1 This guide has a primary focus on Community Mental Health Teams (CMHTs), recognising them as the essential component of specialist community mental health services that may, locally, also include Assertive Outreach Teams and Early Intervention Teams among others.

2 CMHTs will be part of a specialist mental health service that includes acute care (crisis and home treatment, inpatients), rehabilitation, and highly specialist teams working with specific conditions, as well as a range of statutory and non-statutory services that support the delivery of care.

3 Commissioners must recognise that people with mental disorders are entitled to equitable, non-discriminatory access to support and treatment in primary care for their mental and physical needs. These primary care services should be supported by specialist mental health services for those patients whose complex needs require additional expertise over and above that available within primary care.

4 Clinical Commissioning Groups (CCGs) have the opportunity to make primary care the hub for all mental health care and support so as to ensure that services are better integrated and able to meet the spectrum of need of the wider population, as well as of those with severe mental health problems.

5 Existing models of specialist mental health care delivery vary considerably across England as a result of local interpretation of national service agendas over the past 20 years. No one service model is ideal for all areas and CCGs should consult with experts from local mental health providers to develop a model that best suits their local demographics.

6 Any agreed final model of mental health care delivery can only be as good as the commitment of local professionals to collaborate to deliver good quality patient-focused care.
Community specialist mental health services
Ten key messages for commissioners

7 This guide advocates a wellness and recovery approach. This involves supporting people to live in their communities and moving resources (investment and skilled professionals) towards the community component of the mental health pathway. Delivery of specialist community mental health care in primary care settings enables improved management of patient journeys into and out of specialist care.

8 This guide is strongly supportive of the ‘Recovery Model’. Nevertheless, CCGs should recognise that entirely new, emerging, or evolving models in service delivery will offer both opportunities and risks. Any model should be sufficiently flexible to accommodate current thinking and evidence without requiring wholesale reorganisation.

9 Careful attention to service specifications and operational policies is needed from CCGs and providers, to ensure that the maintenance of a functioning patient care pathway is not made secondary to the drive to preserve team boundaries through inclusion/exclusion criteria. Similarly CCGs, in commissioning services must ensure that there is primary attention to the way in which organisations who deliver different components of the pathway will be made to work together so that patient care is not compromised.

10 Enhanced co-working and collaboration between primary care and specialist mental health teams, reinforced through service specifications, can help to minimise risk and maximise opportunities for recovery.