The borough's diverse population includes many individuals from Black, Asian, and Minority Ethnic (BAME) backgrounds, who may face additional barriers to accessing mental health services due to cultural stigma, language barriers, and differing health beliefs.[13]

In fact, national data shows that Black men are four times more likely to be detained under the Mental Health Act compared to their white counterparts, a trend reflected locally in Slough.[14] Additionally, people with protected characteristics – including ethnic minorities, those with disabilities, and LGBTQ+ individuals – often experience poorer mental health outcomes due to the compounding effects of stigma, discrimination, and reduced access to care.[15] These groups face barriers such as language difficulties, cultural stigma, and a lack of tailored support, which exacerbates inequalities in accessing mental health care. Individuals in deprived areas are significantly more likely to encounter mental health problems and have limited access to appropriate services, perpetuating a cycle of poor mental health outcomes and social disadvantage.

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[12] Household deprivation variable: Census 2021 | Office for National Statistics (ONS)
[13] Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England
[14] Detentions under the Mental Health Act by Ethnicity | August 2024
[15] Place-based approaches for reducing health inequalities: main report

Given these challenges, a comprehensive and coordinated approach is required to address the mental health needs of people living in Slough. Our aim is to make Slough the best place to live for emotional wellbeing, and our strategy is designed for everyone who lives, works, or studies in Slough.

3. Our Vision

Our vision for mental health in Slough is to create a community where every individual can achieve optimal mental health and wellbeing. We envision a borough where mental health is valued equally with physical health, where stigma is eradicated, and where everyone has access to the support they need to live fulfilling, independent lives. This vision aligns with the broader strategic goals outlined in the Slough Corporate Plan 2023-2027, which prioritises promoting healthier, safer, and more independent lives for all residents.[16]

In Slough, mental health services will be inclusive and accessible to every individual, regardless of their background or socioeconomic status. Our vision includes:

- **Equal access** to high-quality mental health services for all individuals.
- A **community that supports mental health**, working to reduce stigma and promote mental wellbeing.
- **Integrated care** that addresses both mental and physical health needs, promoting recovery and long-term wellbeing.
- **Promoting positive mental health** to create strong and resilient communities, while also leveraging Slough's green spaces, parks, and other resources to make it a more attractive place to live.

Our approach is not only about delivering mental health services but about building a supportive, stigma-free community that prioritises mental health as a key aspect of overall wellbeing. The Slough Corporate Plan emphasises the importance of building strong, cohesive communities, which aligns with our vision of promoting a sense of belonging and resilience within our population.

While this vision is our guiding focus for the next five years, it is also a long-term ambition to address the gaps in mental health service provision. We aim to enhance mental health services, promote independence, reduce inequalities, and empower our residents to live healthier and more resilient lives. Our strategy sets out how we will collaborate with partners to deliver better mental health and wellbeing outcomes, improve service access, and address the complex needs of Slough's diverse population.

Achieving this vision will require a collective effort, bringing together statutory services, voluntary organisations, community groups, and residents. By fostering strong partnerships and aligning our efforts, we aim to create a cohesive support system that not only delivers high-quality mental health services but also builds resilience within our communities. Our commitment to co-production ensures that the voices of those with lived experience, carers, and key stakeholders will remain at the

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[16] Slough Corporate Plan: A fresh start | 2023-2027

heart of service design and delivery, driving innovation and ensuring our approach reflects the needs of Slough's diverse population.

4. Purpose of the Commissioning Strategy

The Slough Adults Mental Health Commissioning Strategy 2024-2029 provides a comprehensive framework aimed at improving mental health outcomes across the borough. It responds to the growing mental health needs of the community by enhancing the quality, accessibility, and coordination of services. The strategy outlines how we will work in collaboration with health, social care, and community partners to ensure individuals receive timely and appropriate support, with particular focus on those most at risk of mental health challenges.

Our strategy is not solely focused on the delivery of high-quality mental health services but also on creating an environment that promotes mental wellbeing and actively reduces stigma. It prioritises early intervention and prevention, recognising the importance of addressing mental health issues before they escalate. By integrating mental health with physical health and social care, the strategy aims to deliver holistic, person-centred care that reflects the complexity of individuals' needs. Ultimately, the goal is to empower individuals to lead fulfilling, independent lives and to ensure mental health is valued equally with physical health across Slough.

Through this strategy, we seek to reduce health inequalities, support vulnerable populations, and build stronger, more resilient communities. It sets out the key priorities and actions that will guide the delivery of mental health services over the next five years, ensuring that Slough becomes a place where everyone can achieve optimal mental health and wellbeing.

5. The Mental Health Continuum Model

The Mental Health Continuum is a conceptual model that captures the dynamic nature of mental health, illustrating that it is not a fixed state but one that exists on a spectrum and fluctuates based on various factors, including life events, stressors, and individual resilience. The continuum ranges from optimal mental wellbeing at one end, where individuals experience positive mental health and no distress, to severe mental health challenges at the other, characterised by persistent difficulties and formal diagnoses. Importantly, the continuum highlights that mental health and mental illness are not mutually exclusive; a person can experience good mental health while managing a mental health condition effectively. [17]

The diagram in Figure 3 illustrates two intersecting axes. One axis moves from no diagnosis to a severe diagnosis, while the other runs from minimum to maximum mental wellbeing. This design illustrates the diversity of experiences within the mental health spectrum. For example, an individual may have a severe diagnosis but still experience high mental wellbeing due to effective coping mechanisms and support systems. Conversely, someone with no diagnosis may still struggle with low mental fitness due to high stress or life challenges. This model underscores the

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[17] Corey L. M. Keyes, The Mental Health Continuum: From Languishing to Flourishing in Life (2002)

importance of reducing stigma across all points on the continuum, recognising that mental health is not a binary state.

Figure 3 : The Mental Health Continuum Model

Source: Mental Health First Aid (MHFA) England

Using the Mental Health Continuum Model allows mental health services in Slough to tailor interventions more effectively, ensuring that individuals receive the right level of support based on their position along the continuum. This approach supports the strategy's aim of promoting early intervention and targeted support, addressing mental health issues before they escalate and ensuring individuals receive care that aligns with their specific needs. Embracing this continuum-based model enables a responsive, flexible approach to mental health care that recognizes the fluid nature of mental wellbeing.

6. Our Priorities

Supporting mental health across Slough requires a focused and strategic approach that aligns with both national objectives and the unique needs of our local population. These priorities aim to create an inclusive, accessible, and integrated mental health care system that promotes early intervention, improves access to services, and provides targeted support for vulnerable groups. We aim to create a supportive environment where every resident can achieve their optimal mental health and wellbeing.

The following key priorities outline how we will transform mental health services in Slough over the next five years:

Priority 1: Focus on Early Intervention and Prevention

The commissioning strategy prioritises early intervention and prevention to identify and address mental health issues at the earliest possible stage, especially for children and young people. We will liaise and collaborate closely with Children and Young People (CYP) services or draw upon existing strategies to ensure alignment and avoid duplication. Through partnerships with schools, social care, and community organisations, we will engage young people and marginalised groups with targeted, preventive services to mitigate long-term mental health challenges. The strategy demonstrates a strong commitment to partner with CYP services to promote a cohesive, community-driven approach to mental health.

Priority 2: Improve Access to Mental Health Services

We are committed to ensuring timely access to high-quality mental health services for all, regardless of background or circumstances. Expanding service availability, particularly through digital and remote options where appropriate, will enhance accessibility and reduce waiting times. Self-referral processes will be simplified to make services more approachable, while ensuring that culturally competent care is available to Slough's diverse communities. Our goal is to enhance the pathways that allow individuals to receive the right care at the right time, and we will set measurable goals to improve access over the strategy period.

Priority 3: Integrate Mental Health Services with Physical Health and Social Care

Integrated care is central to achieving seamless coordination across mental health, physical health, and social care. By strengthening multidisciplinary collaboration, particularly with GPs and primary care, our strategy will create holistic care pathways that comprehensively address individuals' needs. This approach aims to reduce health inequalities, improve care quality across the borough, and maximise opportunities for partnership working through the Health and Social Care Partnership Board. Central to this vision is building resilient communities and embedding an integrated neighbourhood working model, which ensures mental health support is closely aligned with local physical health and social care services, ultimately improving the physical health outcomes of people with mental illness.

Priority 4: Provide Effective Crisis Support

We will review and enhance our 24/7 crisis support services to ensure individuals in mental health crises receive immediate and responsive care. Strengthening crisis intervention teams, expanding crisis helplines, and improving home treatment services are key steps to make support accessible when it is needed most. By working closely with voluntary organisations, peer networks, statutory services, and other community partners, the strategy aims to provide a cohesive, community-wide response that reduces emergency hospital admissions. This

approach ensures timely, effective care during critical moments, reduces barriers to accessing help, and promote trust within the community.

Priority 5: Support Vulnerable and Diverse Populations

We recognise the specific mental health needs of vulnerable groups, including Black, Asian, and Minority Ethnic (BAME) communities, LGBTQ+ individuals, those with disabilities, our neurodiverse populations, and carers – recognised as a group at higher risk of poor mental health. Services will be tailored to meet the unique challenges these groups face, ensuring that care is culturally competent and sensitive to their needs. Our strategy incorporates the Core20PLUS5 framework to address health inequalities systematically and effectively from a population mental health approach.[18] [19] Through Equality Impact Assessments (EQIAs) and proactive outreach programmes such as engaging with local faith, religion, and cultural groups, the strategy aims to reduce mental health disparities, ensuring equitable access to essential mental health support for all individuals, regardless of their background.

Priority 6: Develop a Skilled and Compassionate Workforce

Building a skilled and compassionate workforce is essential for delivering high-quality mental health care. The strategy prioritises ongoing training and development, focusing on compassion, empathy, and person-centred care. Initiatives such as Mental Health First Aid (MHFA) training and emotion coaching will equip professionals and communities with the tools to recognise and manage mental health challenges, ensuring the workforce is prepared to meet the evolving needs of the community effectively.

Priority 7: Enhance Mental Health Awareness and Reduce Stigma

Public understanding and awareness of mental health are essential to creating an inclusive and supportive community. Our strategy focuses on reducing stigma around mental illness through targeted campaigns, community outreach, and partnerships with local organisations. By promoting early intervention and encouraging open conversations about mental health, we aim to build a community culture where individuals feel empowered to discuss mental health and seek help without fear of judgement. This also includes creating spaces that promote mental health to support overall wellbeing.

These strategic priorities will be monitored through an accompanying Action Plan, ensuring that measurable progress is made over the next five years. We are

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[18] Core20PLUS5 – an approach to reducing healthcare inequalities | NHS England

[19] The Core20PLUS5 approach defines a target population of the 20% most deprived population by the Index of Multiple Deprivation (IMD) – the 'Core 20' of the national population, 'PLUS' ICS-determined groups experiencing poorer than average access, experience or outcomes from healthcare and '5' clinical focus areas with the greatest opportunities to narrow the current gap in life expectancy due to health inequalities.

committed to making Slough a place where mental health and wellbeing are prioritised for all, promoting a community that supports recovery, resilience, and inclusion.

7. How Our Commissioning Strategy Was Developed

A key component of our strategy development was direct engagement with our local population. We worked closely with service users, carers, and professionals through our Co-production Network (CPN). This engagement involved a combination of publicly available online surveys, virtual and face-to-face focus groups. These consultations allowed us to gather firsthand experiences, understand community needs, and ensure that the voices of those with lived experience were central to shaping the strategy.

The development of our strategy was also guided by a thorough assessment of population health needs and strategic landscape analysis. We reviewed a wide range of data, including quality and operational performance from NHS mental health providers, local and national benchmarking data, and publicly available sources such as the Office for National Statistics (ONS), NHS England, mental health prevalence data from Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information (POPPI) system. This analysis was augmented by insights from local Joint Strategic Needs Assessments, which helped us identify the mental health challenges faced by our community.

Finally, the data and feedback collected were synthesised into the core content of the strategy. This process enabled us to prioritise key areas for improvement, ensuring that the strategy not only addresses current needs but also anticipates future challenges. By combining robust data analysis with meaningful community engagement, we have developed a strategy that is both evidence-based and reflective of the diverse needs of Slough's population.

8. Policy Guidance: National and Local Context

Mental health is a national health priority in England. Over the past 25 years, mental health policy and practice have evolved significantly, leading to the establishment of clear standards, national priorities, and measurable targets. These developments have also been supported by increased investment in mental health services.

8.1. National Context

There have been several key documents and policies published nationally related to mental health in England:

- The Mental Health Act (1983, amended in 2007)[20] is a key legal framework governing the treatment and rights of people with mental health conditions. It provides the legislation for the compulsory detention and treatment of individuals with severe mental illness.

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[20] Mental Health Act 2007

- National Service Framework for Mental Health (1999)[21] sets quality standards for mental health services. It says what they aim to achieve, how they should be developed and put into practice and how they should be measured.

- The Equality Act (2010)[22] is a comprehensive piece of legislation aimed at protecting individuals from discrimination. It includes provisions for mental health conditions under the category of disability, ensuring equal rights and protection.

- The Care Act (2014)[23] outlines the responsibilities of local authorities in providing care and support, emphasising the importance of mental health care and the integration of services to support individuals' wellbeing and independence.

- No Health Without Mental Health (2011)[24] is a cross-government mental health outcomes strategy for people of all ages emphasises that mental health is as important as physical health. It aims to improve the mental health and wellbeing of the population, and the services provided.

- Five Year Forward View for Mental Health (2016)[25] sets out a national strategy for mental health services in England, aiming to improve access, outcomes, and experience of mental health care by 2021. It emphasises the need for parity of esteem between physical and mental health.

- The NHS Long Term Plan (2019)[26] includes significant commitments to improve mental health services, including the expansion of mental health crisis services, integrating mental health into primary and community care, and increasing access to mental health services for children and young people.

- Transforming Children and Young People's Mental Health Provision (2017)[27] is a Green Paper that outlines the government's ambitions to improve mental health support for children and young people, including proposals for new mental health support teams (MHST) in schools and colleges, focusing on early intervention and prevention.

- The Mental Health Units (Use of Force) Act (2018)[28] also known as Seni's Law, seeks to address concerns about the use of force in mental health units, promoting transparency and accountability in the management of individuals in mental health settings.

- Community Mental Health Framework (2019) [29] aims to modernise community mental health services, ensuring they are person-centred, holistic, and integrated

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[21] National Service Framework for Mental Health: Modern Standards and Service Models (September 1999)
[22] Equality Act 2010
[23] Get in on the Act: The Care Act 2014 | Local Government Association (LGA, 2014)
[24] No health without mental health: A cross-government mental health outcomes strategy for people of all ages (2011)
[25] The Five Year Forward View for Mental Health (February 2016)
[26] The NHS Long Term Plan (January 2019)
[27] Transforming Children and Young People's Mental Health Provision: A Green Paper (December 2017)
[28] Mental Health Units (Use of Force) Act 2018: Statutory guidance for NHS organisations in England, and police forces in England and Wales (Published December 2021)
[29] The Community Mental Health Framework for Adults and Older Adults (September 2019)

with primary care, focusing on preventing mental health crises and supporting recovery.

- Suicide Prevention Strategy (originally published in 2012, updated in 2017 and 2023)[30] outlines actions to reduce the suicide rate and improve support for those bereaved or affected by suicide, highlighting the importance of mental health services in suicide prevention.

- The Improving Access to Psychological Therapies (IAPT)[31] Programme was launched in 2008 and aims to expand the availability of psychological therapies for common mental health conditions, such as anxiety and depression, within the NHS.

- The Mental Health Act Reform White Paper (2021)[32] proposes significant reforms to the Mental Health Act to improve patient rights, reduce compulsory detention, and ensure care and treatment are more tailored to individual needs.

- Mental Health Policy and Services in England (2023)[33] is a research briefing for a strategic plan focusing on preventing mental health problems, improving access to effective treatments, and addressing inequalities in mental health care provision.

- Thriving at Work (2017)[34]: This independent review outlines how employers can better support the mental health of employees, promoting mental health awareness and support in the workplace.

- Transforming Care Programme (2015)[35] is although primarily focused on people with learning disabilities and autism, this programme also addresses the needs of individuals with mental health conditions, aiming to reduce inpatient care and enhance community-based support.

- Wellbeing and Mental Health: Applying All Our Health (2022)[36] a resource which helps health professionals prevent ill health and promote wellbeing as part of everyday practice.

- Adult Social Care Outcomes Framework (ASCOF)[37] measures the performance of local authorities in delivering adult social care, including mental health services. It focuses on enhancing quality of life, ensuring safety and wellbeing, and promoting independence and control for individuals receiving social care.

8.2. Local Context

The Slough Adults Mental Health Commissioning Strategy is based upon collaboration, learning and developing a Slough shared approach to service

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[30] Suicide Prevention: Policy and Strategy (December 2023)
[31] Improving Access to Psychological Therapies (IAPT) Programme
[32] Reforming the Mental Health Act (January 2021)
[33] Mental Health Policy and Services in England (October 2023)
[34] Thriving at work: The Stevenson / Farmer review of mental health and employers (October 2017)
[35] Building the Right Support (2015)
[36] Wellbeing and Mental Health: Applying All Our Health (2022)
[37] Measures from the Adult Social Care Outcomes Framework, England, 2022-23 (Published December 2023)

provision and commissioning where appropriate. This strategy links closely with several other programmes of work and should be considered in context.

This strategy is written with regard to the following local strategies:

- Slough Adult Social Care Strategy 2024-2029 [38]
- Slough Corporate Plan 2022-25 [39]
- Slough Joint Wellbeing Strategy 2020-25 [40]
- Slough Health and Care Plan [41]

Additionally, the strategy aligns with the following commissioning strategies:

- Strategic Commissioning Framework
- Prevention Strategy
- Adult Carers Strategy 2023-2026 [42]
- Older People Strategy 2023-2026 [43]
- Adult Learning Disability Strategy 2023-2028 [44]
- Adult Autism Strategy 2024-2029 [45]
- Equalities in Commissioning 2023-2026 [46]
- Market Position Statement and Commissioning Intentions for Adult Social Care 2024-2027 [47]

This strategy is also informed by the following national guidance:

- Integrated Commissioning for Better Outcomes [48]
- Strategic and Collaborative Planning and Commissioning [49]
- Shifting the Centre of Gravity, making place based, person-centred health and care a reality.[50]
- The Better Care Fund Framework 2022-23 [51]
- NHS Long Term Plan (2019)
- Next Steps for Integrating Primary Care: Fuller Stocktake Report (2022) [52]
- Lord Darzi Report: Independent Investigation of the National Health Service in England (September 2024) [53]

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[38] Slough Adult Social Care Strategy 2024-2029
[39] Appendix A - Doing right by Slough - Corporate Plan 2022-2025.pdf
[40] Slough Wellbeing Strategy, 2020 – 2025
[41] Slough Health and Care Plan
[42] Adult Carers Strategy 2023-2026
[43] Older People Strategy 2023-2026
[44] Adult Learning Disability Strategy 2023-2028
[45] Adult Autism Strategy 2024-2029
[46] Equalities in Commissioning 2023-2026
[47] Market Position Statement and Commissioning Intentions for Adult Scoail Care 2024-2027
[48] Integrated commissioning for better outcomes A commissioning framework | Local Government Association | NHS Clinical Commissioners
[49] Strategic Collaborative Planning and Commissioning
[50] Shifting the Centre of Gravity, making place based, person centred health and care a reality
[51] Better Care Fund Framework 2022-23
[52] Next Steps for Integrating Primary Care: Fuller Stocktake Report (2022)
[53] Lord Darzi Report: Independent Investigation of the National Health Service in England (September 2024)

9. Mental Health Population Data: Current and Future Needs and Service Implications

Understanding the current and future mental health needs of our local population is critical for planning effective services and interventions. By examining population data, we can anticipate the demand for mental health services and identify key trends across different demographics, including gender and the prevalence of various mental health disorders. This data not only highlights the growing burden of mental health conditions but also provides insights into the specific challenges that may arise in the coming years. The following tables and graphs present predictions for people aged 18-64 projected to have a mental health problem by gender, covering common mental health disorders, personality disorders, and comorbid psychiatric conditions in Slough from 2023 to 2040. This data allows us to consider the implications for future service provision and resource allocation to meet the evolving needs of our community.

9.1. Common Mental Disorders

The increasing prevalence of common mental health disorders, such as depression and anxiety, underscores the growing the demand for mental health services in Slough. These conditions disproportionately affect women compared to men, both locally and nationally, highlighting the need for gender-specific strategies tailored to this subset of mental health challenges.[54] [55] [56] [57]

Table 1: People aged 18-64 predicted to have common mental health disorders in Slough, by gender, projected to 2040

Year	Male	Female
2023	6,938	10,256
2025	6,997	10,280
2030	7,056	10,280
2035	7,115	10,164
2040	7,041	10,002

Data source: Projecting Adults Needs and Service Information (PANSI). Accessed in September 2024

Services in Slough need to be equipped to handle the anticipated rise in caseloads, ensuring the provision of timely support, counselling, and targeted interventions. Early intervention programmes and accessible services will be key to addressing this demand, requiring the allocation of adequate resources to ensure the system's capacity to accommodate the projected increase in cases.

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[54] Why is depression more common among women than among men? The Lancet Psychiatry. February 2017. Volume 4 Issue 2

[55] Why is depression more prevalent in women? Journal of Psychiatry and Neuroscience, 2015

[56] Gender differences in the symptoms of depression and anxiety. A comparison of interview and self-assessment data | European Psychiatry. 2007; 22(S1): S3-S4

[57] Gender differences in depression: Critical Review | British Journal of Psychiatry. 2000; 177(6): 486-492

Figure 4: People aged 18-64 predicted to have common mental health disorders in Slough, by gender, projected to 2040
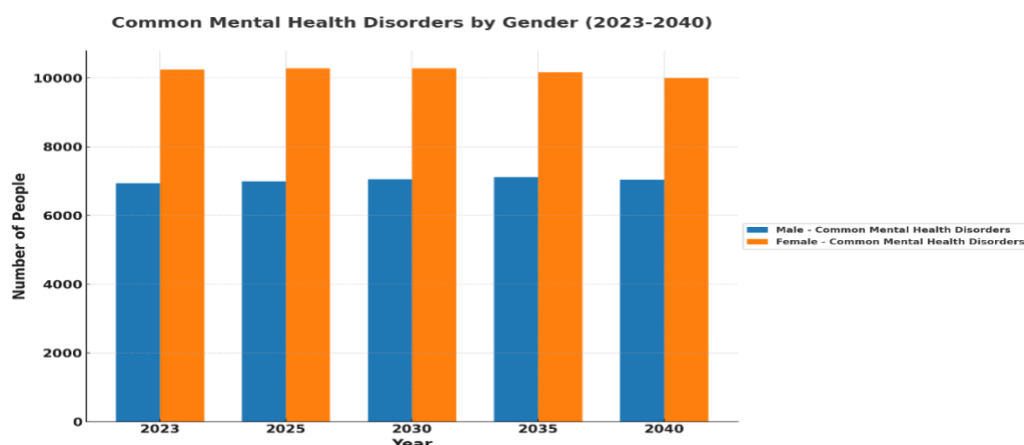
- Both males and females show a steady increase in the number of individuals predicted to have common mental disorders from 2023 (6,938 males and 10,256 females) to 2035 (7,115 males and 10,164 females), with a slight decline by 2040 (7,041 males and 10,002 females).
- Females consistently show higher numbers than males, with more than 10,000 females compared to around 7,000 males expected to have a common mental disorder each year.

9.2.   Borderline Personality Disorder

Individuals with borderline personality disorder (BPD) often require long-term support, including psychotherapy and specialist care.

