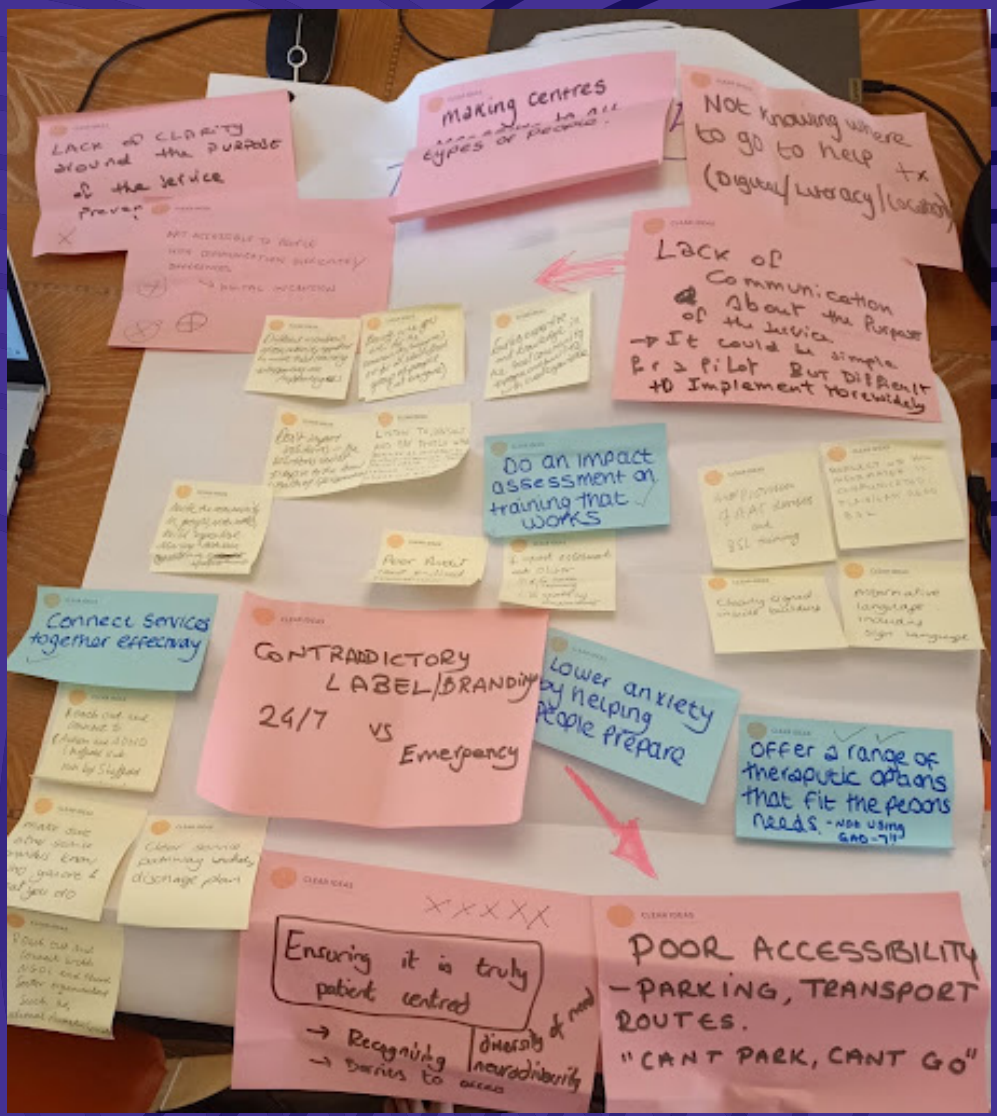
University of Sheffield | CIRCLE

October 2026

Event Report

Reimagining Community-Based Mental Health Care



Executive summary

This report summarises the discussions, priorities and action ideas that emerged from the launch event for the Reimagining Community-Based Mental Health Care theme, held on 23rd June 2026 at the University of Sheffield. The event brought together academics, practitioners, third sector organisations, policymakers and people with lived experience to explore how community-based mental health care could be reimagined through collaboration, shared knowledge and co-production. The report also outlines potential next steps for taking these ideas forward and developing future partnerships.

The event asked: ***What can we do, as a research community, to help make the implementation of the Neighbourhood Mental Health Centre model work in practice?***

Why this event mattered

- The launch was part of a longer process of building a collaborative research and practice community around mental health, social care and community-based support.
- The Neighbourhood Mental Health Centre model provided a timely focus for discussion, especially in the context of national policy ambitions to move care closer to communities.
- The event was designed to move beyond consultation and begin identifying shared priorities, possible projects and opportunities for collaboration.

Who contributed

The event brought together people with different forms of expertise, including:

- people with lived experience;
- voluntary and community sector organisations;
- NHS and social care practitioners;
- researchers;
- policy and system colleagues;
- local partners involved in community-based support.

In total, 54 people registered and 38 attended on the day.

What emerged

Six priority themes were identified:

1. Staff culture change, education, training and change management
2. General public attitudes and perceptions of mental health
3. Trust, understanding and beliefs within communities
4. Managing challenges and risk of co-working
5. Making centres accessible to all types of people
6. Challenges of roll-out and scalability

The discussions showed that implementation is not only a technical or organisational challenge. It also depends on trust, accessibility, staff culture, public attitudes, risk, relationships and whose knowledge shapes the model.