Table 2: People aged 18-64 predicted to have a borderline personality disorder in Slough, by gender, projected to 2040

Year	Male	Female
2023	897	1,288
2025	904	1,291
2030	912	1,291
2035	920	1,276
2040	910	1,256

Data source: Projecting Adults Needs and Service Information (PANSI). Accessed in September 2024

The stable but increasing number of predicted cases indicates a continuous demand for specialised mental health services in Slough. BPD is often associated with emotional instability and difficulties in interpersonal relationships, making early diagnosis and consistent, tailored care crucial. Mental health services in Slough will ensure that sufficient resources and expertise are available to meet the needs of this population, with particular attention to gender-sensitive approaches since more women are predicted to have BPD than men.

Figure 5: People aged 18-64 predicted to have borderline personality disorder in Slough, by gender, projected to 2040

Borderline Personality Disorder by Gender (2023-2040)

- The number of both males and females predicted to have borderline personality disorder remains relatively stable, with a gradual increase until 2035 (920 males and 1,276 females), followed by a slight decrease by 2040 (910 males and 1,256 females).
- Females have a slightly higher predicted prevalence than males across all years, with about 1,200-1,300 females compared to around 900 males.

9.3.   Antisocial Personality Disorder

Antisocial personality disorder (ASPD) often involves challenges such as impulsivity, aggressive behaviour, and difficulties with law enforcement.
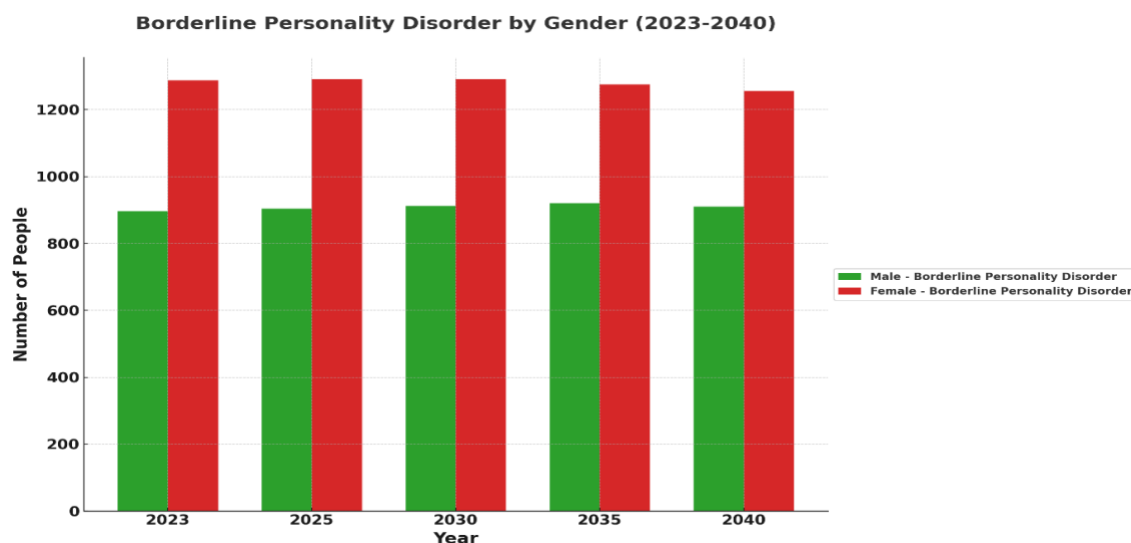
Table 3: People aged 18-64 predicted to have antisocial personality disorders in Slough, by gender, projected to 2040

Year	Male	Female
2023	2,313	799
2025	2,332	801
2030	2,352	801
2035	2,372	792
2040	2,347	779

Data source: Projecting Adults Needs and Service Information (PANSI). Accessed in September 2024

The higher prevalence in males, combined with the steady increase, highlights the need for targeted interventions and support for individuals with ASPD. Services such as rehabilitation programmes, behaviour management interventions, and support for reintegration into society are likely to see increasing demand. Additionally, mental health services in Slough will need to collaborate closely with criminal justice systems and community-based support programmes to address the complex needs of individuals with ASPD, particularly among men.

Figure 6: People aged 18-64 predicted to have antisocial personality disorders in Slough, by gender, projected to 2040
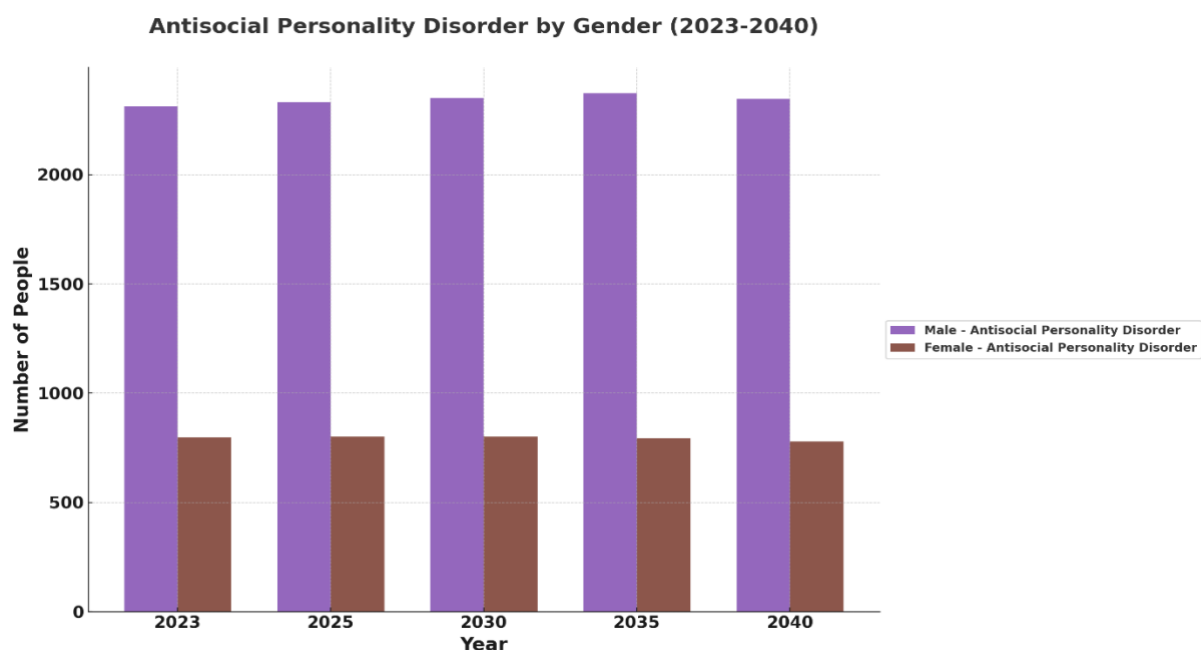
- For males, the number predicted to have an antisocial personality disorder increases steadily from 2023 (2,313 males) to 2035 (2,372 males) and slightly decreases by 2040 (2,347 males).
- The female population shows lower numbers for this disorder, with 799 predicted cases in 2023, staying consistent over the years, with a small decline by 2040 (779 females).

9.4. Psychotic Disorders

Psychotic disorders, including schizophrenia, often require intensive, long-term care, including medication management, therapy, and community support. The stability of predicted cases suggests a continuous but manageable demand for services aimed at psychotic disorders. However, given the complexity and severity of these conditions, it is essential that mental health services in Slough maintain robust specialist teams to provide comprehensive, long-term care.

Table 4: People aged 18-64 predicted to have a psychotic disorder in Slough, by gender, projected to 2040

Year	Male	Female
2023	330	311
2025	333	312
2030	336	312
2035	339	308
2040	335	303

Data source: Projecting Adults Needs and Service Information (PANSI). Accessed in September 2024

Males are slightly more affected than females, meaning services will ensure that gender-sensitive approaches are in place. Ensuring the continued availability of crisis intervention services, early diagnosis, and continued support will be key to managing this demand effectively.

Figure 7: People aged 18-64 predicted to have psychotic disorder in Slough, by gender, projected to 2040
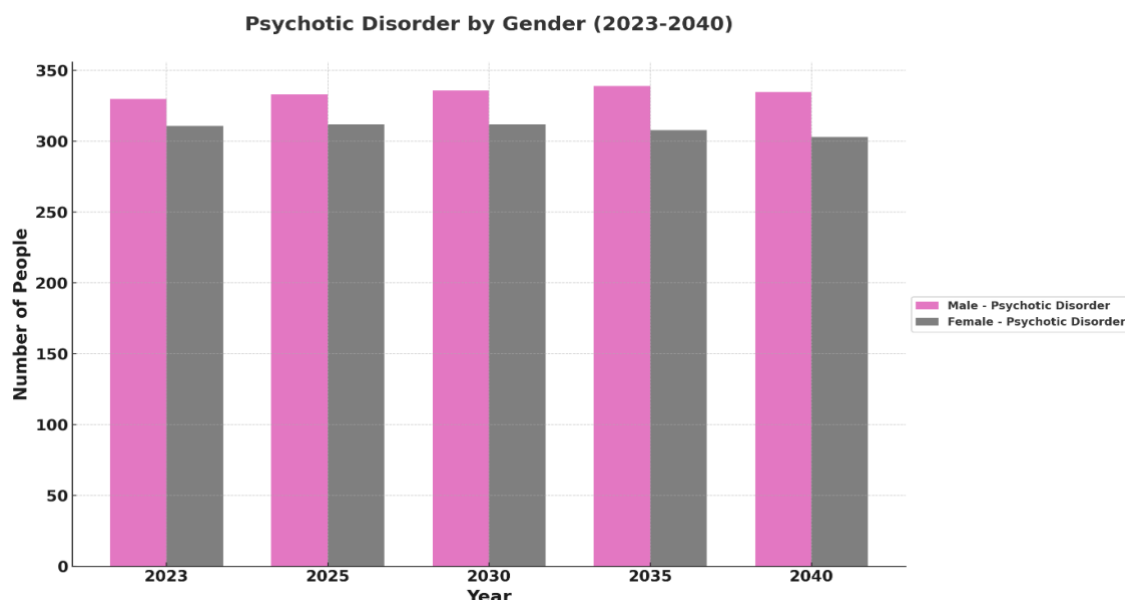
- Predicted cases of psychotic disorders for both males and females show minimal increases across the years, remaining relatively stable throughout the period. In 2023, there are 330 males and 311 females with psychotic disorders, increasing slightly to 335 males and 303 females by 2040.
- Males have consistently higher numbers than females, but the difference is marginal.

9.5. Two or more Psychiatric Disorders

Comorbidity, or the presence of two or more psychiatric disorders, often results in more complex and severe mental health needs. The steady increase in predicted cases for both genders signals an increasing demand for integrated, multi-disciplinary care approaches in Slough. Predicted cases for males increase from 3,257 in 2023 to 3,305 by 2040, while females show a slight decline from 3,330 in 2023 to 3,248 in 2040.

Table 5: People aged 18-64 predicted to have two or more psychiatric disorders in Slough, by gender, projected to 2040

Year	Male	Female
2023	3,257	3,330
2025	3,284	3,338
2030	3,312	3,338
2035	3,340	3,300
2040	3,305	3,248

Individuals with comorbid conditions may require a combination of therapeutic interventions, medication management, and ongoing support. The higher prevalence in females emphasises the importance of providing tailored care to meet the specific needs of women with multiple mental health issues. Mental health services in Slough will need to expand their capacity to deliver coordinated care, ensuring that individuals with complex needs receive comprehensive support that addresses all aspects of their mental health.

Figure 8: People aged 18-64 predicted to have two or more psychiatric disorders in Slough, by gender, projected to 2040
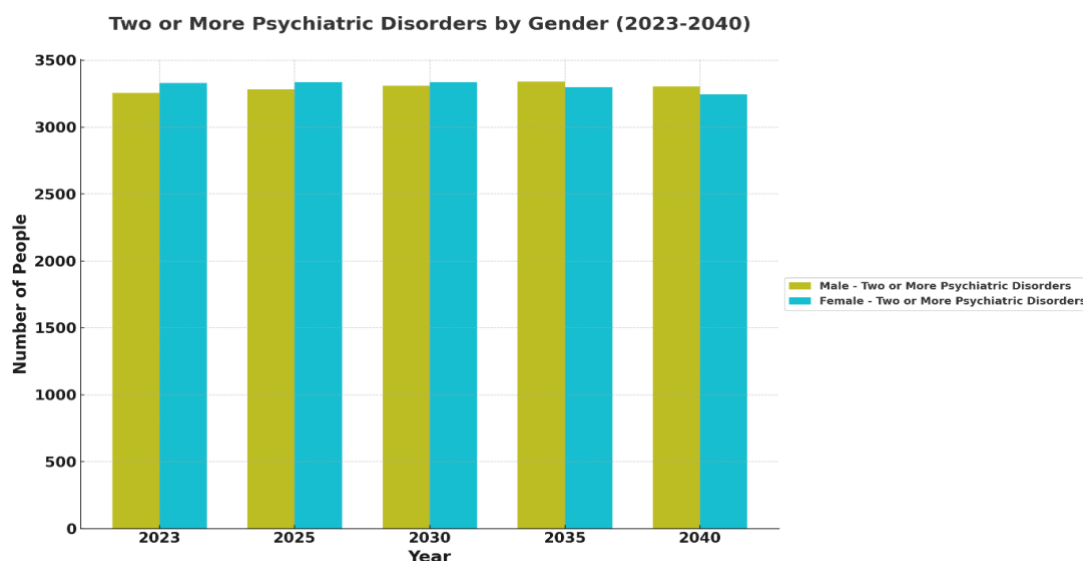
Given the steady rise in the predicted prevalence of various mental health disorders, it is clear that mental health services in Slough will face increasing pressure in the coming years. The gender differences observed in the data point to the need for gender-sensitive mental health approaches and interventions.[58] Females show higher numbers across most categories, particularly for common mental disorders and comorbidity, meaning that mental health services will consider how to tailor support and outreach to meet the needs of women more effectively.

10.   Mental Health Supported Living Accommodation

Hope House, Hope Place and Doddsfield Road are supported living accommodations in Slough that provide services for individuals with varying mental health needs. These services form part of the local mental health support pathway, offering structured environments intended to promote residents' recovery and encourage progression towards greater independence.

Hope House is a 10-bed supported rehabilitation service. It is the first stage in a two-tier rehabilitation pathway in Slough. Hope House supports individuals with moderate mental health needs by focusing on the development of life skills to enable greater independence. Residents at Hope House receive structured care that

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[58] Gender-sensitive Mental Health: Developing Policy and Services Which Meet the Particular Needs of Women and Girls | National Women's Council

emphasises daily living skills, such as budgeting, household management, and personal care. The service works closely with the Slough Community Mental Health Service (CMHS) to create personalised recovery support plans tailored to each resident's specific needs. The goal is to help individuals move toward independent living or to transition to less intensive support settings, such as step-down flats.

Hope Place, offers an additional 10 beds and provides more intensive 24-hour supported living for individuals with severe and enduring mental health needs. Hope Place focuses on preventing hospital admissions and reducing reliance on acute care by offering continuous, specialised support in a community-based setting. Like Hope House, Hope Place works in partnership with the CMHS to ensure that each resident has a tailored support plan, with services designed to meet the complex needs of individuals requiring long-term mental health support.

Doddsfield Road provides the second stage of supported living within this pathway, offering six flats where residents can further build on the independent living skills acquired at Hope House but with reduced support, encouraging increased independence. Residents at Doddsfield Road continue to receive guidance from CMHS, though at a lower level as they progress towards self-sufficiency, with an expected maximum stay of one year.

These services are designed to support individuals in their recovery through a focus on skill-building and community engagement, with the objective of promoting independence by encouraging participation in activities such as education, volunteering, and other meaningful engagements. Aligned with Slough's broader strategic goals, these services aim to promote independence, reduce health inequalities, and provide support within the community. This model underscores the value of community-based supported accommodation as a viable option in the mental health care landscape, offering a local alternative to out of area placements.

11. Accommodation Strategy for Mental Health Supported Living Pathway

As part of the Slough Adults Mental Health Commissioning Strategy 2024-2029, developing a robust Accommodation Strategy for Mental Health Supported Living services is a key priority. This strategy aims to address the growing demand for supported living accommodations tailored to individuals with moderate to severe mental health needs. By implementing a more structured and sustainable approach to mental health accommodation, the Council seeks to enhance continuity of care, promote recovery, and reduce reliance on costly out of area placements or emergency provisions.

The Accommodation Strategy will align supported living services with the broader objectives of the Council, including promoting independence, improving access to community-based services, and integrating health and social care. Current services at Hope House/Doddsfield Road and Hope Place underscore the necessity for a cohesive, long-term plan to secure adequate supported accommodation within Slough. These services have demonstrated and proven the value of local provision, and the new strategy will build on this foundation to better meet the needs of vulnerable residents, while ensuring financial sustainability.

A central focus of the strategy will be stakeholder engagement, involving our Co-production Network, service users, providers, and our NHS partners, to ensure that the plan is reflective of community needs. This collaborative approach is essential for designing flexible, person-centred housing solutions that can adapt to the evolving landscape of mental health care in Slough. The strategy will also explore innovative opportunities to reduce dependence on high-cost, short-term solutions, shifting towards more stable, long-term supported living models.

Ultimately, the Accommodation Strategy will not only address immediate accommodation challenges but also lay the foundation and create a framework for the future of mental health services in Slough. By improving access to supported living environments that promote recovery and independence, the Council will ensure its mental health provision remains responsive to the needs of its growing population and resilient in the face of future challenges.

12. Recovery Services

The World Health Organization (WHO, 2012) defines a recovery focused approach as "gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life and a positive sense of self." This approach supports people with mental health conditions to reclaim control of their own lives, managing their condition and overcoming the stigma and discrimination they all too often experience.

Mental Health Recovery Colleges are an innovative approach to supporting individuals with mental health conditions. [59] They offer educational courses designed to aid recovery by empowering individuals with knowledge, skills, and the confidence to manage their own mental health. The model is based on co-production, with courses often developed and delivered by people with lived experience of mental health issues alongside mental health professionals. This approach promotes a sense of community and mutual support.

Originally Recovery Education Centres were developed in USA, but Recovery Colleges in the UK are fundamentally different, where the first pioneer Recovery College established in South West London in 2009 and in Nottingham in 2011.[60]

Key elements of mental health Recovery Colleges include:

1. **Co-production and Co-delivery**: Courses are created and taught by both mental health professionals and individuals with lived experience, promoting an inclusive and supportive learning environment.
2. **Holistic Support**: The colleges provide a range of courses covering various aspects of mental health and wellbeing, including coping strategies, life skills, and physical health.

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[59] Recovery Colleges: Implementing Recovery through Organisational Change | Centre for Mental Health | Mental Health Network NHS Confederation (May 2012)
[60] Perkins, R. & Slade, M. (2012) Recovery in England: Transforming statutory services? International Review of Psychiatry, 24(1), 29-39

3. **Empowerment and Self-management**: The focus is on empowering individuals to take control of their recovery journey by equipping them with the tools and knowledge they need to manage their mental health.

12.1. Hope College

Hope College is our core offer and a key aspect of Slough Recovery Services, delivered by Berkshire Healthcare NHS Foundation Trust. It provides a broad range of courses tailored to support the mental health recovery of service users, carers, and families engaged with the Slough Community Mental Health Service (CMHS). Hope College serves as a crucial part of the Slough Adults Mental Health Commissioning Strategy, promoting recovery, resilience, and reintegration into the community.

Figure 9: Hope College in Slough

Hope College offers four structured learning pathways designed to aid individuals on their recovery journey: **Life Skills**, **Recovery**, **Volunteer Peer Mentor (VPM) Support**, and **Working Towards Recovery**. The Life Skills pathway focuses on building self-confidence and social skills through group activities and community-based events. It provides participants with a structured timetable of sports, support groups, and social engagement, promoting social inclusion and essential life skills development. The Recovery pathway supports individuals in managing both their mental and physical health by offering workshops and courses that explore personal resourcefulness and overall wellbeing. This pathway is especially vital for those transitioning from the CMHS, as it prepares individuals for life beyond intensive community care.

The Volunteer Peer Mentor (VPM) Support pathway empowers individuals with lived experiences of mental health challenges to become trained peer mentors. This ten-

week programme teaches critical communication skills, emphasising boundaries and confidentiality, enabling participants to provide valuable one-on-one support to their peers. Finally, the Working Towards Recovery pathway focuses on employment as a key aspect of mental health recovery. Through workshops and personalised sessions with employment specialists, participants are supported in securing meaningful employment, thereby promoting long-term independence. These pathways align with the overarching goals of our strategy by promoting empowerment, self-sufficiency, and community reintegration for service users.

Figure 10: Hope College Key Pathways and Course Offerings

Slough Hope College Key Pathways and Course Offerings

Creativity and Discovery Pathway

Courses: Art with Bill, Creative Crafting, Creative Writing, Online Photography, Tree of Life.

Focus: Utilising creative methods like arts and crafts to improve wellbeing and develop new coping strategies.

Health and Wellbeing Pathway

Courses: Building Your Mental Health, Carers Caring for Themselves, Ethnic Diversity and Mental Health, Five Ways to Wellbeing, Introduction to Mindfulness, Nutrition and Cooking on a Budget, and more.

Focus: Promoting both physical and mental health to enhance overall wellbeing.

Developing Knowledge and Skills Pathway.

Courses: Gain Confidence with Technology, Graded Exposure, Hearing Voices, Improving Self Esteem, Managing Anxiety and Panic, Medication Management, and more.

Focus: Enhancing understanding of mental health, self-management techniques, and acquiring skills for better mental health management.

Employment Support Pathway

Services: CV workshops, job application assistance, interview preparation, and in-work support.

Focus: Assisting individuals in finding and maintaining employment with integrated support from the CMHT.

Peer Support Pathway

Role: Peer mentors use their lived experiences to support others, co-facilitate workshops, and help shape mental health services.

Training: Volunteers undergo a comprehensive induction course covering communication skills, boundaries, and self-care.

Enrolment in Hope College is accessible both online and through paper applications, available at open days or via the college's brochure. The student journey at Hope College begins with this enrolment, followed by participation in various courses and regular progress reviews. As participants advance, they have the opportunity to become peer mentors, contributing back to the college community. Throughout their journey, Hope College provides a supportive, non-discriminatory learning environment that prioritises inclusion, dignity, and the removal of stigma—elements integral to Slough's vision for holistic mental health recovery.

12.2. Co-production Pathway and Service User Journeys

Slough's mental health services have developed a well-established and proven co-produced pathway, which has been instrumental in empowering individuals and supporting them on their recovery journeys. This pathway represents a collaborative approach, designed with input from service users, carers, and key stakeholders, ensuring it reflects the real needs and aspirations of the community. It focuses on delivering person-centred care that prioritises dignity, independence, and long-term recovery.

The diagram below provides an overview of this pathway, while accompanying case studies illustrate its real-world impact, highlighting the transformative outcomes achieved for individuals. This collaborative approach not only enhances service delivery but also fosters a culture of inclusivity and shared ownership in mental health provision. Further details, including additional resources and insights, can be accessed on our co-produced website. [61]

Figure 11: Co-production Pathway: Enabling Town Slough
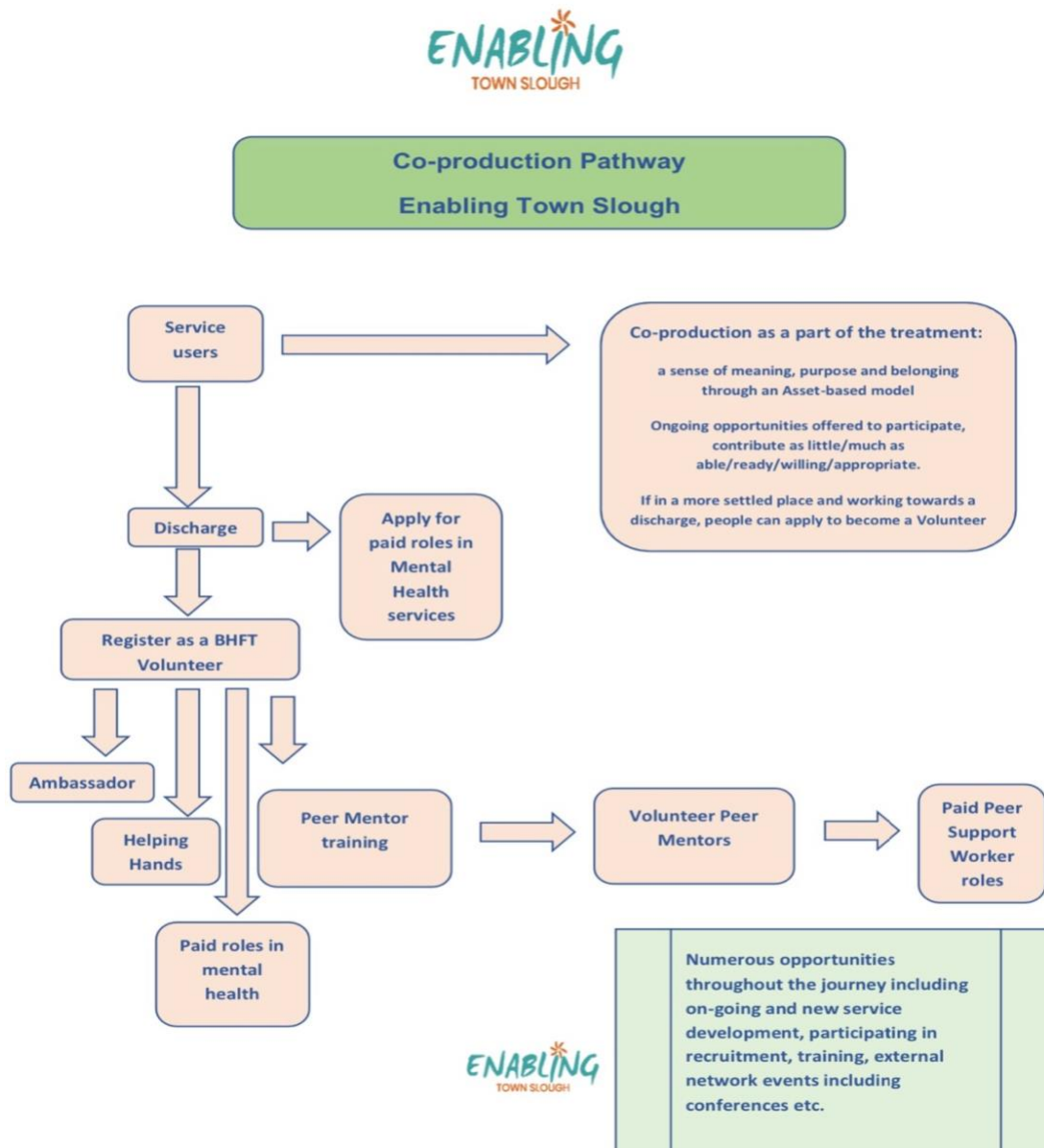
The journey begins with a co-produced individualised care plan, which allows people who use our services to feel safe and empowered to choose what happens and how their mental health is managed. Personal goals always focus on several areas, including a management of mental health difficulties by learning new skills, as well as developing a sense of purpose and belonging. This strength-based approach

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[61] Enabling Town Slough

allows people to have a sense of ownership of both the interventions they get, but also of the service. Some of our teams, such as EMBRACE, Hope College, BRAVE and Transitions Clinic directly involve people in co-production on a daily basis and are co-delivered with people with lived experience of using our services.

Upon achieving their recovery goals and completing their planned interventions, individuals are either discharged or transitioned to other community services. They may choose to continue their involvement as Peer Mentors or Ambassadors, serving as registered volunteers with Berkshire Healthcare. As a further step, individuals can access paid positions as Lived Experience Practitioners, bringing their insights and empathy into practice. For those ready to explore professional opportunities immediately after discharge, additional training and support are available to prepare them for a meaningful transition into mental health roles or broader career paths.

Shahnaz's Journey

Shahnaz's journey is one that highlights how meaningful coproduction can be significant in a person's recovery. Shahnaz was referred to the Community Mental Health team by her GP after being unwell for several years. She was supported through psychiatric outpatients, therapy and various clinical interventions. It was only when Shahnaz was approached to volunteer with Hope College and EMBRACE that she felt a real shift in her recovery. Shahnaz recalls how she was anxious and disillusioned but was encouraged to take a leap of faith through the genuine relational interactions she had with staff and volunteers. She completed the 10-week intensive volunteering training programme designed and delivered by the Slough Recovery team and graduated as a Volunteer Peer Mentor (VPM). Since then, Shahnaz has been instrumental in developing local services through coproduction and supporting service users through the meaningful connection her lived experience offers.

In her own words: "*Co production at Hope College has helped to unveil all the assets we have but lie dormant due to our ill health. until they are encouraged. There is no hierarchy. Everyone is equal, we all have a voice. We are respected for our knowledge and expertise and as individuals. It has helped to build my confidence and support me in what I do best. We respect each other, have formed bonds and friendships and a feeling of belonging. I feel so blessed and fortune that I have been given the opportunity to be involved as a peer mentor in co-production.*"

Sunita's Journey

Following a complex and traumatic childhood, 21-year old Sunita was referred to Slough mental health services by her GP as a result of experiencing hallucinations and hearing voices. She was assessed and care plan was co-produced, which included support by a community psychiatric nurse, and outpatient appointment with a psychiatrist to stabilise her medication. Sunita struggled with daily living tasks and lost hope and motivation to do anything for herself. As a result, she was offered an assessment with our occupational therapist, who suggested some improvements and made a plan how Sunita could work on becoming less dependent on her mother. Sunita also engaged in Cognitive Behavioural Therapy for Psychosis with our

Psychological Therapies team. Sunita was then supported to access Hope College workshop Hearing Voices, which was co-produced and co-delivered by a Volunteer Peer Mentor. Sunita's mother was offered a carer's assessment too, which helped her to learn how to both support Sunita in a healthy way, but also how to look after herself as a carer. Sunita was very creative and enjoyed attending Hope College workshops, especially art, photography and music. These helped Sunita to re-connect with her creative abilities, which in turn helped her with her self-esteem. As Sunita progressed, she agreed to be seen by our Employment specialist, who supported Sunita to consider some work opportunities. Sunita was keen to work as a barista in a café and this was enabled, and with some negotiation, she secured a part-time position in a high street café chain. Sunita was transitioned back to the care of her GP.

Martin's Journey

Martin's mother was an alcoholic, and he had difficult relationships with his stepfathers. Martin was supported by CAMHS services and young offenders' institutions for his challenging behaviours as a teenager. Martin then had a son in his mid-20's but separated from his mother when he was born. Martin misused drugs and struggled to keep any job or housing tenancy, so would often become homeless and sofa-surf. Martin engaged in self-harming behaviours and often expressed high suicidality. Martin was referred by his GP and assessed as having a mixed Personality Disorder. Martin heard about EMBRACE, our accredited therapeutic community and asked to speak to the team. He heard from Volunteer Peer Mentors about the benefits of the programme and agreed to attend on a weekly basis. Martin progressed through the phases of EMBRACE and was supported to have an increased level of responsibility in the community and co-produce Hope College workshops as a part of his recovery goals. Martin visited other therapeutic communities and contributed to the Quality Improvement processes as a part of the accreditation by the Royal College of Psychiatrists. Martin graduated two years later and requested to join our Volunteer Peer Mentor Training programme. He completed this and became our Volunteer Peer Mentor supporting others on their journeys. After a year of volunteering, Martin was successful at securing a place on a Nursing course and is currently studying to become a community psychiatric nurse.

12.3. EMBRACE

EMBRACE is a bespoke service designed to support individuals in Slough who are under secondary mental health care services, providing personalised opportunities to engage in meaningful activities that promote recovery and wellbeing. The programme offers a wide range of activities, including education, volunteering, and social support groups, aimed at helping individuals regain independence, boost confidence, and rebuild their social connections. Participants are encouraged to identify their personal goals and are supported in achieving these through structured plans and accessible opportunities. EMBRACE is centred around enabling individuals to live fulfilling lives while managing their mental health effectively.

It is important to note that EMBRACE is not universally available; it is only open to those who are engaged with secondary mental health care services in Slough. This exclusivity ensures that the service is targeted to those with more complex mental health needs, who require additional support beyond what is available in primary care. Through EMBRACE, individuals have the chance to explore new opportunities, develop skills, and build resilience, ultimately improving their quality of life. However, access to this valuable service is limited to those meeting specific criteria, highlighting the need for continued investment in accessible mental health services across the borough.

12.4. Happiness Hub

The Happiness Hub is a mental health and wellbeing initiative designed to offer a variety of workshops, activities, and events aimed at boosting mental wellness and promoting community connections. It focuses on supporting individuals through social engagement, physical activity, and wellbeing practices to promote a sense of happiness and resilience. The hub provides accessible mental health support to improve overall wellbeing across the community.

13. Crisis Support: Crisis Resolution and Home Treatment Team

The Crisis Resolution and Home Treatment Team (CRHTT) is a critical component of the mental health crisis support system in Slough and across Berkshire. This specialist team of mental health professionals provides rapid, short-term intervention to individuals experiencing acute mental health crises, with the primary goal of preventing hospital admissions by delivering intensive treatment in the comfort of people's homes. By offering round-the-clock support, 24 hours a day, seven days a week, the CRHTT ensures that individuals in crisis receive the immediate care they need to stabilise their mental health and recover safely in the community.

In Slough, the CRHTT operates from the Progress Business Centre, as part of the Berkshire East hub, which also serves Bracknell, Windsor, Ascot, and Maidenhead. The team is structured into two key areas: one focuses on the initial assessment and crisis response, while the other delivers ongoing home treatment. This dual-approach model ensures that individuals receive immediate crisis support when needed, followed by continuous care to facilitate recovery and prevent future relapses. By maintaining close collaboration with other community-based services, such as local mental health teams and social care providers, the CRHTT ensures a seamless transition between crisis intervention and ongoing support. These partnerships aim to improve crisis response, streamline pathways, and enhance the overall patient journey in Slough and beyond.

For more complex or high-risk cases, individuals may require further intensive interventions. In such instances, the Health-Based Place of Safety (HBPoS) at Prospect Park Hospital in Reading provides specialist facilities for adults detained under the Mental Health Act. The HBPoS is also equipped to assess minors in crisis, with a separate unit dedicated to those under 18. This escalation pathway is critical for ensuring that individuals in Slough who require secure environments for

assessment and care have access to appropriate, safe, and therapeutic settings during their crisis.

The effectiveness of crisis support in Slough is further enhanced by strong multi-agency collaboration. The CRHTT works closely with key stakeholders, including Thames Valley Police (TVP), South Central Ambulance Service, local authorities, and other NHS Trusts. These partnerships are facilitated through regular interagency meetings, where protocols and pathways are reviewed and optimised. This collaborative approach ensures that individuals in crisis are supported in a timely and coordinated manner, reducing the risk of delayed interventions and improving overall outcomes.

Our strategy is committed to strengthening crisis support by ensuring that services remain responsive, accessible, and person-centred. By continuing to invest in the capacity of the CRHTT, enhancing interagency working, and expanding access to alternative crisis interventions – such as crisis houses and 24/7 helplines – Slough will ensure that individuals experiencing a mental health crisis receive the right care at the right time, whether in their home, the community, or a health-based place of safety. Through these efforts, the strategy aims to reduce the reliance on inpatient admissions, improve recovery outcomes, and provide a more integrated approach to managing mental health crises across the borough.

14. Employment: Individual and Placement Support (IPS) Service

The Individual Placement and Support (IPS) model is a key employment support initiative aimed at helping individuals with severe mental health conditions secure and sustain competitive employment.[62] This evidence-based approach provides intensive, individualised support, incorporating a rapid job search followed by placement into paid employment. Crucially, IPS offers time-unlimited in-work support to both the employee and employer, making it a more effective alternative to traditional vocational rehabilitation services. Studies show that individuals receiving IPS services are twice as likely to secure employment (55% v. 28%) compared to those accessing standard vocational services, with additional benefits such as longer job retention and reduced hospitalisation rates.[63]

IPS is an evidence-based model designed to support people in achieving mainstream employment in competitive roles. The model's success can be attributed to several key elements, including the integration of employment specialists into clinical teams, allowing individuals to jointly plan health and employment outcomes. IPS works in a personalised manner based on individuals' preferences to search for competitive employment; participation is voluntary, open to anyone interested in working. Additionally, IPS promotes strong relationships with employers by providing ongoing, tailored support to both employees and employers after recruitment.

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[62] Individual Placement and Support offers route to employment for people with severe mental health conditions | NHS England
[63] Burns et al. (2007), The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial | The Lancet - September-October 2007 Issue

In Slough, IPS specialists, employed by Berkshire Healthcare Foundation Trust, collaborate closely with the Recovery College team and community mental health services. Managing caseloads of up to 20 individuals at any time, IPS specialists focus on supporting those who are unemployed or struggling to maintain employment due to mental health challenges. Following the IPS approach, they work alongside various stakeholders, including clinicians, consultant psychiatrists, employers, Job Centre Plus, and other employment support providers, to help clients secure and retain paid employment. This integrated model recognises employment as an essential component of recovery, providing personalised support throughout an individual's employment journey – from initial job profiling and rapid job search to on-the-job training and post-placement support – tailored to meet each client's unique aspirations and abilities.

A fundamental principle of IPS is its collaborative, multidisciplinary approach. Employment specialists are embedded within clinical teams, working alongside health professionals to ensure employment outcomes are integrated into individuals' recovery and treatment plans. IPS specialists also develop relationships with local employers to secure meaningful work opportunities for clients, based on their preferences, strengths, and skills. This personalised approach aligns job roles with clients' goals and provides employers with support to retain employees with mental health conditions.

To further enhance Slough's mental health services, we will actively publicise the IPS service to raise awareness and improve accessibility for those who may benefit. By promoting this service, the Slough Adults Mental Health Commissioning Strategy aims to empower individuals with mental health conditions to access meaningful employment, reduce stigma, and improve overall wellbeing. The Slough IPS service will continue to promote partnerships with local organisations, training providers, and employers, ensuring individuals not only gain employment but also receive the ongoing support needed to thrive. Through this approach, the strategy seeks to reduce barriers to employment for individuals with mental health conditions and promote a more inclusive work environment across the borough.

15.   Improving Access to Psychological Therapy (IAPT)

The Improving Access to Psychological Therapies (IAPT) service, delivered by Berkshire NHS Foundation Trust, continues to be a key pillar of mental health care in Slough. Launched in 2010, the IAPT programme is designed to provide evidence-based psychological therapies to individuals experiencing common mental health issues, such as anxiety, depression, and stress-related disorders. As part of our strategy, the IAPT service will be enhanced to further meet the needs of the borough's growing and diverse population. By offering timely, person-centred support, the IAPT service aims to improve overall mental wellbeing and prevent mental health conditions from escalating into more serious, long-term issues.

One of the core objectives of the IAPT service in Slough is to expand access to psychological therapies, ensuring that all residents, regardless of their background or circumstances, can easily seek help. The service works closely with GP practices in the area and has developed an outreach programme designed to improve referral rates from all parts of the community, including ethnic minority groups and

underserved populations. Self-referral options further improve accessibility, reducing barriers to entry and allowing individuals to access mental health services directly without needing to go through traditional referral routes. This approach is instrumental in promoting early intervention and reducing the burden on secondary mental health services.

The IAPT service is committed to delivering evidence-based treatments, offering a wide range of therapies that are tailored to the individual needs of each person. These include Cognitive Behavioural Therapy (CBT), Counselling for Depression (CfD), and guided self-help, as well as more intensive therapies like Interpersonal Psychotherapy for Depression (IPT) and Dynamic Interpersonal Therapy (DIT). The service also offers online therapy options, such as SilverCloud, which provides digital CBT programmes. The focus on both face-to-face and digital therapy ensures that residents can access care in the way that best suits their needs, whether through in-person sessions, online platforms, or telephone consultations.

Addressing inequalities in access to psychological therapies remains a high priority for the IAPT service. Slough is a culturally diverse area, with a younger-than-average population and a significant proportion of Black, Asian, and Minority Ethnic (BAME) residents. There is also a high incidence of trauma and deprivation within the borough, which necessitates culturally competent care and targeted outreach. The IAPT service has implemented several initiatives aimed at engaging these communities, including partnerships with local faith and community groups, which have helped to raise awareness about mental health and encourage more people to seek help. The service also provides language support and works closely with interpreters to ensure that non-English speakers can access the therapies they need.

Finally, the IAPT service focuses heavily on promoting early intervention and prevention. The service actively encourages individuals to seek help at the first signs of mental health difficulties, offering workshops and community sessions to help residents manage stress, anxiety, and other common conditions before they become more serious. The Slough IAPT team continues to invest in public awareness campaigns and outreach efforts, particularly in underserved communities, ensuring that residents understand the benefits of seeking early help. The team has also established drop-in clinics and welcome sessions in collaboration with local hospitals and libraries, providing accessible entry points for individuals who may face barriers due to cultural stigma or language difficulties.

In line with the overall objectives of the Slough Adults Mental Health Commissioning Strategy, the IAPT service will continue to evolve by expanding its service capacity, increasing digital therapy options, and strengthening community partnerships to deliver effective, culturally responsive mental health care to all residents. By doing so, the IAPT programme will continue to play a crucial role in promoting recovery, reducing mental health inequalities, and improving the quality of life for individuals across Slough.

16. Early Intervention in Psychosis (EIP)

The Early Intervention in Psychosis (EIP) service, delivered by the Berkshire NHS Foundation Trust, is a key component of Slough's mental health care framework, offering critical support for individuals experiencing their first episode of psychosis or at high risk of developing the condition. Psychosis, a severe mental health disorder, significantly disrupts an individual's perception of reality, often manifesting as hallucinations, delusions, or disorganised thinking. Early intervention is vital as it not only improves recovery outcomes but also reduces long-term mental health complications. Our strategy highlights the EIP service as essential in Slough's efforts to provide timely and comprehensive care, improving mental health outcomes across the borough.

In Slough, the EIP service ensures that individuals presenting symptoms of psychosis are identified early and have rapid access to treatment. [64] The service guarantees that those referred are seen within two weeks, after which a personalised care plan is developed. This plan may include Cognitive Behavioural Therapy for Psychosis (CBTp), crisis intervention strategies, and medication advice. The service also provides ongoing care and regular check-ins for up to three years, ensuring continued support throughout the recovery journey. The EIP team works collaboratively with GPs, schools, and mental health services to raise awareness about psychosis and encourage early referrals, aligning with the strategy's focus on early intervention.

A core feature of the EIP service in Slough is its holistic, person-centred care approach. Beyond managing psychotic symptoms, the service addresses broader aspects of individuals' lives, including support with education, employment, and social needs. This multidisciplinary team, comprising psychiatrists, psychologists, mental health nurses, and social workers, delivers tailored care plans, which include educating patients and their families about psychosis. By integrating clinical care with psychosocial interventions, the EIP service aims to empower individuals to reintegrate into their communities and live fulfilling lives.

The EIP service also places a strong emphasis on reducing the duration of untreated psychosis (DUP). The service's rapid assessment and intervention framework significantly shortens the DUP, thereby improving long-term recovery and reducing the risk of hospital admissions or lasting disability. By promoting collaboration with stakeholders, including the voluntary and community sector, schools, and social care services, the EIP service in Slough offers a joined-up approach to mental health care, ensuring that individuals receive the right support when they need it most.

Finally, the service recognises the critical role of families and carers in supporting individuals with psychosis. Family members are actively involved in treatment through counselling, education, and practical support, enabling them to better manage the emotional and logistical challenges of caring for a loved one with psychosis. The EIP service in Slough also integrates physical health checks into the care pathway, addressing any coexisting health issues that may exacerbate mental

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[64] [Implementing the early intervention in psychosis access and waiting time standard | NHS England | February 2023](#)

health symptoms. With a commitment to expanding public awareness and reducing stigma, the EIP service is integral to Slough's overall adults mental health commissioning strategy, ensuring that individuals can access timely and effective care.

17. Pathways

Our strategy recognises the importance of clear and effective pathways to ensure smooth transitions between different stages of care and support for individuals with mental health needs. By focusing on structured pathways such as Discharge to Assess (D2A) and the Floating Support Service Scheme, we aim to facilitate timely and appropriate discharge from hospital, prevent unnecessary delays, and support individuals in maintaining stable housing. These pathways are designed to promote independence, ensure individuals receive the right care in the right setting, and enhance overall recovery outcomes by providing tailored support as they move from hospital-based care to community living.

17.1. Discharge to Assess (D2A)

The Discharge to Assess (D2A) model, introduced nationally in 2020, was designed to streamline hospital discharge processes and ensure that patients no longer meeting acute care criteria are safely discharged as soon as clinically appropriate. Instead of assessments taking place in hospitals, D2A enables them to be conducted in a patient's home or community setting, offering a more person-centred approach. This pathway not only helps free up hospital beds for those in critical need but also enhances patient recovery by allowing individuals to receive care in a familiar environment.[65] In Slough, the D2A pathway plays an essential role in mental health services by ensuring patients can safely transition from acute settings such as Prospect Park Hospital (PPH) to home-based assessments and support.[66] A senior-level nurse at PPH manages discharges, coordinating with a hospital support worker in Bracknell, who assists in managing complex patients and flow from PPH.

The implementation of D2A in Slough forms a critical part of the borough's adults mental health commissioning strategy, particularly for supporting hospital discharges. The pathway is managed collaboratively by the discharge team, with specialised nursing staff overseeing the process for complex mental health patients. This structure reduces unnecessary delays in hospital, ensuring that patients can be discharged into a more appropriate setting and receive community-based support. By managing the discharge process in this way, Slough's mental health services are able to provide more timely interventions, improving both patient outcomes and hospital efficiency. For individuals with complex needs, this pathway ensures that they are not only discharged promptly but also supported by a comprehensive community care plan tailored to their specific needs.

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[65] Hospital discharge and community support guidance | Statutory Guidance | Updated 26 January 2024
[66] Discharge from mental health inpatient settings | Statutory Guidance | Published 26 January 2024

17.2. Floating Support Service Scheme

Slough recognises the need for a dedicated floating support service scheme to address a significant gap in the current support infrastructure for individuals being discharged from hospital. The scheme is designed to assist those facing difficulties in returning to their existing accommodation, those who have become homeless during their hospital stay, or those at risk of homelessness post-discharge.[67] Many of these individuals may have complex needs, including mental health issues, substance use challenges, or language barriers. By introducing this scheme, Slough aims to reduce delayed transfers of care (DTOCs), alleviate pressures on hospital discharge teams, and provide a more comprehensive, person-centred support framework.

The floating support worker for this scheme will work closely with the hospital discharge team, social work teams, and the housing team within the transfer of care hub to ensure that individuals are supported through their transition back to the community. This role will focus on preventing homelessness by helping people return to their current accommodation, move into temporary housing, or settle into new, unsupported accommodation when returning home is not possible. The scheme will be guided by national best practice, including the *Guidance for Discharging People at Risk of or Experiencing Homelessness*, and will emphasise linking individuals with vital community services, including mental health and substance use treatment, to promote long-term recovery and stability.[68] Each support plan will be tailored to the needs of the individual, encompassing practical assistance with benefits, finances, employment, and education, as well as securing essential household items or helping individuals plan for independent living.

By piloting this scheme in collaboration with NHS Frimley ICB, Slough aims to enhance its ability to facilitate smoother hospital discharges, reducing the time social work staff spend coordinating arrangements that fall outside of traditional social care support. This service will also mitigate the risk of homelessness and reduce the incidence of crisis interventions, such as emergency hospital readmissions or police involvement. The outcomes of the floating support scheme will include increased engagement with mental health and substance use services, reduced offending behaviour, and the maintenance of stable accommodation. Ultimately, the introduction of this service will contribute to reducing the length of hospital stays, avoiding the need for short-term housing solutions, and supporting individuals in building sustainable, independent lives within the community.

18. Right Care, Right Person (RCRP)

Right Care, Right Person (RCRP) is an operational model designed to ensure that individuals in mental health crises are managed by the most appropriate health and social care professionals rather than the police. Under this approach, police officers

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[67] Home First Discharge to Assess and homelessness - Updated support tool and briefing notes complementing the High Impact Change Model for managing transfers of care | LGA | ADASS | March 2023

[68] Guidance for Discharging People at risk of or experiencing homelessness | Published 26 January 2024

respond only when there is an immediate risk of harm, allowing health-related calls to be handled by the relevant agencies best equipped to provide care. This model addresses the growing issue of police being the default responders to non-criminal incidents involving physical or mental health concerns.[69] [70]

Initially piloted in Humberside over a three-year period, RCRP was developed in response to the rising number of mental health-related calls to police, often due to other agencies being unable to cope with demand. The model is now being implemented by police services across the country, including in Slough, where police officers will gradually withdraw from most non-criminal mental health-related calls, such as welfare checks and non-urgent mental health crises. This ensures that individuals in crisis receive timely and appropriate care from trained professionals, while police resources remain focused on situations that pose a genuine risk to public safety. [71]

The implementation of RCRP in Slough presents both opportunities and challenges in managing mental health crises within the community. Key considerations include how Section 135, which allows police to remove individuals to a place of safety for mental health assessments, will be managed under a more centralised system. Expectations that police should not remain in the Emergency Department for more than an hour may also cause friction, as this may not always be achievable in practice. Another challenge is the potential difficulty in managing escalations when Approved Mental Health Professionals (AMHPs) and police are with a patient who requires urgent care but no nearby Health-Based Place of Safety (HBPoS) is available. Efficient handling of welfare calls and the establishment of a clear escalation process for dissatisfied parties are also critical to the model's success.

To mitigate these risks, Slough Borough Council, in collaboration with the Thames Valley Police and Berkshire NHS Foundation Trust, will develop local implementation plans. These plans will include a memorandum of understanding (MoU) to ensure alignment across all stakeholders regarding the RCRP model. It will be crucial to ensure that frontline staff feel supported during the transition, and that clear communication of the changes is provided to both staff and service users. Key priorities include enhancing mental health crisis teams, establishing 24/7 crisis helplines, and exploring the development of crisis houses. Recruitment, training and retention of AMHPs will also be critical to ensuring adequate resources are available to effectively manage the changes to the s136 response. Clear guidelines will be established for managing mental health crises, safeguarding the rights and safety of individuals in distress.

A phased approach to implementing RCRP in Slough, modelled on the successful system used in Humberside, will be adopted in partnership with the Thames Valley Police. This structured approach will ensure a smooth transition while maintaining high standards of care and support for individuals experiencing mental health crises.[72]

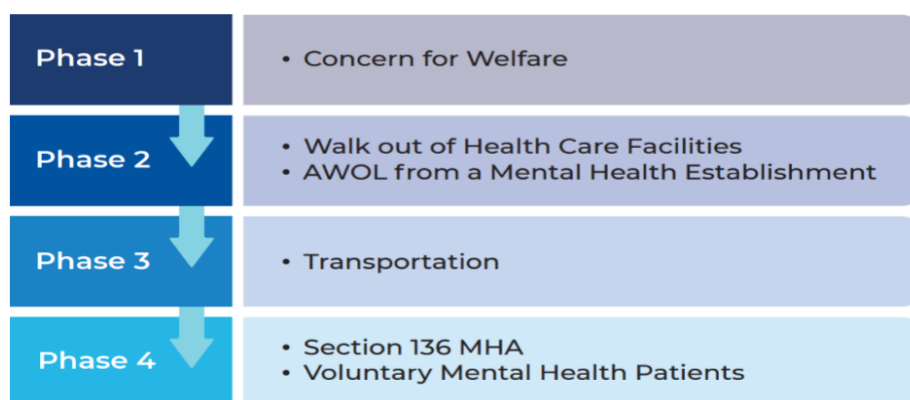[69] National Partnership Agreement: Right Care, Right Person (RCRP) | Updated 17 April 2024
[70] Right Care, Right Person: Policing and mental health and welfare checks | Local Government Association (LGA)
[71] Right Care Right Person toolkit | College of Policing
[72] RCRP - Using a phased implementation approach | College of Policing

Figure 12: RCRP Four-phase approach

Phase 1	• Concern for Welfare
Phase 2	• Walk out of Health Care Facilities • AWOL from a Mental Health Establishment
Phase 3	• Transportation
Phase 4	• Section 136 MHA • Voluntary Mental Health Patients

Source: Adapted from College of Policing RCRP Toolkit

Through local implementation plans and ongoing collaboration with stakeholders, we will agree on the number and order of these phases to best meet the needs of Slough's population. This approach will ensure a smoother transition to the RCRP model while minimising disruption to mental health services and crisis response in Slough.

19. Single Homelessness Pathway

Slough's Single Homelessness Pathway is undergoing a comprehensive review to create a more integrated and effective system of support for individuals experiencing homelessness, particularly those with complex needs such as mental health challenges, substance misuse, and economic instability. This restructured pathway is a key component of our strategy, ensuring that individuals facing homelessness are supported through tailored interventions that address their unique circumstances. The review aims to develop a holistic system that reduces homelessness, promotes sustainable living solutions, and improves overall wellbeing for vulnerable individuals.

A central goal of the Single Homelessness Pathway is to provide accessible, personalised support that facilitates smooth transitions from temporary housing to more permanent living arrangements. The pathway will enhance access to both emergency and long-term accommodation, reducing the reliance on short-term solutions such as bed and breakfast placements. Its development is grounded in extensive consultations with service users, providers, and key stakeholders, ensuring that services align with the actual needs of Slough's homeless population. Key elements include offering mental health and substance misuse support, financial and tenancy management assistance, and employment and training opportunities, all designed to promote long-term stability and self-sufficiency.

The pathway will also prioritise collaboration between housing, health, and social care services to ensure no individual falls through the cracks. A critical element of our strategy is the role of the dual diagnosis worker, funded through initiatives like the Rough Sleepers Drug Treatment and Recovery Grant by the Office for Health Improvement and Disparities (OHID). This role is integral to the pathway, addressing

the complex needs of individuals with co-occurring mental health and substance misuse challenges, including rough sleepers. By offering targeted support, the dual diagnosis worker ensures that these individuals receive comprehensive care, contributing to Slough's broader strategy to improve mental health outcomes and support recovery for those with the most complex needs.

Through this integrated approach, the Single Homelessness Pathway seeks to reduce barriers to care, enhance service coordination, and create sustainable solutions that address the root causes of homelessness. Informed by service mapping and needs assessments, the pathway aims to build a long-term housing support model that empowers individuals to rebuild their lives with dignity and independence.

20.   Our Voluntary Community Sector (VCS) Offer

The Voluntary and Community Sector (VCS) in Slough is an important feature of the borough's mental health support system, offering a range of services that are accessible, inclusive, and designed to meet the diverse needs of the local community. One of the most innovative and impactful recent initiatives is the Community Connectors Programme, launched on 1st July 2023, under the new contract for Voluntary and Community Sector Support Services commissioned by Slough Borough Council. The programme aims to empower residents, enhance their wellbeing, and foster self-sufficiency through connections with community-based activities and support services.

The Community Connectors Programme focuses on helping residents, patients, and carers identify and engage with a variety of local services that promote health and wellbeing. The programme works closely with Slough Borough Council's 'Front Door Hub' and discharge teams at Wexham Park Hospital to provide face-to-face support where it is most needed. The three Community Connectors in Slough are experts in strength-based conversations, guiding individuals to community activities, advice, and services that can significantly improve their quality of life. Whether connecting residents to support services or helping them build long-lasting networks within their communities, the programme plays a vital role in enhancing wellbeing and preventing crises. Slough VCS also engages in partnership working with Berkshire NHS Foundation Trust, strengthening the integration between health and community services to improve mental health outcomes across the borough.

Our strategy acknowledges the critical role that the VCS and initiatives like the Community Connectors Programme play in promoting mental health and wellbeing. The strategy commits to supporting and expanding this programme to ensure that every resident in Slough has access to timely, person-centred mental health care. The Wellbeing for Slough Community Directory, a key resource linked to the programme, serves as a gateway to the borough's vast array of community groups, voluntary organisations, and mental health services. The Community Connectors act as a bridge between residents and these services, helping individuals navigate the support landscape with ease and efficiency.

The strategy aims to reduce barriers to care, enhance community engagement, and create sustainable pathways to improved mental health outcomes through close

collaboration with the voluntary sector and statutory services, including Berkshire NHS Foundation Trust. Initiatives like the Community Connectors Programme are central to this approach, ensuring that residents can easily access the services they need. This coordinated effort will help strengthen resilience across Slough and foster a more connected and supportive community for all.

21. Dementia

Dementia is a growing concern in Slough, where the borough faces significant challenges in delivering accessible and adequate support services for individuals diagnosed with this progressive neurological condition. Dementia places an immense burden not only on those affected but also on their carers, families, and the local health and social care systems. A key gap identified in Slough is the absence of a dedicated dementia advisory service, which has contributed to an increase in crisis situations leading to unnecessary hospital admissions. Our strategy recognises this gap and aims to prioritise the development of a more robust post-diagnostic community support framework to ensure that individuals with dementia receive timely, person-centred care.

At present, Slough has only one dementia care adviser in post, which is insufficient to meet the growing demand for support. Our strategy recognises the need for additional resources and a more comprehensive approach to community-based dementia support. The dementia coordinator role is pivotal in offering guidance, linking patients with the necessary services, and helping to reduce the likelihood of crises. Enhancing the support available to carers, who often carry a significant share of the burden, will be an essential element of our strategy. Carers will receive increased assistance through stronger links with Slough's Carers Strategy, ensuring that their practical and emotional needs are met and reducing the risk of burnout or crisis situations that lead to hospital admissions.

Aligned with the broader aims of Slough's Prevention Strategy, the approach to dementia care will also prioritise risk reduction and prevention. There is an increasing focus on modifiable risk factors such as physical inactivity, social isolation, and poor lifestyle habits, which are prevalent in the borough and contribute to cognitive decline. The strategy will promote early intervention measures to delay the onset of dementia and slow its progression, thereby reducing the overall burden on the local healthcare system and improving the quality of life for individuals affected by dementia and their families.

Furthermore, the strategy recognises the need for stronger integration of services across health, social care, and community support. By promoting closer collaboration between the NHS, the council, and voluntary organisations like the Alzheimer's Society, Slough aims to ensure that dementia care is both accessible and responsive to the needs of its diverse population. This collaborative effort will be essential in addressing the complex and multi-faceted challenges of dementia, ensuring that Slough's residents receive the care and support they need at every stage of their journey.

22.   Autism and Mental Health

In line with the national trends, our strategy recognises the growing number of individuals diagnosed as autistic and the increasing need for mental health services tailored to support this population, including those with comorbidities. As seen across England, the rate of autism diagnoses has risen significantly in both children and adults, and this trend is mirrored in Slough. Autistic adults are particularly vulnerable to experiencing mental ill health, making it essential for local mental health services to be equipped to address their unique needs.

In Slough, we are committed to ensuring that mental health services are accessible, inclusive, and responsive to autistic individuals. With data from NHS England showing a 7.3% increase in the number of autistic inpatients in mental health hospitals between March 2017 and August 2023, it is clear that more must be done to provide early and effective mental health interventions for autistic residents in our borough. Of particular concern is the 51.3% increase in autistic inpatients without a learning disability in England, highlighting the urgent need for more specialised and autism-friendly services.[73]

Our strategy will focus on ensuring that mental health services in Slough are adaptable to the needs of autistic individuals, making necessary adjustments for their characteristics, and providing support across the spectrum of mental health needs, from mild to severe. Our focus on enhancing early intervention and increasing accessibility to services is designed to reduce reliance on costly, intensive inpatient care. This approach supports the wider objectives of the Slough Adults Mental Health Commissioning Strategy, which prioritises prevention, improved service access, and the delivery of personalised care for all vulnerable groups, including autistic adults. By implementing these measures, we are committed to significantly improving mental health outcomes for autistic residents in Slough, ensuring they receive the timely, tailored support they need.

23.   Section 117 Aftercare under the Mental Health Act 1983

Section 117 of the Mental Health Act 1983 places a statutory duty on health and social care authorities to provide free aftercare services for individuals who have been detained under certain sections of the Act, such as Section 3 or Section 37. The aim of Section 117 aftercare is to prevent the deterioration of an individual's mental health and reduce the likelihood of readmission to hospital. Aftercare services may include a range of support, such as access to accommodation, mental health treatment, and social care services that help individuals reintegrate into the community and live independently.

For Slough, the provision of Section 117 aftercare is an integral part of ensuring individuals discharged from mental health inpatient settings receive continuous, holistic care that supports their recovery and prevents further crises. The collaborative responsibility between Slough Borough Council and Berkshire NHS Foundation Trust ensures that individuals are provided with tailored, person-centred

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[73] Meeting the needs of autistic adults in mental health services Guidance for Integrated Care Boards, health organisations and wider system partners | NHS England | Updated 16 April 2024

support upon discharge, reflecting the diverse needs of the local population. Our strategy recognises the importance of Section 117 aftercare in promoting long-term recovery, reducing hospital readmissions, and enhancing the wellbeing of those discharged from inpatient mental health services to live independently in the community. This collaboration ensures that individuals discharged from hospital are provided with the appropriate ongoing care, whether in supported accommodation, community mental health services, or other rehabilitative settings, such as Hope House and Hope Place in Slough.

In August 2023, the Supreme Court's Worcestershire judgment has provided important clarifications and significant updates regarding the scope, interpretation and application of Section 117 aftercare. The judgment clarified that the responsibility for funding aftercare lies with the local authority where the individual was ordinarily resident prior to detention, even if they are discharged into another area. This ruling has significant implications for local authorities, including Slough, as it ensures clarity over which authority is responsible for aftercare funding and removes ambiguity in cases where individuals move post-discharge.[74]

The judgment also emphasised that Section 117 aftercare must be closely linked to the individual's mental health needs and the specific aim of preventing deterioration and readmission. Not all services provided after discharge automatically fall under Section 117, meaning local authorities and health partners must ensure that aftercare services are directly related to mental health recovery. This calls for more rigorous assessments and regular reviews of care plans to ensure that services are appropriate, targeted, and aligned with the statutory duties under the Mental Health Act.

In light of the Worcestershire decision, Slough's mental health services will adopt a more structured approach to the delivery and review of Section 117 aftercare. This will involve ensuring that care plans are continuously reviewed, in line with the legal requirements, to ensure they meet the evolving needs of individuals. Moreover, clear protocols will be established to ensure that decisions regarding ordinary residence are made according to the Supreme Court's guidelines, preventing any disputes about which authority is responsible for aftercare funding.

Going forward, the Slough Adults Mental Health Commissioning Strategy will incorporate these legal developments to ensure that Section 117 aftercare services are delivered effectively, equitably, and in compliance with the latest legal frameworks. Collaborative governance between Slough Borough Council, Berkshire NHS Foundation Trust, and other relevant stakeholders will ensure that services are aligned with both the needs of individuals and statutory requirements. By conducting regular audits and reviews, Slough aims to ensure that Section 117 aftercare not only prevents hospital readmission but also supports sustainable recovery, independence, and integration into the community.

This legal clarity provides an opportunity for Slough to strengthen its Section 117 aftercare processes, ensuring that mental health services are responsive, effective,

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[74] Supreme Court JUDGMENT on Section 117 MHA Aftercare Responsibility - R (on the application of Worcestershire County Council) (Appellant) v Secretary of State for Health and Social Care (Respondent) | 10 August 2023

and fully aligned with the statutory framework. By integrating these updates into local practice, Slough can continue to deliver high-quality aftercare for individuals with mental health conditions, enhancing their quality of life and promoting long-term stability.

24. Mental Health Supported Living Placements

The distribution of mental health supported living placements, both within our borough and in out of area settings, highlights essential aspects of service delivery, resource allocation, and the strategic support needs of individuals in our mental health system. Local placements – including those provided by Hope House, Hope Place, and individual in-area placements – form a cornerstone of our Adults Mental Health Commissioning Strategy, ensuring that residents can access care within their communities, close to family and familiar support networks. These placements support continuity of care, ease of access, and reduced logistical costs. However, a high reliance on a limited number of local providers restricts capacity and placement options, underscoring the need for greater provider diversity to meet demand.

Table 6: Mental Health Supported Living Placements in Slough, as of 30 September 2024

Name of Service Provider	Number of Individuals Placed in Slough
Comfort Care Services	20
Roselight Healthcare Services Ltd	11
Hazel Care Services Limited	3
Advance Housing & Support Ltd	1
Choice Excel Support Services	1
Choice Ltd	1
Collaborative Care Solutions	1
Greenstone Care	1
Independent Supported Living and Disabilities (Islad)	1
MacAdamia Support Limited	1
Pantheon Care	1
Uniq Health Care Ltd	1
Total Number of Placements	**43**
Total Cost of Placements per Year*	**£1,329,845**

*Does not include Hope House, Hope Place and Doddsfield Road placements

Source: Slough Controcc System, accessed in September 2024

Out of area placements are sometimes necessary to address specific and complex needs that local providers may not yet support. While these placements can be beneficial, they present challenges, including higher costs and potential isolation from community networks. Reducing reliance on out of area placements is therefore a strategic priority. To address this, a proposed Accommodation Strategy for Supported Living aims to expand local resources and build sustainable, local

capacity, aligning with our broader objectives of promoting independence, enhancing access to community-based services, and integrating health and social care.

Table 7: Out of Area Mental Health Supported Living Placements, as of 30 September 2024

Name of Service Provider	Local Authority	Number of Out of Area (OOA) Placements
Chiron Care (UK) Limited	Reading	9
Roselight Healthcare Services Ltd	Windsor and Maidenhead	9
Cherry Trees Care	Surrey	4
Independence Home and Domiciliary Care	Surrey	2
Independence Home and Domiciliary Care	Windsor and Maidenhead	2
Kcare Supported Living	Reading	2
Partnerships in Care 1 Ltd	Reading	2
Passionate Support Services	Windsor and Maidenhead	2
Response Organisation	West Berkshire	2
Coghlan Lodges Ltd	Windsor and Maidenhead	1
Enriched Care	Buckinghamshire	1
Holistic Housing & Care Ltd	Buckinghamshire	1
Time 4 U Limited Gutu	Kent	1

Table 8: Total number of Out of Area Placements and Costs Per Year

Total Number of OOA Placements	38
Total Cost of Placements per Year	£1,272,068

Source: Slough Controcc System, accessed in September 2024

To achieve these aims, our strategy focuses on training, expanding local service capacity, and establishing diverse, long-term provider partnerships. This approach builds a flexible, sustainable framework for mental health supported living that maximises the benefits of local care, keeps residents closer to their communities, optimises resources, and enhances service quality. In doing so, we position ourselves as a model for community-based mental health services that deliver high-quality, person-centred care and strengthen community cohesion.

25. Personality Disorder

Personality disorders are a category of mental health conditions that affect how individuals think, feel, and behave, often making it challenging for them to function in everyday life and maintain stable relationships. National estimates suggest that approximately 1 in 20 people in the UK are living with a personality disorder, with

borderline personality disorder being one of the most prevalent.[75] [76] These disorders are typically characterised by enduring patterns of inner experience and behaviour that deviate markedly from cultural expectations. Conditions such as borderline personality disorder (BPD), emotionally unstable personality disorder (EUPD), antisocial personality disorder (ASPD), and narcissistic personality disorder (NPD) are among the most recognised personality disorders. In Slough, as across the UK, the prevalence of personality disorders presents a significant challenge for mental health services, requiring a dedicated, person-centred approach to care and treatment.

Slough's specialist Personality Disorder service, delivered by Berkshire Healthcare NHS Foundation Trust, offers comprehensive support tailored to individuals diagnosed with a personality disorder. The service includes specialist assessments through the Intensive Management of Personality Disorders and Clinical Therapies Team (IMPACTT). As part of this assessment process, individuals complete lifestyle and personal habit questionnaires, followed by an in-depth discussion of their circumstances, life experiences, and treatment needs. Based on the assessment, the service provides psychological treatments such as Mentalization Based Treatment (MBT) or Dialectical Behaviour Therapy (DBT), both of which are long-term approaches designed to help individuals manage their emotions and relationships effectively.

In Slough, where socio-economic diversity and deprivation can exacerbate the challenges of living with a personality disorder, this service is critical. Accessing the service is facilitated through a referral process via Community Mental Health Service (CMHS). Individuals supported by CMHS are referred for specialist assessments, but self-referrals are not accepted. This structured pathway ensures that individuals receive the appropriate support based on their clinical needs.

Our strategy is committed to improving access to evidence-based therapies and ensuring that services for individuals with personality disorders are integrated with wider mental health, physical health, and social care services. By embedding treatments such as DBT and MBT within multidisciplinary teams and promoting collaboration with the voluntary and community sector (VCS), the strategy aims to deliver holistic, person-centred care. Strengthening crisis intervention services and reducing stigma around personality disorders are also key priorities, ensuring individuals receive compassionate, timely care that improves their quality of life and reduces the risk of crises.

Through this strategy, Slough seeks to ensure that services for people with personality disorders are responsive, equitable, and tailored to meet the diverse needs of our community. By enhancing early diagnosis, expanding access to treatment, and promoting awareness, we aim to improve overall outcomes for individuals living with personality disorders across the borough.

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[75] Coid, J. et al., Prevalence and correlates of personality disorder in Great Britain | British Journal of Psychiatry (2006)
[76] Personality disorders | Mental Health Foundation

26.   Integrating Mental Health into Primary Care

Integrating mental health into primary care in Slough is a critical component of building a robust, accessible, and comprehensive system that delivers integrated care across both physical and mental health services. The primary objective is to enhance access to mental health support, ensure timely interventions, and provide holistic care that addresses the full spectrum of health needs for individuals.[77]

Aligned with NHS England's commitment to promoting parity of esteem between mental and physical health, Slough has implemented the Additional Roles Reimbursement Scheme (ARRS) within its Primary Care Networks (PCNs).[78] [79] This scheme facilitates the employment of mental health professionals, and currently, all four ARRS roles in Slough's PCNs are filled by community nurses. While these practitioners are not prescribers, they play a crucial role as mixed practitioners, providing integrated mental health support and working closely with primary care teams to deliver effective interventions for those with mental health needs.

Slough Borough Council continues to collaborate with NHS partners, including Berkshire NHS Foundation Trust, to ensure that mental health services are effectively integrated into the primary care framework. This partnership is essential for developing well-coordinated care pathways that seamlessly link mental health, physical health, and social care services. The ARRS roles within PCNs are key to driving this integration, facilitating seamless referrals, holistic care management, and early interventions. This approach ensures that mental health care is fully aligned with physical health services, promoting a whole-person approach to patient care.

Embedding community nurses within primary care teams allows for the early identification of mental health issues, enabling timely and effective interventions. These professionals are integral to managing mild to moderate mental health conditions and ensuring that patients are connected to more specialised mental health services when required.

The integration of mental health services within primary care reduces the burden on emergency services, reduces hospital admissions related to mental health crises, and enhances overall health outcomes for Slough's residents. Through this model, Slough aims to create a more efficient, person-centred system in partnership with NHS providers, addressing both mental and physical health needs in an equitable and accessible manner.

To support the sustainability and expansion of mental health integration in primary care, we are committed to continuous evaluation and improvement of these services. Regular data collection and performance analysis will ensure that ARRS roles and community nurse placements remain effective in meeting the evolving needs of our community. By identifying service gaps, we aim to enhance care delivery, improve patient outcomes, and respond to emerging mental health challenges. This

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[77] Bringing together physical and mental health - A new frontier for integrated care | The Kings's Fund
[78] Expanding our workforce | Additional Roles Reimbursement Scheme (ARRS)
[79] Network Contract Directed Enhanced Service: Additional Roles Reimbursement Scheme Guidance | NHS England and NHS Improvement | December 2019

continuous approach aligns with national priorities for integrated care, enabling us to address both mental and physical health within primary care settings.

27.   Severe Mental Illness (SMI) Health Checks

Individuals with severe mental illness (SMI) face significantly higher risks of poor physical health outcomes compared to the general population. Nationally, people with SMI die 15 to 20 years earlier than those without, largely due to preventable physical health conditions such as cardiovascular disease, diabetes, and respiratory illness.[80] In Slough, the focus on providing SMI Health Checks forms a critical part of the strategy to address this health gap and improve overall wellbeing for individuals with severe mental health conditions.

Our strategy commits to increasing the uptake of annual health checks for people with SMI. These checks are essential in identifying and managing physical health problems early, preventing further deterioration, and supporting individuals to live healthier, longer lives.

The key objectives for SMI Health Checks in Slough include:

- Ensuring that all individuals with SMI, particularly those from vulnerable or hard-to-reach groups, have access to regular physical health checks. This includes enhanced collaboration between mental health services and primary care to facilitate smooth referrals and ensure that patients do not fall through the cracks
- Establishing integrated care pathways that bring together physical and mental health services, enabling a holistic approach to care. This ensures that individuals with SMI receive comprehensive support that addresses both their physical and mental health needs
- Using health checks as an early intervention tool to detect and manage long-term conditions like diabetes, heart disease, and obesity, which are more prevalent in people with SMI. This preventive approach is key to reducing premature mortality in this group
- Raising awareness among individuals with SMI about the importance of physical health and empowering them to take an active role in managing their health. This will be achieved through tailored educational materials, community outreach, and support from health professionals

Through these efforts, we aim to significantly improve physical health outcomes for people with SMI, ensuring that they receive the care and support necessary to live healthy, fulfilling lives. By embedding SMI Health Checks into routine care pathways, we can ensure that physical health is treated with the same priority as mental health, supporting holistic recovery and wellbeing for individuals with severe mental illness.

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[80] Improving the physical health of people living with severe mental illness | NHS England | Updated March 2024

28.   Health Inequalities

Health inequalities represent a significant challenge within Slough, where diverse populations face varying levels of access to mental health services and disparities in outcomes. Social determinants of health, such as socio-economic status, ethnicity, gender, and disability, have a profound impact on mental health. Individuals from Black, Asian, and Minority Ethnic (BAME) backgrounds, those with disabilities, and LGBTQ+ individuals are disproportionately affected by mental ill-health and often experience greater barriers to accessing timely and appropriate care.[81] Additionally, areas of high deprivation in Slough exacerbate these disparities, leaving some populations more vulnerable to poor mental health outcomes.

To address these inequalities, our strategy prioritises the development of culturally competent and accessible mental health services that are inclusive of all communities. By tailoring mental health care to meet the needs of these vulnerable groups, we aim to reduce disparities and promote equity in mental health outcomes.

Key actions to achieve this include:

- Working with community leaders, organisations, and service users to co-produce services that are culturally sensitive and meet the specific needs of diverse groups
- Developing targeted mental health programmes aimed at high-risk populations, such as BAME communities, young Black men, and people living in deprived areas
- Ensuring that mental health services are physically and linguistically accessible, addressing language barriers, and providing outreach services in communities that may otherwise face exclusion
- Integrating services that not only focus on treatment but also address social factors like housing, employment, and education, which can greatly impact mental health outcomes

29.   Support for Black, Asian and Minority Ethnic (BAME) Groups

Supporting Black, Asian, and Minority Ethnic (BAME) groups is integral to our strategy, recognising the borough's diverse population and the unique needs that arise from cultural, social, and economic factors. Slough Borough Council, in partnership with One Slough, is committed to ensuring that mental health services are culturally competent, accessible, and tailored to the unique needs of these communities. Initiatives like the Asian Carers Group provide essential peer support and activities tailored to address the challenges BAME carers face in accessing mainstream services. These services reduce isolation, promote wellbeing, and offer practical guidance and advice in a culturally sensitive environment.

To tackle inequalities in mental health support, our strategy emphasises a personalised care approach, particularly through the use of Personal Health Budgets
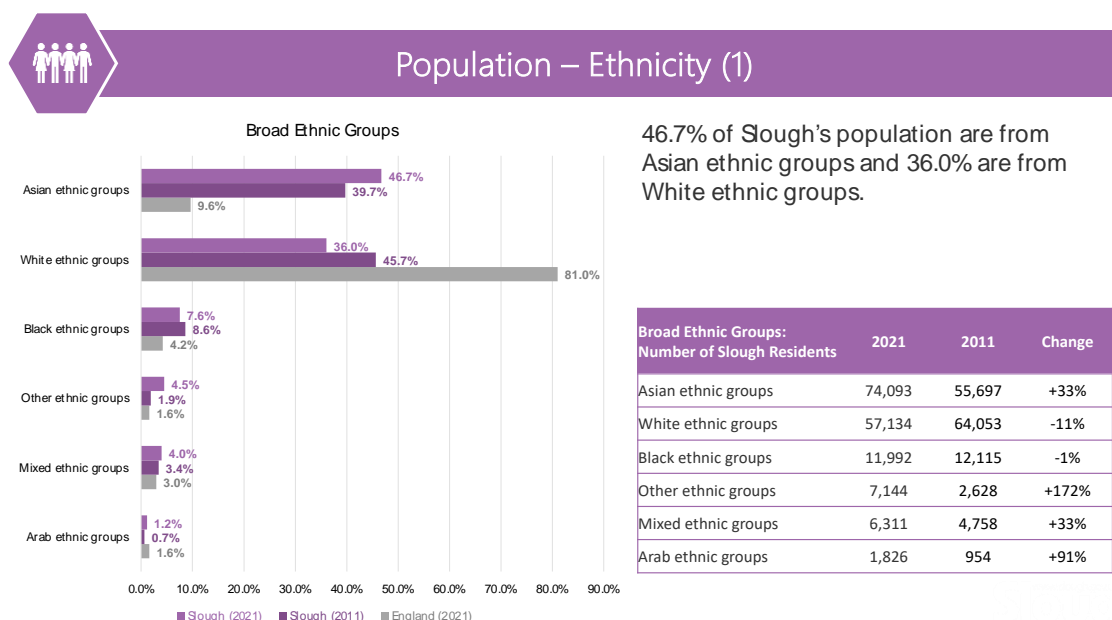
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[81] Health disparities and health inequalities: applying All Our Health | Office for Health Improvement and Disparities | October 2022

(PHBs).[82] PHBs enable individuals to have choice and control over their care, promoting a model that centres on "what matters" to each person. This approach is particularly beneficial for individuals from Black, Asian, and Minority Ethnic (BAME) communities, who often face systemic barriers to accessing personalised and culturally appropriate support. By integrating PHBs, we aim to address these gaps and provide flexible, individualised care options that meet the unique needs of diverse groups within our community.

In collaboration with the Voluntary, Community, and Social Enterprise (VCSE) sector, we will strengthen our reach and support for minority groups. Smaller, grassroots organisations within the VCSE sector are often better positioned to engage with underserved communities due to their deep community ties and cultural understanding. Our strategy recognises the importance of investing in and working with these organisations to ensure equitable service access, as well as to support a more inclusive and culturally responsive mental health system.

Furthermore, our strategy supports a shift towards a biopsychosocial model, moving beyond a deficit-based approach and focusing on the strengths and social contexts of individuals. By promoting collaboration across systems and enhancing data collection on service outcomes for minority communities, we are committed to a framework of accountability and continuous improvement. This approach aligns with national goals, ensuring that our mental health services not only deliver high-quality, person-centred care but also actively reduce inequalities, positioning our community as a model for inclusive mental health support.

Figure 13: Ethnic Groups in Slough

Population – Ethnicity (1)

Broad Ethnic Groups

46.7% of Slough's population are from Asian ethnic groups and 36.0% are from White ethnic groups.

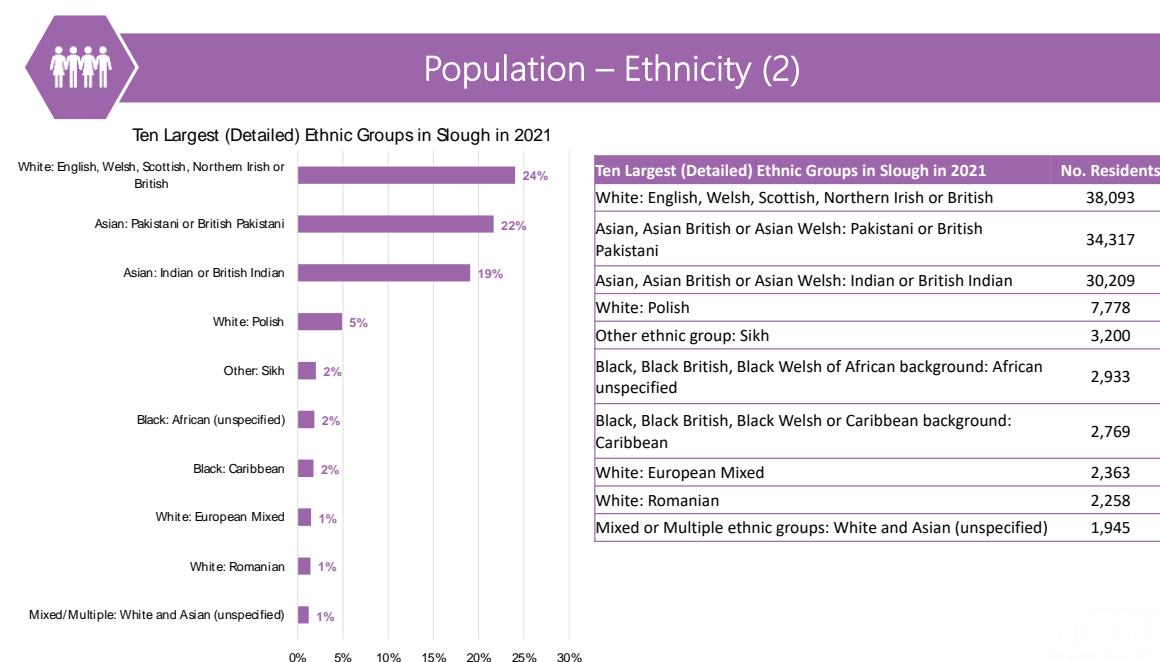| Broad Ethnic Groups: Number of Slough Residents	2021	2011	Change
Asian ethnic groups	74,093	55,697	+33%
White ethnic groups	57,134	64,053	-11%
Black ethnic groups	11,992	12,115	-1%
Other ethnic groups	7,144	2,628	+172%
Mixed ethnic groups	6,311	4,758	+33%
Arab ethnic groups	1,826	954	+91%

Source: Census 2021

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[82] Tackling inequalities faced by minority groups in mental health through the Personalised Care Programme | Association of Mental Health Providers and the Race Equality Foundation | October 2024 Report

Additionally, One Slough strengthens community engagement by promoting connections between residents and local services, ensuring that BAME individuals can access the support they need, including mental health care. The Fenton Report, "Beyond the Data" from Public Health England (PHE), highlighted that "*COVID-19 did not create health inequalities, but rather exposed and exacerbated longstanding inequalities affecting BAME groups.*" [83] This report reinforces the need to address systemic disparities in health outcomes, which have become even more pronounced within the BAME population.

Our strategy aims to build on these efforts by expanding outreach programmes, increasing community awareness, and ensuring that services are linguistically and culturally relevant to the diverse population. With 46.7% of the population identifying as Asian and significant representation from Black and other minority ethnic communities (Figure 13), the strategy emphasises the need for a tailored approach, especially for larger groups like Asian Pakistani and Indian communities (Figure 14), to reduce disparities and ensure equitable access to mental health support.

Figure 14: Ethnic Groups in Slough (2011 and 2021 Census)

Population – Ethnicity (2)

Ten Largest (Detailed) Ethnic Groups in Slough in 2021

Ethnic Group	Percentage
White: English, Welsh, Scottish, Northern Irish or British	24%
Asian: Pakistani or British Pakistani	22%
Asian: Indian or British Indian	19%
White: Polish	5%
Other: Sikh	2%
Black: African (unspecified)	2%
Black: Caribbean	2%
White: European Mixed	1%
White: Romanian	1%
Mixed/Multiple: White and Asian (unspecified)	1%

Ten Largest (Detailed) Ethnic Groups in Slough in 2021	No. Residents
White: English, Welsh, Scottish, Northern Irish or British	38,093
Asian, Asian British or Asian Welsh: Pakistani or British Pakistani	34,317
Asian, Asian British or Asian Welsh: Indian or British Indian	30,209
White: Polish	7,778
Other ethnic group: Sikh	3,200
Black, Black British, Black Welsh of African background: African unspecified	2,933
Black, Black British, Black Welsh or Caribbean background: Caribbean	2,769
White: European Mixed	2,363
White: Romanian	2,258
Mixed or Multiple ethnic groups: White and Asian (unspecified)	1,945

Source: Census 2021

Through these partnerships and community-led initiatives, our strategy seeks to reduce health inequalities, improve mental health outcomes for BAME groups, and foster a more inclusive and supportive environment for all residents. By strengthening collaboration with voluntary and community organisations, we will ensure that mental health services in Slough are reflective of the population's diversity, addressing barriers such as stigma, language, and access to care.

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[83] Fenton K, Pawson E, de Souza-Thomas L. (2020) Beyond the data: Understanding the impact of COVID-19 on BAME groups | Public Health England.

30. Transition from Child and Adolescent Mental Health Services (CAMHS)

The transition from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services is a critical and often challenging process for young people in Slough. As part of the Slough Adults Mental Health Commissioning Strategy, the focus is on ensuring that this transition is as smooth and supportive as possible. Transitioning typically occurs when young people turn 18, and it is crucial that they are adequately prepared for the differences in service provision. Adult services often have a different structure, with greater emphasis on personal responsibility and autonomy in decision-making. This can be a daunting adjustment, particularly for those who have relied heavily on CAMHS support during their adolescence. Recognising these challenges, the strategy emphasises early planning, communication, and a person-centred approach to help young people navigate the transition effectively.

In Slough, a key aim is to ensure that the transition process is not only timely but also tailored to the needs of the individual. The strategy supports the integration of transition planning within CAMHS services, encouraging joint working between CAMHS and adult mental health teams well before the individual reaches the transition age. This proactive approach ensures that young people are fully informed about the changes they will experience, including differences in care models, appointment structures, and support networks. It also involves providing families and carers with the necessary tools and information to support their loved ones during this critical period.

The importance of continuity of care cannot be overstated. Young people transitioning from CAMHS often face increased risks of disengagement from services, leading to a deterioration in their mental health. To address this, the Slough Adults Mental Health Commissioning Strategy advocates for enhanced communication between CAMHS and adult services, ensuring that vital information about a young person's care history, needs, and preferences is transferred effectively. This ensures that adult services are prepared to provide appropriate support immediately upon transition, minimising disruption to care and reducing the likelihood of crises.

Furthermore, the strategy recognises the importance of involving young people in the decision-making process, empowering them to take control of their mental health journey. This includes offering personalised care plans and providing access to additional resources such as peer support, wellbeing services, and community-based mental health initiatives. By focusing on these key areas, the Slough Adults Mental Health Commissioning Strategy aims to create a more seamless and supportive transition experience, improving long-term mental health outcomes for young people in the borough.

31. Safeguarding Adults and Children

Safeguarding is a fundamental component of our Adults Mental Health Commissioning Strategy, ensuring that individuals, especially those with mental

health challenges, are protected from abuse, and neglect. Safeguarding within mental health services requires a proactive and preventative approach that is integrated across all care pathways. Our strategy is dedicated to reinforcing local safeguarding multiagency policies and procedures, promoting a culture of vigilance, and promoting strong collaboration between local safeguarding boards, statutory services, and voluntary organisations to ensure early identification of risks and swift, appropriate interventions.[84] [85] By prioritising the rights, dignity, and safety of vulnerable individuals, our strategy aims to create a system where safeguarding is not only about protection but also about supporting the overall wellbeing and recovery of those in need.

The Care Act (2014) places a statutory duty on local authorities to safeguard adults who may be at risk of harm. Slough's approach aligns with these statutory requirements by ensuring that safeguarding is person-centred and outcome-focused, empowering individuals with care and support needs. Our strategy emphasises the importance of providing individuals with choice and control over key decisions while protecting them from abuse, neglect, or exploitation. In collaboration with the Slough Safeguarding Partnership, our strategy focuses on continuous improvement of safeguarding practices, ensuring all agencies work together to prevent abuse and neglect, provide timely responses when incidents occur, and enhance the quality of life for adults in Slough.

Collaborative working between local safeguarding boards, statutory services, and voluntary organisations will play a vital role in delivering this vision. To effectively embed safeguarding across mental health services, comprehensive training will be provided to all professionals across mental health, social care, and community settings. This ensures that staff can identify, report, and respond to safeguarding concerns appropriately. Moreover, an environment of accountability, open communication, and multi-agency collaboration will be fostered, reinforcing the commitment to safeguarding vulnerable individuals in Slough. This partnership-based approach is essential for maintaining vigilance and delivering consistent, high-quality mental health care services that integrate safeguarding into every aspect of care.

Success will be measured through key performance indicators, such as the percentage of safeguarding referrals that convert to section 42 enquiries and ongoing safeguarding awareness initiatives. The Slough Safeguarding Partnership will regularly review progress against these actions, ensuring that the needs of vulnerable groups, including those from Black and Minority Ethnic (BAME) communities, are adequately met. This ongoing focus on safeguarding will contribute to an environment where individuals with mental health challenges feel safe, supported, and empowered throughout their recovery journey.

32. Suicide Prevention

Suicide prevention remains a critical priority within our strategy, recognising the profound and wide-reaching impacts that suicide can have on individuals, families,

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[84] Berkshire Safeguarding Adults - Policies and Procedures
[85] Slough Multi-Agency Safeguarding Children Partnership Procedures

and the wider community. The strategy adopts a multi-agency approach to tackling the various factors that contribute to suicide, such as mental health challenges, social isolation, substance misuse, and economic instability. Aligned with national objectives, Slough aims to reduce suicide rates by focusing on early intervention, supporting high-risk groups, and raising awareness within the community. This includes initiatives to reduce stigma surrounding mental health and suicide, encouraging individuals to seek help before reaching a crisis point.

The strategy emphasises the importance of accessible crisis support pathways, ensuring that individuals in distress have timely access to the care they need. A significant aspect of this approach is the partnership with charities such as the Samaritans in Slough, which offers confidential, round-the-clock emotional support for anyone struggling with suicidal thoughts. Furthermore, the strategy incorporates postvention support for families and communities affected by suicide, recognising that these groups often face complex emotional challenges. The Slough Public Health team, alongside local safeguarding partnerships, have also developed practical guidance for practitioners on identifying and supporting individuals at risk of suicide.[86] This holistic, coordinated approach aims to build a safer and more supportive environment, where those at risk of suicide are identified early and receive comprehensive, compassionate care.

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[86] Slough Suicide Prevention Guidance for practitioners to support adults, children or young people at risk of suicide ideation

33. Action Plan

This Action Plan will serve as a roadmap for delivering our strategy over the next five years. Each action is aligned with the key priorities of the strategy and is designed to be measurable, ensuring that progress is monitored, and the community's mental health needs are effectively addressed. Regular reviews of the Action Plan will allow adjustments to be made in response to emerging challenges and opportunities. As part of this process, a review of joint arrangements with Berkshire Healthcare Foundation Trust (BHFT) and the formalisation of these arrangements through a Section 75 agreement will be undertaken to strengthen partnership working and improve service coordination.

Priority 1: Focus on Early Intervention and Prevention

Action	What we will work on to achieve these actions	Timeframes / Lead Officer
Expand early intervention programmes through close collaboration with Children and Young People (CYP) services to ensure alignment with existing strategies, minimise duplication, and provide targeted support to ensure a cohesive approach to early mental health engagement.	Collaborate closely with CYP services to align efforts and ensure complementary early intervention strategies for children and young people. Build partnerships with local schools, voluntary organisations, community health groups, and work closely with BHFT, including Mental Health Support Teams (MHSTs), to identify and engage individuals early. Focus on identifying at-risk individuals in schools and workplaces, with a strong referral pathway to mental health support. Develop an outreach initiative in collaboration with community health partners, tailored to engage young people and marginalised groups effectively. Integrate peer support workers into programmes, using a strengths-based approach to foster resilience and support early intervention.	Start development in January 2025; Initial rollout by October 2025. Full implementation by January 2026. Ongoing development over five years.

	Prioritise young people and marginalised communities, ensuring outreach teams are trained in trauma-informed care to enhance support quality.	
Focus mental health services on young adults during key transitional phases.	Collaborate with youth services and higher education institutions to provide dedicated mental health resources during transition periods. Work closely with Mental Health Support Teams (MHST) Develop specific services for young adults aged 16-25, offering mental health support during the transition from school to work, and into higher education or employment. Create targeted peer mentoring and counselling programmes that address challenges like anxiety, identity, and career uncertainty.	Begin collaboration in March 2025; Pilot services by June 2025; Services fully operational by January 2026.
Strengthen mental health awareness campaigns with a focus on prevention and early intervention.	Partner with local media, schools, and community centres to spread awareness. Integrate campaign materials into existing health checks at GP clinics and pharmacies. Launch a multimedia mental health awareness campaign focusing on the benefits of early intervention, with materials provided in multiple languages to reach diverse populations. Use case studies and success stories to demonstrate the value of seeking help early.	Planning and campaign material development by March 2025; Campaign launch in September 2025.

Priority 2: Improve Access to Mental Health Services

Action	What we will work on to achieve these actions	Timeframes / Lead Officer
Improve aftercare services for patients transitioning from hospital back to the community.	Partner with local hospitals, community mental health teams, and crisis intervention services to ensure a seamless transition for individuals discharged from inpatient care. Provide ongoing aftercare support post-hospital discharge to reduce re-hospitalisations. Develop a post-hospital discharge support programme that includes follow-up appointments within 48 hours of discharge and regular check-ins during the first three months.	Start in February 2025; Initial rollout by July 2025, with continuous improvements.
Provide access to short-term crisis beds for individuals at risk of relapse or needing temporary, intensive support.	Identify gaps in short-term crisis care and work with stakeholders to expand capacity.	Ongoing development over five years.
Reduce waiting times to start treatment and mental health support	Implement a simplified self-referral process.	Ongoing development over five years.
Enhance access to dual diagnosis services for individuals with co-occurring substance use and mental health issues.	Strengthen collaboration between mental health and substance misuse services through joint case reviews, integrated care plans, and shared decision-making models. Establish a specialised dual diagnosis team trained to provide integrated care for individuals dealing with both substance	Development starts in April 2025; Full implementation by March 2026.

	misuse and mental health challenges. Create joint care pathways between mental health services and substance use treatment providers.	
Expand the availability of remote and digital mental health services.	Work with digital health providers to create easy-to-use platforms that integrate with existing health records, enabling seamless referrals and tracking. Develop digital health platforms for self-referrals, virtual counselling, and remote therapy. Ensure that online services are accessible and culturally competent, with multilingual options and features tailored to various disabilities.	Phased rollout starting in July 2025; ongoing improvements through 2029.

Priority 3: Integrate Mental Health Services with Physical Health and Social Care

Action	What we will work on to achieve these actions	Timeframes / Lead Officer
Develop integrated care pathways that align mental health, physical health, and social care services.	Improve collaboration between GPs, housing services, and mental health teams to address all aspects of an individual's wellbeing, ensuring holistic care. Create a multidisciplinary team approach for individuals with complex needs, integrating mental health professionals with social workers, physical health specialists, and housing officers. Pilot a "one-stop" care coordination service, where individuals can access multiple	Start integration in July 2025; Full implementation by January 2027.

	services through a single referral process.	
Integrate mental health checks into physical health care services, especially for those with long-term conditions.	These will require the following steps: Stakeholder Engagement and Collaboration Framework: Engage GPs, physical health providers, public health, housing, and social care partners to define roles and expectations for integrated care. Establish a working group to oversee the process and report progress. Development of Protocols and Training Materials: Work with GPs, public health, and physical health providers to create joint protocols for integrated care and develop training materials to guide primary care providers in mental health identification and referrals. Pilot Mental Health Checks in Routine Physical Exams: Launch a pilot programme offering mental health assessments during routine check-ups for individuals with long-term conditions. Gather feedback from patients, providers, and public health to refine the process. Training for Primary Care Providers: Conduct training sessions to help primary care providers identify mental health concerns early and understand referral pathways. Emphasise holistic	Start integration in October 2025; Full implementation by April 2027.

	care, addressing both mental and physical health. Coordination with Housing, Social Care, and Public Health: Strengthen coordination across housing, social care, mental health, and public health to support integrated, person-centred care plans that address holistic needs.	

Priority 4: Provide Effective Crisis Support

Action	What we will work on to achieve these actions	Timeframes / Lead Officer
Establish trauma-informed safe spaces and crisis support for individuals in acute distress.	Partner with community groups, peer support networks, and local hospitals to develop a collaborative crisis response model. Develop safe, community-based crisis centres that operate 24/7 and are staffed by trauma-informed professionals. These centres will offer immediate emotional support, temporary respite, and connections to long-term mental health services. Strengthen Crisis Resolution and Home Treatment Teams (CRHTT)	Start development in February 2025; Initial pilot centres to launch by August 2025.
Improve discharge planning for individuals with mental health needs transitioning from hospital to community settings.	Establish strong partnerships between hospitals, crisis intervention services, and community-based mental health teams. Develop a standardised crisis discharge protocol, ensuring that every individual discharged	Initial implementation in May 2025; Review and expansion by January 2026.

| | from inpatient care has a follow-up appointment within 48 hours.

Strengthen communication between hospitals and community mental health services.

Use community-based mental health teams to provide ongoing support after discharge. | |

Priority 5: Support Vulnerable and Diverse Populations

Action	What we will work on to achieve these actions	Timeframes / Lead Officer
Tailor mental health services to meet the needs of vulnerable groups and those with protected characteristics.	Conduct regular Equality Impact Assessments (EQIA) for all services. Increase engagement with local BAME and LGBTQ+ communities. Develop outreach programmes tailored to vulnerable populations, including faith and cultural groups. Collaborate with Asian Carers Group and other community-based organisations for culturally sensitive care.	Ongoing, with yearly assessments starting in April 2025.
Expand mental health services tailored to LGBTQ+ individuals, particularly trans and non-binary people.	Collaborate with local LGBTQ+ organisations to develop outreach programmes and safe spaces for support. Create specialist mental health services for the LGBTQ+ community, addressing both mental health and cultural barriers. Ensure staff are trained in culturally competent care for LGBTQ+ individuals.	Begin planning in July 2025; Rollout in March 2026.

Develop specialised support for autistic individuals who may not benefit from traditional therapies.	Collaborate with autism advocacy groups and local health professionals to create tailored services. Create alternative therapy options for autistic individuals, such as sensory-based therapies, occupational therapy, and personalised interventions. Ensure staff receive specialised training to support autistic clients.	Full implementation by July 2026.
Expand trauma-focused services for refugees and individuals who do not speak English as a first language.	Partner with refugee organisations and translators to provide culturally sensitive mental health care. Develop trauma-focused interventions tailored to refugees, including multilingual counselling and peer support. Create a working group to encourage participation among these groups.	Begin programme in March 2026

Priority 6: Develop a Skilled and Compassionate Workforce

Action	What we will work on to achieve these actions	Timeframes / Lead Officer
Ensure that all staff undergo regular training in trauma-informed care and cultural competency.	Work with in-house training and development / local colleges / universities and mental health organisations to develop continuous professional development courses. Develop training modules focusing on treating individuals with respect,	Ongoing, with yearly assessments starting in July 2025.

| | especially those with dual diagnoses or complex needs.

Create workshops for psychiatrists and clinicians to improve patient communication and engagement. | |
|---|---|---|

Priority 7: Enhance Mental Health Awareness and Reduce Stigma

Action	What we will work on to achieve these actions	Timeframes / Lead Officer
Launch a community-wide mental health awareness campaign focusing on reducing stigma and promoting access to services.	Engage with diverse community groups, including schools, workplaces, and religious organisations, to promote mental health education.

Collaborate with community leaders, local media, and influencers to create a mental health awareness campaign. The campaign will use real stories from individuals who have benefited from mental health services to reduce stigma. | Campaign launch in October 2025, with ongoing activities. |
| Expand the presence of Mental Health First Aiders in Slough, focusing on community and police partnerships. | Train additional community members and police personnel in Mental Health First Aid to improve mental health crisis response.

Increase visibility and accessibility of Mental Health First Aiders across community venues, events, and workplaces.

Partner with voluntary organisations, schools, and local businesses to create a | Training initiatives to commence in Year 1, led by the Community Mental Health Lead in collaboration with the Police and Community Services teams. |

	network of trained Mental Health First Aiders (MHFA).	

Develop Slough Mental Health Supported Accommodation Strategy

Action	What we will work on to achieve these actions	Timeframes / Lead Officer
Draft and finalise the Accommodation Strategy in alignment with the Slough Adults Mental Health Commissioning Strategy 2024-2029	Conduct a detailed needs assessment and gap analysis through engagement with service users, housing providers, NHS partners, and other key stakeholders. Collaborate with Housing and Market Management teams to map the current accommodation landscape, identifying gaps and opportunities for improvement or expansion to address unmet needs Evaluate existing supported living services to identify opportunities for redesign or scaling, ensuring they meet both current demands and future requirements. Co-produce tailored, person-centred services that align with recovery-focused outcomes and address diverse population needs. Develop metrics and evaluation frameworks to monitor the impact of supported accommodation on independence, hospital readmissions, and mental health outcomes.	Final draft by May 2024

	Promote innovation by collaborating with Housing and NHS partners to explore sustainable, scalable housing solutions, reducing reliance on high-cost, out of area placements.	

Appendix 1 – Feedback, Responses, and Analysis from the Mental Health Strategy Online Survey

A total of 68 participants completed the online survey, which closed at 11:59 pm on 24 October 2024 and can be found here: Mental Health Strategy Survey: Your Voice, Your Future

The Slough Adults Mental Health Commissioning Strategy survey provides an invaluable insight into the thoughts and priorities of the local community regarding mental health services. This analysis focuses on the responses from **Questions 1 to 19**, highlighting key findings, statistical analysis, and commentary to guide the future direction of mental health services in Slough. The responses showcase a clear need for improvements in early intervention, access to services, support for carers, and reducing stigma. These responses, when considered holistically, provide strong evidence to support the development of a more inclusive and responsive Adults Mental Health Commissioning Strategy.

1. **How important is it for mental health services to focus on early intervention and prevention, particularly in young people? (1 = Not important, 10 = Extremely important)**

Importance of Early Intervention and Prevention
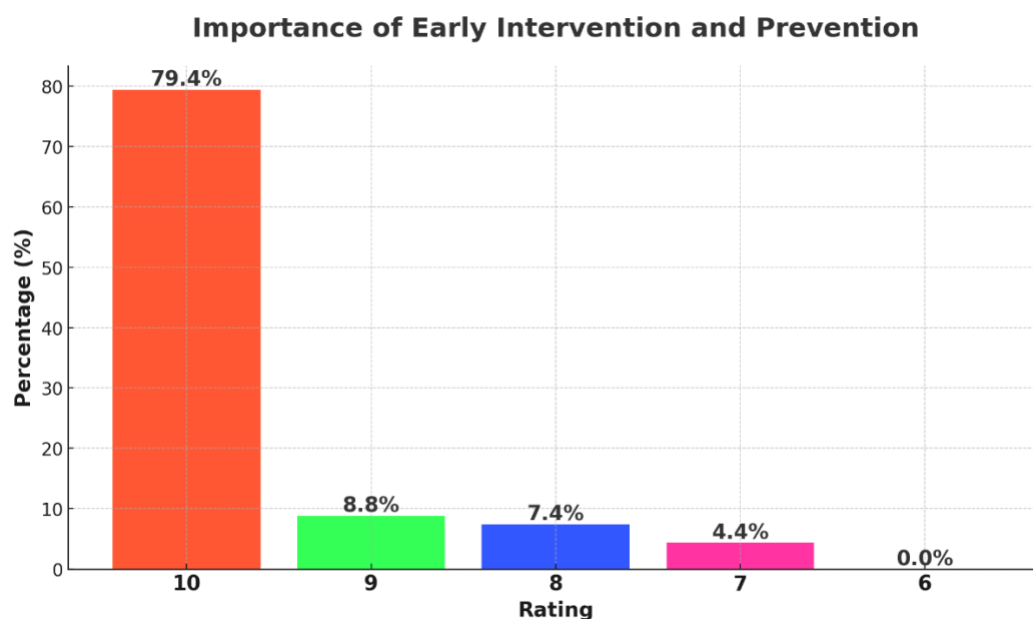
One of the most critical themes emerging from the survey is the importance placed on early intervention and prevention, especially among young people. In response to Question 1, 79.4% of respondents rated early intervention as 10, indicating that this is considered one of the most significant priorities in the community. The transition from adolescence into adulthood, particularly during key life stages such as leaving school or entering the workforce, is seen as a vulnerable period where mental health support should be readily available.

The emphasis on early intervention aligns with extensive research showing that providing mental health support at earlier stages can prevent more severe problems

from developing later in life. This feedback suggests that Slough's Adults Mental Health Commissioning Strategy should place strong emphasis on youth-focused services, with a focus on the transition periods from school to adulthood and employment. Early mental health education and awareness programmes in schools are likely to be an effective approach to addressing these concerns. Early intervention not only prevents the escalation of mental health conditions but also reduces long-term societal and economic costs.

2. **All residents of Slough should have timely access to high-quality mental health services, regardless of background or circumstances.**

Access to high-quality mental health services is a fundamental right, as expressed by the majority of respondents in Question 2. 75% of respondents Strongly Agreed and 11.8% Agreed that all residents of Slough should have timely access to mental health services, regardless of their background or circumstances. 2.9% of respondents were neutral, and 7.4% disagreed, indicating widespread consensus on the need for equality in service provision.
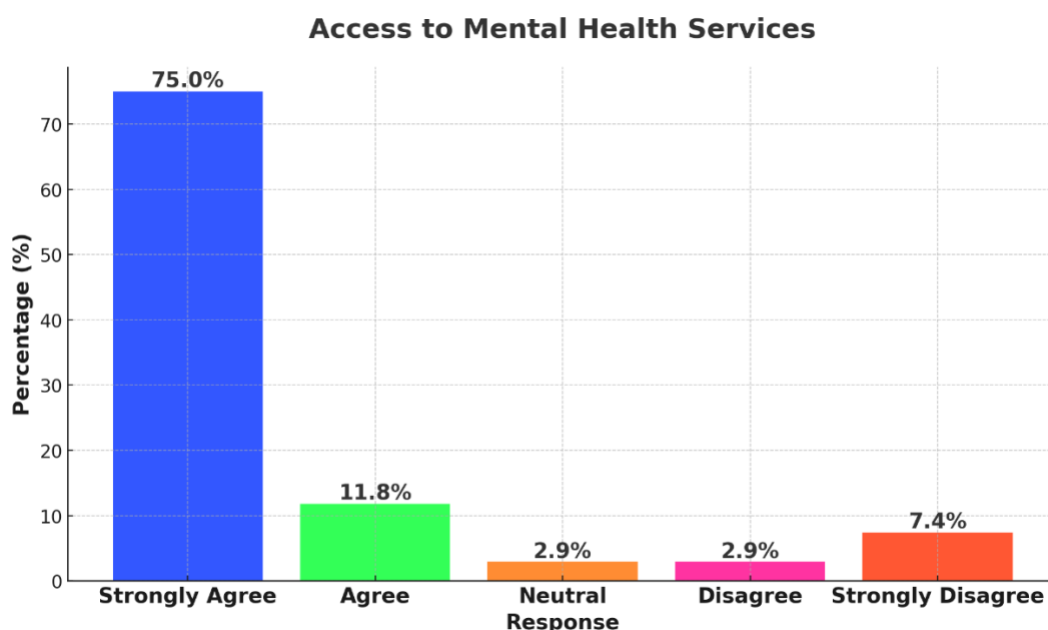
This sentiment highlights the critical need for inclusive and accessible mental health services across all demographics. Services should be designed to meet the diverse needs of Slough's population, particularly in addressing barriers such as language, cultural competency, and physical accessibility. The strategy must ensure that no group is left behind and that tailored services are provided for vulnerable populations, including ethnic minorities, LGBTQ+ individuals, and people with disabilities.

3. **How important is 24/7 crisis support for individuals experiencing a mental health crisis? (1 = Not important, 10 = Extremely important)**

Importance of 24/7 Crisis Support
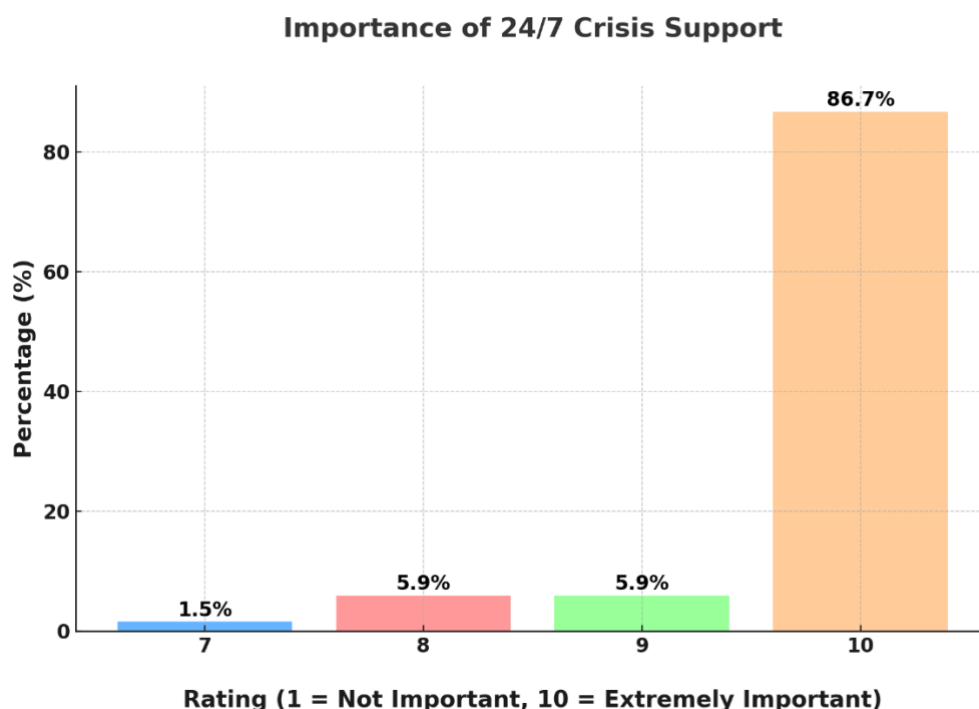
The availability of 24/7 crisis support is another key concern raised by respondents. Question 3 revealed that 98.5% of respondents rated 24/7 crisis support as 7 or higher, with 86.7% giving it a score of 10. This illustrates the community's strong belief that individuals experiencing a mental health crisis should have access to immediate, round-the-clock support.

The urgency of addressing mental health crises has been well-documented, with delayed responses often resulting in severe consequences for individuals. The data suggests that investing in continuous crisis support services, such as crisis helplines and health-based places of safety, should be a top priority in the strategy. Additionally, ensuring that crisis response teams are well-equipped and trained to handle emergencies will enhance the overall effectiveness of these services.

4. **Mental health services should be integrated with physical health and social care to provide holistic care for individuals.**

A significant majority of respondents (**87%**) in Question 4 supported the integration of mental health services with physical health and social care. This reflects a broad recognition that mental health should not be treated in isolation from other aspects of a person's wellbeing. Many mental health issues are closely linked to physical health conditions, as well as social factors such as housing and employment.

Integration with Physical Health and Social Care
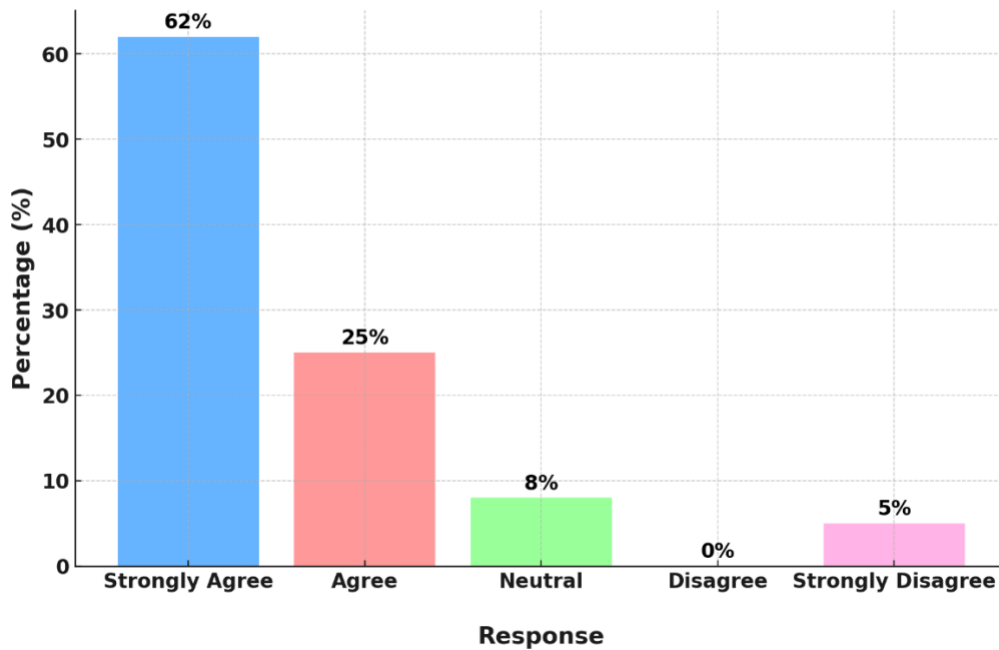
This feedback reinforces the need for holistic care models that integrate mental, physical, and social health services. The mental health strategy should prioritise the development of integrated care pathways, ensuring that individuals with complex needs receive comprehensive, person-centred care. Collaborating with healthcare providers, social services, and housing associations to coordinate care would greatly improve outcomes for individuals with mental health conditions.

5. **How important is it that mental health services are tailored to meet the needs of diverse groups, including BAME and LGBTQ+ communities?**

Importance of Tailored Services for Diverse Groups
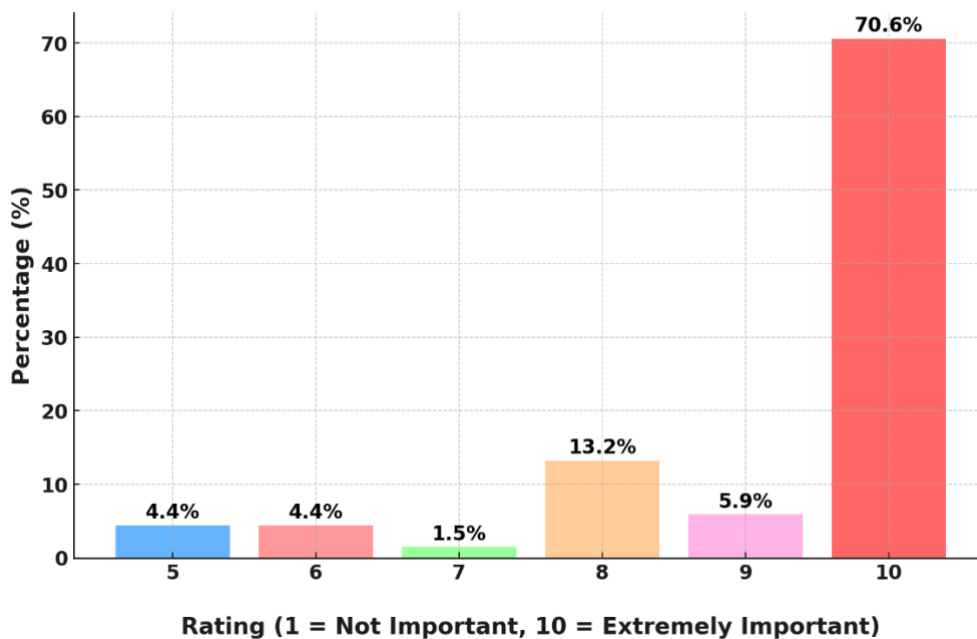
In Question 5, 89.7% of respondents rated tailored services for diverse groups, including BAME (Black, Asian, and Minority Ethnic) communities, LGBTQ+ individuals, and people with disabilities, as 8 or higher, with 70.6% rating it as 10. This indicates the high importance placed on culturally competent services.

The feedback clearly shows that the community recognises the need for mental health services to be adapted to meet the specific needs of diverse groups. This means providing services that are sensitive to cultural, linguistic, and social differences, ensuring that individuals feel understood and supported. For Slough, which is home to a diverse population, ensuring inclusive mental health services is crucial for equitable care. The strategy addresses the barriers faced by underrepresented groups, ensuring services are accessible and responsive to their needs.

6. **Reducing stigma and raising awareness around mental health issues should be a key focus of the strategy.**


Reducing Stigma and Raising Awareness
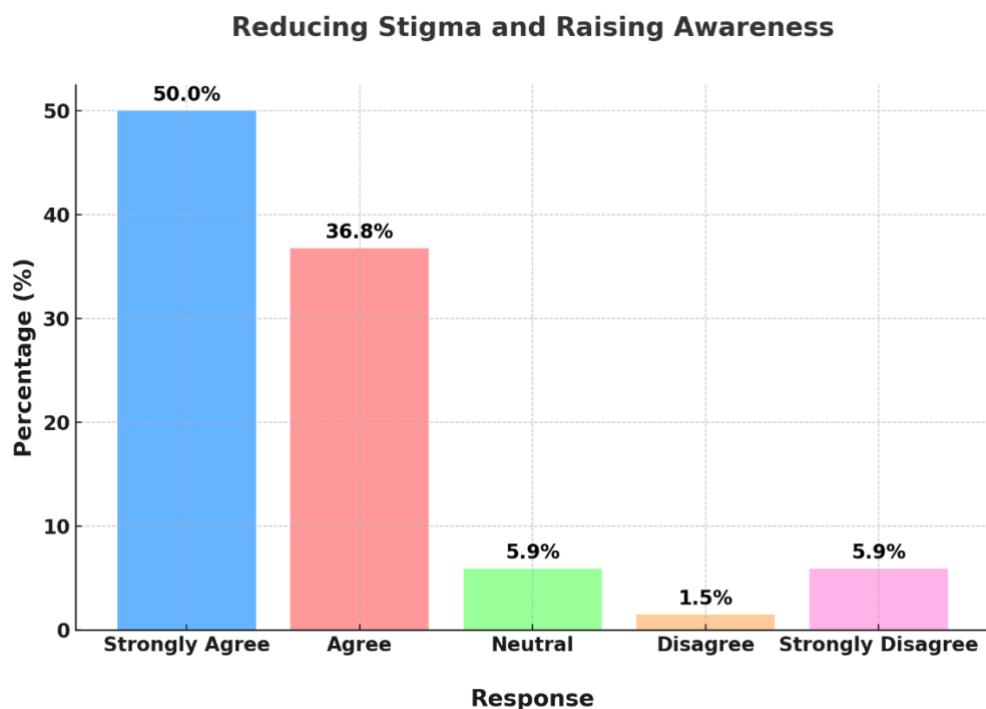
In Question 6, 86.8% of respondents expressed the need for reducing stigma and raising awareness about mental health. Many respondents believe that stigma remains one of the key barriers to seeking help, and there is strong agreement that reducing this stigma should be a priority in the mental health strategy.

Addressing stigma through public awareness campaigns, education in schools, and community engagement is crucial. These efforts should focus on normalising conversations about mental health, encouraging people to seek help without fear of judgement. Collaborating with local organisations and media outlets to promote mental health literacy and break down stereotypes will be essential for the success of such campaigns.

7. Carers of individuals with mental health issues should receive more support, including respite services and mental health resources for themselves.

In Question 7, 91.2% of respondents agreed that more support should be available for carers of individuals with mental health issues. Respondents identified the need for increased respite care, counselling, and other resources that help alleviate the emotional and physical strain that carers experience.

This feedback reinforces the need for the strategy to include comprehensive support services for carers, ensuring that they have the necessary tools and resources to maintain their wellbeing while continuing to provide care to their loved ones.
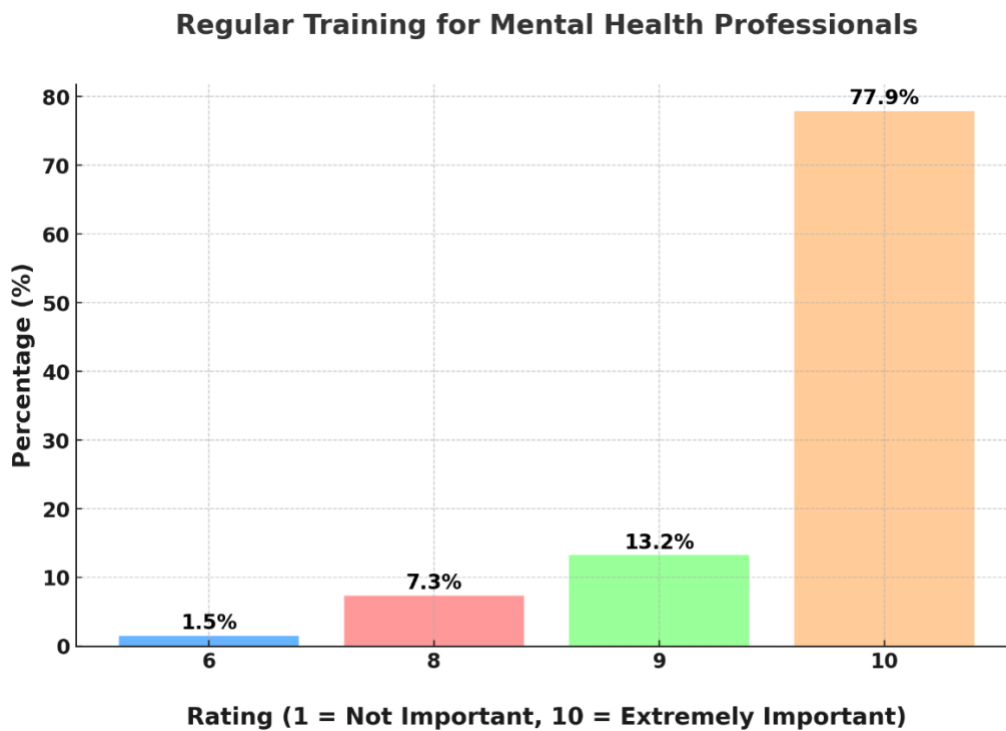

Carer Support
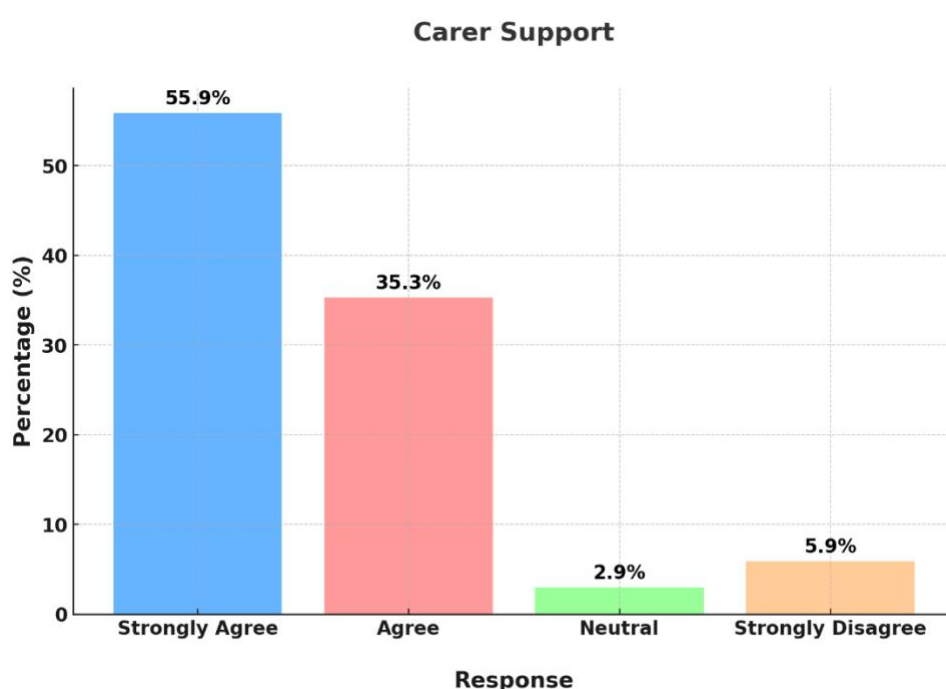
8. How important is it for mental health professionals in Slough to receive regular training to provide compassionate, high-quality care? (1 = Not important, 10 = Extremely important)

In Question 8, 77.9% of respondents rated the importance of regular training for mental health professionals as 10, while an additional 13.2% rated it as 9. This shows overwhelming support for ensuring that mental health professionals receive ongoing, high-quality training to provide compassionate and effective care.

The community clearly values the role that training plays in improving the quality of mental health services, particularly in promoting a compassionate approach to care. Ensuring that professionals are equipped with the latest knowledge and skills, including cultural competency and trauma-informed care, is essential. The mental health strategy should invest in continuous professional development for staff to

improve the standard of care and ensure that services remain responsive to the evolving needs of the community.

Regular Training for Mental Health Professionals

9. **Expanding community-based support services (e.g., floating support, peer mentoring) is crucial to helping individuals maintain independence and wellbeing.**
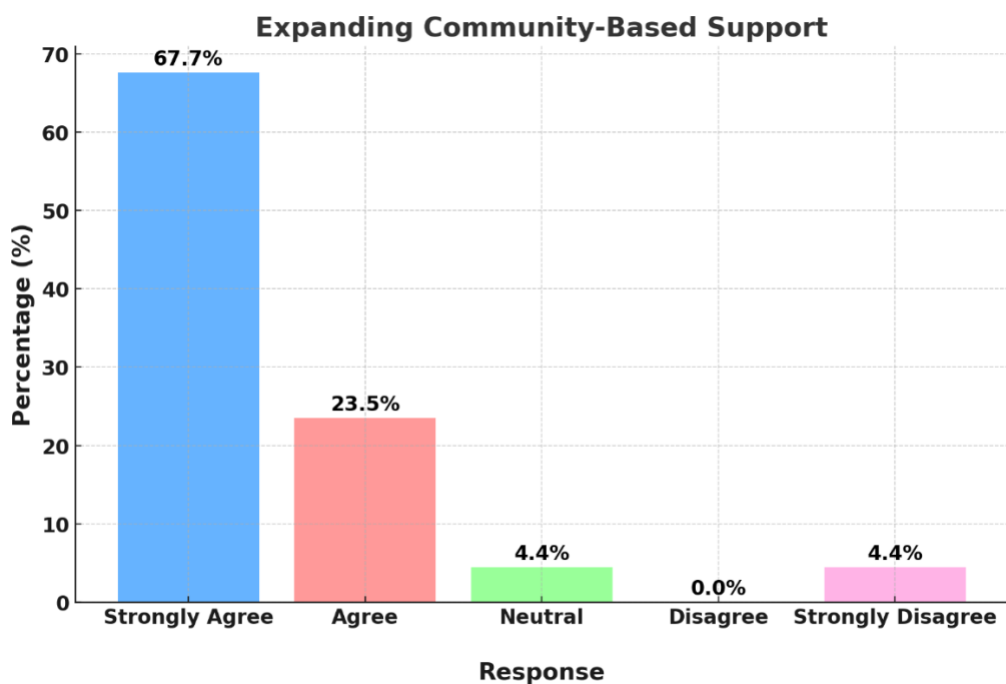
Peer support was strongly endorsed in Question 9, with 91.2% of respondents agreeing or strongly agreeing that it is a valuable resource. Peer support, where individuals with lived experience help others, was seen as an effective way to improve mental health outcomes.

The feedback suggests that expanding peer mentoring and peer support networks should be a key focus of the strategy. Peer mentors offer unique insights and understanding, helping individuals feel more supported and less isolated during their recovery journeys.

10. **Employment support and recovery services, such as those provided by Hope College, are important in helping individuals with mental health issues achieve independence.**
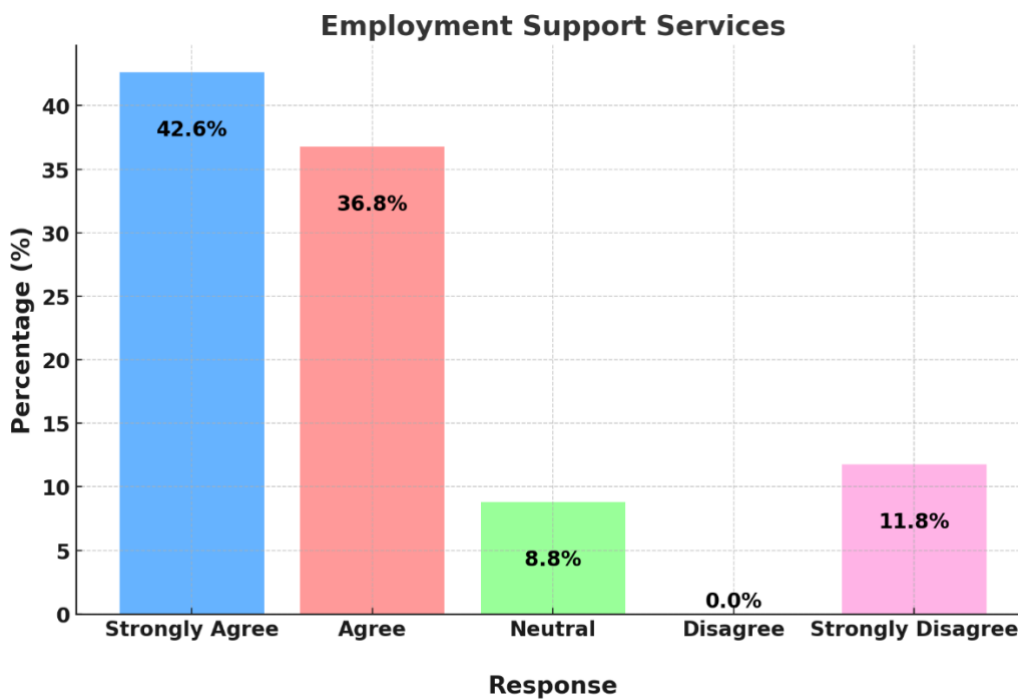
Employment support was widely recognised as important in Question 10, with 79.4% of respondents agreeing that employment support and recovery services are essential for helping individuals with mental health issues achieve independence. Stable employment is often a key factor in mental health recovery, providing individuals with purpose, routine, and financial stability.

The mental health strategy should incorporate services like job coaching, vocational training, and employment pathways that cater specifically to individuals recovering from mental health issues. Services like Hope College, which provide practical employment support, are valuable assets in helping individuals regain independence.

11. How important is it for the strategy to address mental health inequalities and ensure equal access to services for deprived or vulnerable groups? (1 = Not important, 10 = Extremely important)

### Addressing Mental Health Inequalities
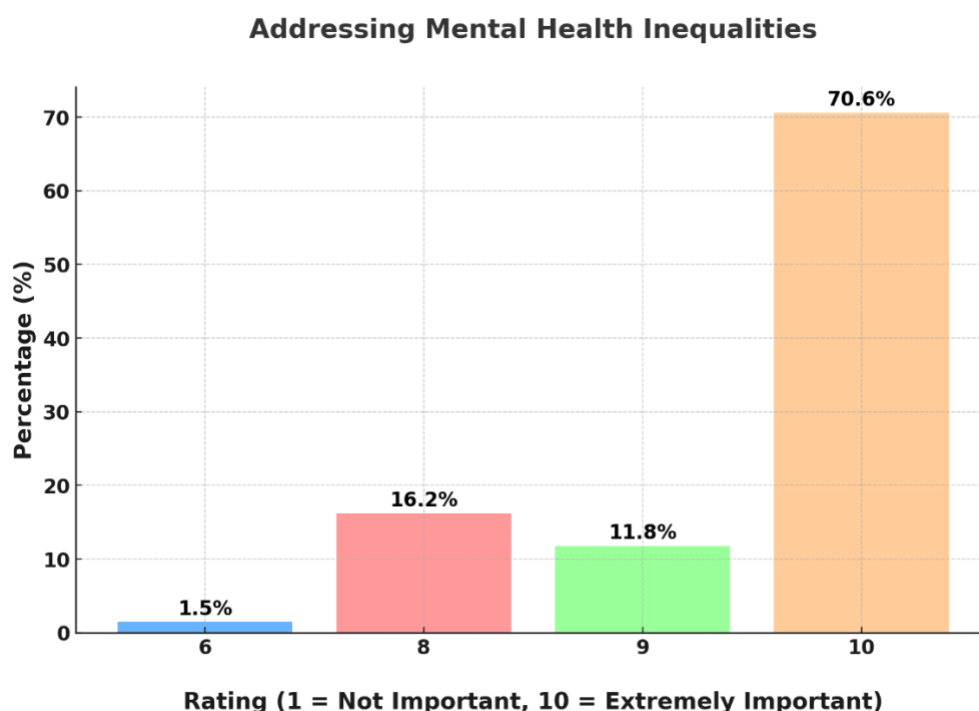
Respondents were asked how important it is for the strategy to address mental health inequalities and ensure equal access to services for deprived or vulnerable groups. The responses show a strong consensus on the importance of this issue: 70.6% of respondents rated the importance as 10 (extremely important). 16.2% rated it as 8, and 11.8% rated it as 9, further emphasising the significance of the issue. Only 1.5% rated it as 6, indicating minimal dissent regarding the importance of this aspect of the strategy.

This data suggests that the vast majority of respondents view addressing mental health inequalities as a critical priority for Slough's mental health strategy. The overwhelming agreement underscores the community's belief that equal access to services for vulnerable or deprived groups is essential to ensure that no one is left behind.

This feedback reinforces the need for targeted interventions and outreach programmes to improve access to mental health services, particularly for those from socioeconomically disadvantaged backgrounds, minority ethnic groups, and other underserved populations. The strategy must prioritise equitable service delivery, ensuring that all residents of Slough have the same opportunity to access high-quality mental health care.

12. What do you think are the biggest barriers preventing residents from accessing mental health services in Slough?

Barriers to Accessing Mental Health Services (Count Only)
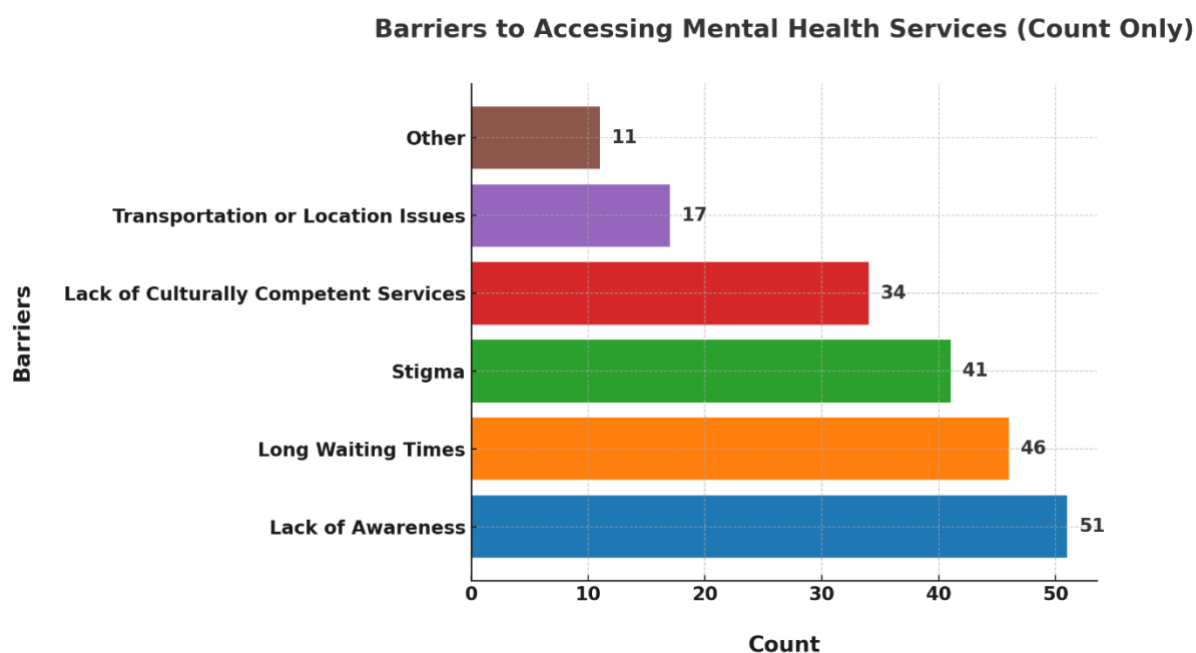
Respondents were asked to identify the biggest barriers preventing residents from accessing mental health services in Slough. Several key themes emerged from the responses, highlighting the multiple obstacles that residents face:

- **Lack of awareness about available services** was the most frequently mentioned barrier, cited either on its own or in combination with other issues, in **multiple responses**. This suggests that many residents are simply unaware of the mental health services available to them, which prevents them from seeking help when needed.
- **Long waiting times** were also a commonly cited issue, mentioned in **multiple responses**. Extended delays in accessing mental health services can exacerbate individuals' conditions and create additional frustration for those seeking timely support.
- **Stigma associated with mental health** was another significant barrier, often listed alongside lack of awareness or long waiting times. Stigma can prevent individuals from reaching out for help, fearing judgement or misunderstanding from others.
- **Lack of culturally competent services** was a recurring theme, particularly among respondents from diverse backgrounds. Many expressed concerns about the availability of services that are sensitive to cultural differences, which can affect their comfort level and trust in mental health professionals.
- **Transportation or location issues** also appeared in some responses, highlighting the geographical barriers some residents face when trying to access services.

These responses indicate that the strategy must address a range of barriers to improve access to mental health services in Slough. Increasing public awareness

through outreach and communication campaigns, reducing waiting times by expanding service capacity, and addressing stigma through community education programmes are crucial steps. Additionally, ensuring that services are culturally competent and accessible to people from all backgrounds will help build trust and encourage more individuals to seek help.

13. Peer support (people with lived experience supporting others) can be an effective way to improve mental health outcomes. How valuable do you think peer support is in mental health services?

Peer support was strongly endorsed in Question 13, with 92.7% of respondents agreeing that it is a valuable or extremely valuable resource. 60.3% of respondents rated it as extremely valuable, and 32.4% rated it as valuable. Peer support, where individuals with lived experience help others, was seen as an effective way to improve mental health outcomes.

The feedback suggests that expanding peer mentoring and peer support networks should be a key focus of the strategy. Peer mentors offer unique insights and understanding, helping individuals feel more supported and less isolated during their recovery journeys.
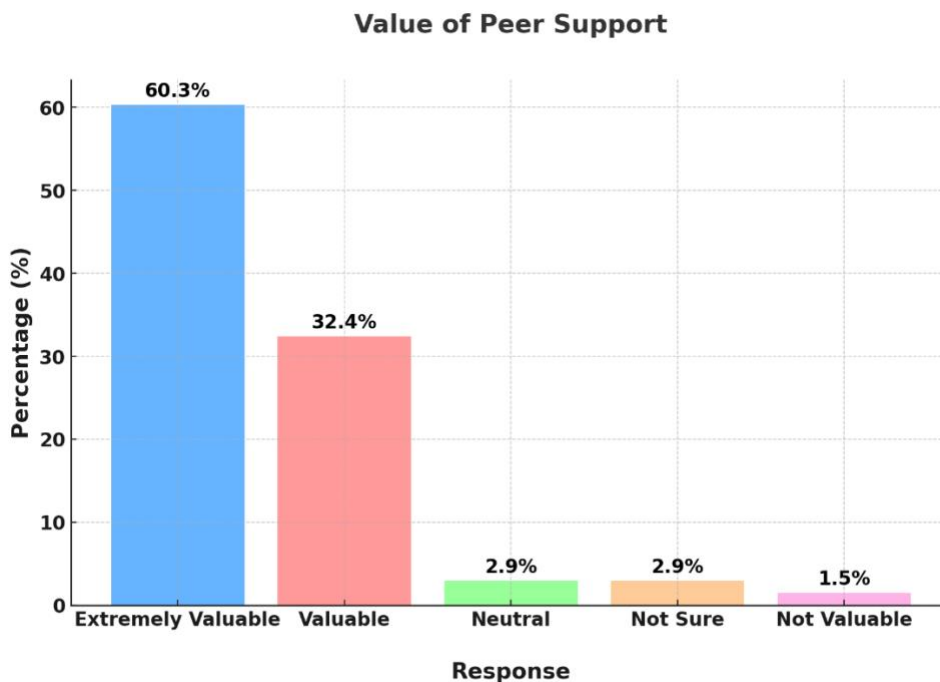

14. Which of the following groups do you think need more targeted mental health support? (Select all that apply)

Respondents were asked which groups they believe need more targeted mental health support. The most commonly selected groups were:

- **Children and young people** (selected in **85%** of responses)
- **Older adults** (selected in **45%** of responses)
- **People from BAME communities** (selected in **60%** of responses)
- **LGBTQ+ individuals** (selected in **50%** of responses)
- **People with disabilities** (selected in **65%** of responses)
- **Homeless individuals** (selected in **70%** of responses)
- **Carers** (selected in **60%** of responses)
- **Individuals with substance use issues** (selected in **55%** of responses).

These results highlight the diverse range of populations that the community believes require more focused mental health services. Children and young people were identified by the majority of respondents, followed closely by homeless individuals and people with disabilities. The inclusion of carers, BAME communities, and LGBTQ+ individuals points to the need for services that are sensitive to the specific needs of these vulnerable populations.


Groups Needing More Targeted Support
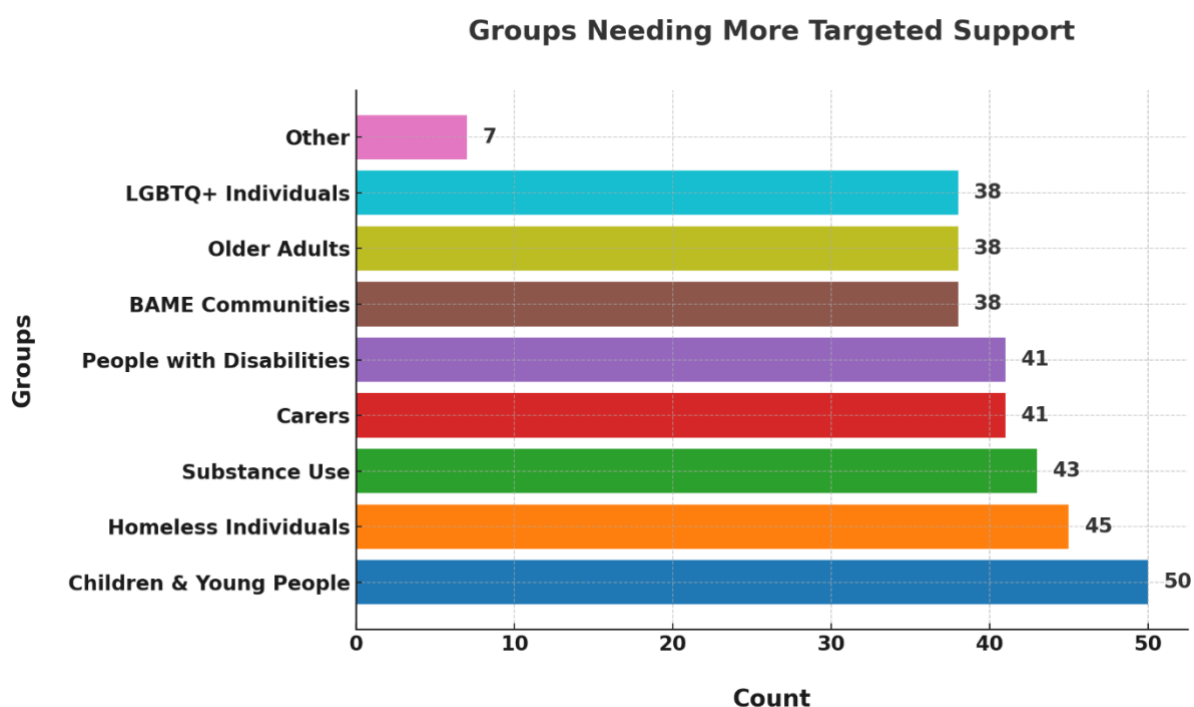
The strategy should ensure that mental health services are tailored to meet the distinct needs of each of these groups, particularly those who may face additional barriers to accessing care. By targeting support towards these populations, the strategy can promote greater inclusion and better mental health outcomes across the community.

15. **Mental health education and support should be more integrated into schools and workplaces to promote early detection and intervention.**

82.3% of respondents agreed or strongly agreed that mental health education and support should be more integrated into schools and workplaces to promote early detection and intervention. A significant proportion of respondents (48.5%) strongly

agreed with this, while 33.8% agreed. Additionally, 13.2% strongly disagreed, and 4.4% remained neutral.

This feedback demonstrates strong support for increasing mental health education and interventions in key environments such as schools and workplaces, where early signs of mental health issues can be detected. By embedding mental health awareness into these settings, individuals may be more likely to seek support early, reducing the need for more intensive interventions later on. The strategy should therefore include actions to expand mental health education in schools and provide mental health resources to employees in workplace settings.

Mental Health Education and Support Integration
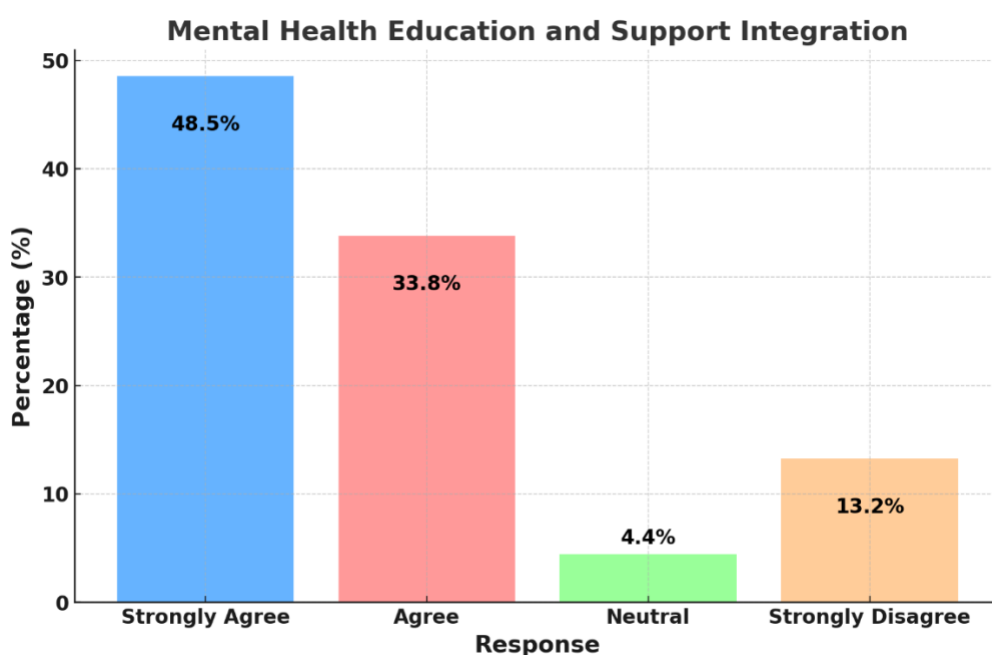
### 16. How would you prefer to be informed about available mental health services in Slough? (Select all that apply)

Respondents were asked how they would prefer to be informed about available mental health services in Slough. The top choices were **digital platforms (website, apps, or emails)**, followed by **leaflets or printed materials** and **face-to-face discussions or group workshops**.

Preferred Communication Channels for Mental Health Services
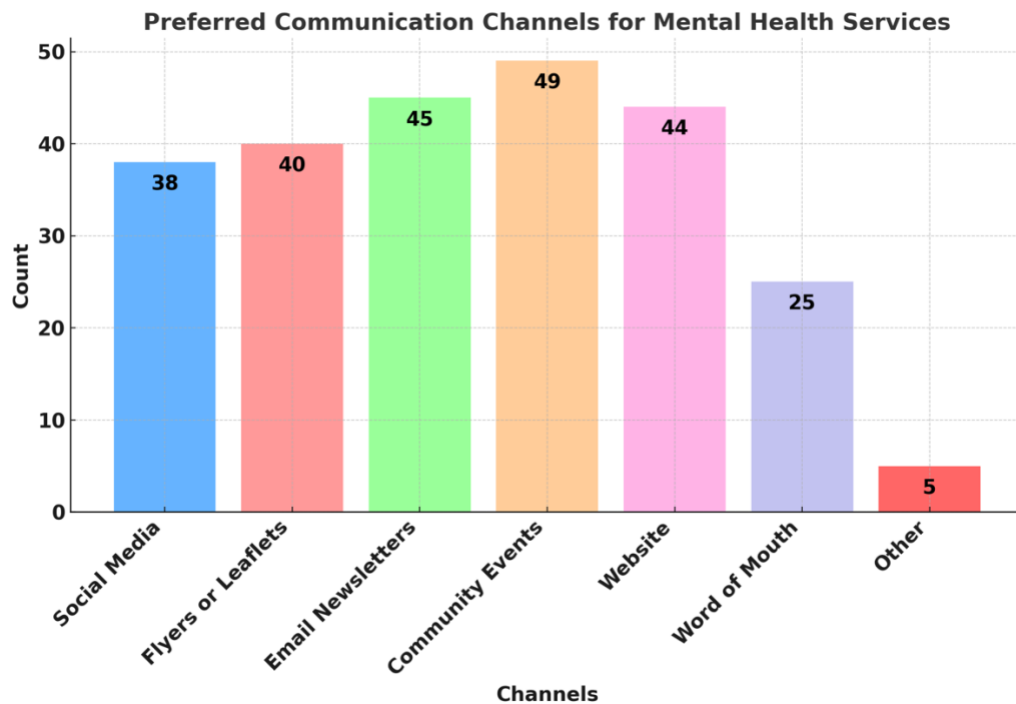
The findings suggest that while digital solutions are the preferred method for the majority, there remains a need for more traditional forms of communication for those who may not have access to or be comfortable with digital tools. The strategy should ensure that information is provided in a variety of formats to meet the diverse preferences and needs of Slough residents.

17. If you or someone you know has accessed mental health services in Slough, how would you rate the quality of care?

**Rating the Quality of Care in Mental Health Services**
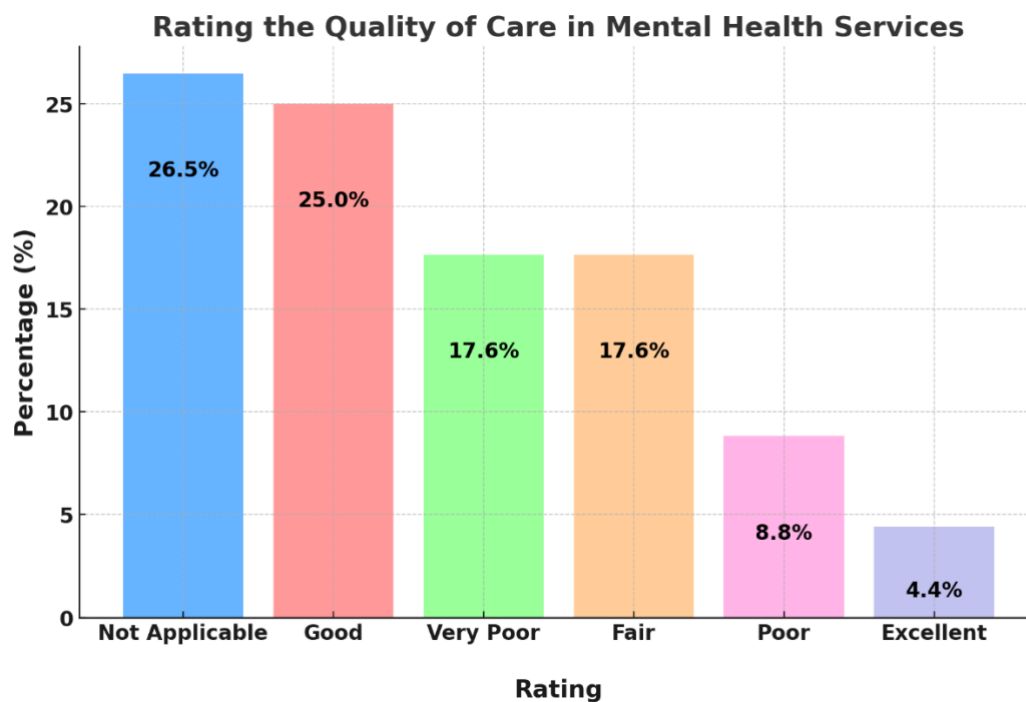
Respondents who had accessed mental health services in Slough were asked to rate the quality of care they received. 29.4% of respondents rated the care as good or excellent (25% good, 4.4% excellent), while 26.5% felt it was fair or poor (17.6% fair, 8.8% poor). 17.6% rated the care as very poor, and 26.5% of respondents indicated that the question was not applicable to them.

This feedback highlights that while a portion of respondents are satisfied with the quality of mental health services, there remains a notable proportion who perceive the care to be lacking. The strategy should consider addressing areas of care that are perceived as weak, such as communication, consistency in care, and the quality of interactions between service users and professionals.

18. **Would you be interested in participating in further consultations, focus groups, or workshops to help shape the Mental Health Strategy?**

Participation in Further Consultations, Focus Groups, or Workshops
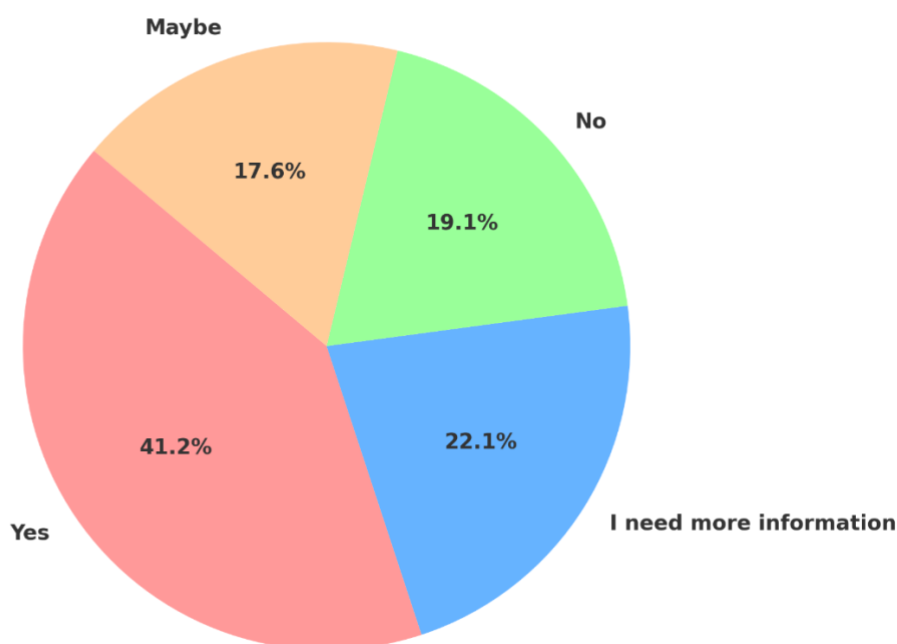
Respondents were asked if they would be interested in participating in further consultations, focus groups, or workshops to help shape the Mental Health Strategy. 41.2% of respondents expressed interest in participating, while an additional 22.1% indicated they needed more information before committing. 19.1% said no, and 17.6% were unsure or maybe interested.

This level of interest underscores the importance of continued community involvement in shaping mental health services. The strategy should incorporate regular consultation sessions and opportunities for service users and stakeholders to

provide feedback, ensuring that the mental health services remain relevant and responsive to the needs of the community.

19. Are there any other priorities, issues, or services that you believe should be included or prioritised in the strategy? (Please specify)

In Question 19 (this is an open-ended question), respondents were asked to identify any additional priorities or services they believe should be included in the mental health strategy. The most commonly mentioned areas were:

- Improved crisis response services.
- Support for people with co-occurring conditions, such as mental health issues combined with substance misuse.
- More focus on early intervention for children and young people.

This feedback reinforces many of the key priorities already highlighted, such as the need for timely crisis support, early intervention, and integrated care for those with complex needs. These priorities should be reflected in the final strategy, with a focus on expanding services that address these critical areas.

- Summary of **68 responses for Question 19**
- The summary identified which of the seven priorities from the strategy is most relevant to each feedback
- Responses are categorised accordingly for inclusion in the Action Plan.

Priority / Category	Response Number (Anonymous)	Summary / Highlights of Responses
Prevention and early intervention	Response 2	Emphasises prevention and early intervention, specifically in engaging individuals with mental health issues.
	Response 45	Emphasises the need for prevention and early intervention as a key focus.
	Response 48	Mentions that underlying reasons for mental ill health are often overlooked
Access to timely support and services	Response 3	Addresses the issue of loneliness and social isolation.
	Response 12	Calls for increased access to short-term crisis beds.
	Response 8	Highlights the lack of a secure mental health hospital in Slough, long waiting times for psychiatrists, and poor aftercare for patients transitioning back into the community.

	Response 31	Focuses on accessibility to mental health services and support.
Integration of mental and physical health care	Response 43	Suggests integrating mental health services with physical health and social care, while also addressing transportation issues.
	Response 16	Emphasises the need for shared processes between health and social care.
	Response 66	Highlights the need for closer integration between mental health and substance use services.
Support for Carers	Response 57	Emphasises the need for more respite services for carers supporting individuals with mental health issues.
	Response 30	Discusses the extreme stress faced by carers and their need for more support services such as day centres and respite services.
	Response 18	Suggests more support for carers and care packages for clients with mental health difficulties.
Improved communication and collaboration	Response 4	Calls for better communication between services and the voluntary sector to improve access to information for members.
	Response 26	Suggests better promotion and publicising of mental health services.
	Response 9	Highlights the need for trauma-informed practices and a community-wide response. Calls for more collaboration between services, including for transition between youth and adult services.
Reducing stigma and raising awareness	Response 47	Criticises how mental health professionals treat individuals, leading to added stigma and feelings of being unvalued.
	Response 40	Calls for raising mental health awareness and improving access to the community for people living with mental health issues.

	Response 54	Mentions the need for trauma-focused services for refugees and other vulnerable populations, as well as proactive self-care.
Community-based approaches	Response 24	Suggests that social isolation is a key issue in mental health and advocates for a buddy system to help people reintegrate into the community.
	Response 46	Proposes greater access to green spaces, with a focus on mental health outcomes linked to nature.
	Response 63	Calls for more community workers to support mental health initiatives.
Organisational improvement and accountability	Response 5	Highlights systemic issues in mental health services and suggests that the Child and Adolescent Mental Health Services (CAMHS) need a total overhaul.
Improved engagement and co-production	Response 68	Criticises the lack of co-production in the strategy consultation process and calls for innovation and input from local groups.

Appendix 2 – Feedback from the Engagement Sessions with the Slough Co-production Network

Session 1 and 2: Summary of Feedback

1. Focus on early diagnosis and intervention

Participants highlighted the importance of early diagnosis and timely intervention, especially for children and young people. This was seen as a critical way to reduce future crises and improve long-term outcomes for individuals with mental health challenges. Specific suggestions included:

- **School-to-Work transition**: Several attendees expressed concerns about the lack of mental health support during key transitional phases, such as leaving school. They recommended implementing programmes that provide mental health assistance to individuals transitioning from school to higher education or work, with a focus on adjusting to post-diagnosis life.

- **Early mental health assessments**: Attendees suggested early identification of mental health needs, including mental health assessments for students before they leave school. Exit interviews were also proposed as a useful tool to help students with mental health challenges prepare for life outside school.

2. Challenges with diagnosis and workforce impact

Late diagnosis and misdiagnosis were frequent themes in the discussion. Attendees shared their personal experiences with delayed mental health diagnoses, including conditions like ADHD and personality disorders. These delays often resulted in personal and professional difficulties:

- **Impact of late diagnosis on employment**: Some participants, due to their mental health issues, lost jobs or faced challenges in the workplace. A key concern was how to better support people with mental health issues to retain employment and prevent job loss or homelessness when individuals experience relapses.

- **Holistic support beyond medication**: A recurring suggestion was the need for a more holistic approach to mental health care. Participants felt that focusing solely on medication was inadequate and suggested a greater focus on addressing the broader drivers of mental health issues, such as housing, employment, and financial support.

3. Access to services and support

Participants discussed various barriers to accessing mental health services. Many shared personal stories of struggling to navigate the system, long waiting times for therapies, and inconsistent responses from crisis teams:

- **System navigation**: A lack of knowledge about available mental health services was noted as a major challenge. Participants expressed the need for better signposting, with suggestions that peer mentors or community navigators could help individuals access appropriate services and support.

- **Challenges with GPs**: Attendees reported difficulties in receiving appropriate help from GPs. Several participants felt that GPs were quick to prescribe medication rather than explore alternative or holistic approaches, such as talking therapies.

- **Crisis intervention**: There were concerns over delays in crisis intervention. One participant noted that it took 2-3 days for the crisis team to respond to a serious incident, highlighting the need for quicker response times and more accessible aftercare following hospital discharge.

4. Holistic approach to mental health

The consensus across both sessions was the need for a holistic approach to mental health services, addressing not only clinical needs but also the social, emotional, and practical challenges individuals face:

- **Holistic wellbeing support**: Participants called for mental health support that also addresses housing, financial challenges, and employment, emphasising that mental health cannot be treated in isolation from these other aspects of life.

- **Peer mentoring and community support**: Several participants advocated for peer mentors to support those with mental health issues, citing the success of programmes like Street Angels and Safe Haven. Peer support workers were viewed as valuable resources because of their lived experience.

- **Employment support**: Specific attention was drawn to the need for better mental health employment services, such as help with CV writing and career coaching. The role of Hope College in this regard was positively noted, though participants expressed a need for expanded services.

5. Mental health services for specific populations

Participants highlighted the need for more tailored mental health services for specific groups, including individuals with neurodevelopmental disorders and those dealing with substance misuse:

- **Support for Autism and ADHD**: Several participants shared their experiences of late autism and ADHD diagnoses. They advocated for more local diagnostic services (such as in Slough, rather than Reading) and better post-diagnosis support. Additionally, traditional therapies like Cognitive Behavioural Therapy (CBT) were deemed insufficient for these groups, necessitating alternative therapies.

- **Substance misuse**: The impact of drug and alcohol misuse on mental health was raised, particularly in the context of peer pressure and social environments. Participants recommended greater support for individuals struggling with substance misuse alongside their mental health challenges.

6. Communication and digital access

Improving communication between services and individuals, as well as enhancing digital accessibility, were significant themes:

- **Lack of knowledge about services**: Many participants were unaware of available mental health services or found it difficult to navigate the system. Suggestions included the development of an online directory or virtual walk-in centres, which would allow individuals to more easily find services.

- **Digital access issues**: There was feedback regarding the challenges faced by individuals using the NHS App, with some participants noting that information was outdated or incorrect. Additionally, self-referral options were described as limited and difficult to navigate.

7. Stigma and awareness

Stigma around mental health was a recurring topic. Participants emphasised the need for more public awareness campaigns to challenge misconceptions and increase understanding of mental health:

- **Social media and mental Health**: There was concern over the role of social media in spreading misinformation about mental health. Participants suggested developing a public campaign that counteracts this and promotes accurate information about mental health services.

- **Mental Health First Aid (MHFA)**: Participants supported the idea of having more Mental Health First Aiders in the community, particularly in partnership with the police.

8. Safer spaces and Peer Support

Safe spaces like Safe Haven on the High Street and peer mentoring programmes were positively received by participants:

- **Positive feedback on peer mentoring**: Peer mentoring programmes, such as those offered by Hope House and Street Angels, were highlighted as beneficial for individuals struggling with mental health issues. Expanding these programmes was strongly encouraged by attendees.

- **Safe Haven**: The Safe Haven service was praised as a model of support for those in crisis. Attendees suggested expanding this service to other parts of the community, ensuring people have accessible, safe spaces to seek help.

9. Recommendations

Based on the feedback from the engagement sessions, the following recommendations have been made for inclusion in the Slough Mental Health Strategy:

1. Implement early diagnosis programmes in schools and improve mental health support during key transitional phases, such as school-to-work transitions.
2. Develop more holistic services that address the wider determinants of mental health, including housing, employment, and financial support.
3. Enhance signposting and create a more user-friendly system for navigating mental health services, potentially through peer mentors or community navigators.
4. Establish local diagnostic services and offer alternative therapies beyond traditional approaches for individuals with autism and ADHD.
5. Improve crisis response times and develop a comprehensive aftercare plan for individuals transitioning from hospital to community services.
6. Launch public campaigns focused on mental health education, reducing stigma, and countering misinformation on social media.
7. Expand peer mentoring programmes and safe spaces, such as Safe Haven, to provide more community-based support for individuals in crisis.

*******End*******