Emerging project ideas

Participants developed a range of possible activities, including:

- learning together from patient journeys;
- communicating the culture change;
- defining leadership models for the centres;
- open days in services;
- working with, not for, communities;
- reviewing staff safety and wellbeing;
- developing shared approaches to risk and co-working;
- evaluating approaches to assessing people using mental health services, including structured risk assessment and more conversational/unstructured approaches;
- making centres more welcoming, accessible and inclusive.

What happens next

The next stage of the theme will focus on turning these ideas into collaborative activity through:

- a **Mental Health Forum**;
- an open talk with Dr Lily Kpobi (University of Ghana) and Dr Ursula Read (University of Essex), held on the 29th of September;
- a workshop in November to develop research project opportunities;
- thematic working groups;
- funding bids, training resources, evaluations and pilot projects;
- wider policy and academic work, including the Mental Health Strategy for England response and a forthcoming special issue of History of the Human Sciences, focusing on Global histories of deinstitutionalisation and community mental health care.

How to use this report

This report is not intended to be a final account of the launch event or a closed/fixed set of recommendations. It is an invitation to continue the conversation and to help shape the next stage of the Reimagining Community-Based Mental Health Care theme.

The report brings together the priorities, concerns and project ideas that emerged from the event. Together with the accompanying action-plan document, it is intended to help people who participated in the event, and those who registered but were unable to attend, identify where they may wish to contribute to the next stage of the work.

The aim is to move from shared discussion to a collaborative project agenda: developing research, evaluation, training, public engagement, and practice-focused activities.

This report can be used:

- to understand the main issues raised at the launch event
- to identify emerging project opportunities
- to support collaboration across research, practice and community settings
- to invite people to join future working groups and activities

If you received the accompanying document, Reimagining Community-Based Mental Health Care – Emerging action plans and opportunities for participation, please complete the response section for any action plan that interests you and return it by the date indicated.

Please get in touch and email Maria Teresa Ferazzoli, Research Theme Lead - m.t.ferazzoli@sheffield.ac.uk

Purpose of the event: why this theme, why now?

The launch event for the **Reimagining Community-Based Mental Health Care** theme was not designed as a one-off consultation exercise. It was part of a longer process of building a collaborative research and practice community around mental health, social care and community-based support.

This work began from a clear message shared at the earlier event "**Working Together for Better Mental Health Research: perspectives from policy and practice**", held at the University of Sheffield in September 2024. That event brought together around 50 academics, professionals and research collaborators, and showed a strong appetite for more co-designed and collaborative mental health research. Participants wanted to work with academics, but they also challenged more traditional approaches to research, particularly where research questions are set by academics alone, or where people contribute knowledge and experience without receiving feedback or seeing how their contribution is used.

Following that event, a short project funded through the **CIRCLE Stimulation Fund** explored how to build stronger relationships between academic and non-academic stakeholders in mental health research. Drawing on the IMPACT Network model, the project tested an action-oriented approach to collaboration outside the IMPACT Centre. It confirmed that there was both a need and an appetite for more interdisciplinary, practice-informed and collaborative work in mental health. It also led to practical ideas that are now shaping the research theme, including a mental health forum and newsletter to support ongoing networking, knowledge exchange and collaboration.

The launch event therefore marked the next stage in this trajectory. Rather than beginning with a fixed academic research agenda, the event started from a different question: ***what kind of research community do we need if research is to respond meaningfully to the priorities of people who use, deliver, shape and study mental health services?***

The **Neighbourhood Mental Health Centre model** gave the event a shared and timely focus. NHS England describes the model as part of the next stage of transforming adult community mental health services, bringing together crisis services, community mental health services and short-stay beds "under one roof", with close links to primary care and neighbourhood health services. The first 24/7 neighbourhood mental health centre opened in Tower Hamlets in July 2025, with the model described as offering walk-in support without the need for referral, alongside help with issues such as housing, employment and volunteering.

This model also sits within wider national policy ambitions. The NHS 10 Year Health Plan sets out three major shifts: **from hospital to community, from analogue to digital, and from sickness to prevention** (Department of Health and Social Care, 2025). Its vision for a Neighbourhood Health Service is to move away from fragmented, hospital-centred care towards more continuous, accessible and integrated support, including closer working between the NHS, local government and the voluntary sector.

For mental health, however, this shift raises specific and urgent questions. The House of Commons Health and Social Care Committee's report on Community Mental Health Services (2025) described 24/7 Neighbourhood Mental Health Centres as a potentially transformative model, but also warned that their success depends on learning from the pilots, addressing workforce pressures, improving digital interoperability, and supporting a "profound cultural shift" across the system. The Committee also emphasised that the design of these centres must be informed by pilot learning and tailored to the needs of their communities.

This is why the launch event focused not only on the model itself, but on what would be needed to make it meaningful in practice. Participants were invited to consider questions of access, trust, risk, staff culture, public attitudes, community engagement, partnership working and whose expertise should shape implementation.

The event brought together people with lived experience, practitioners, community and voluntary organisations, policy and system colleagues, researchers and local partners. The aim was to create a structured but open space where different forms of knowledge could shape the agenda from the beginning.

The key question was: ***What can we do, as a research community, to help make the implementation of the Neighbourhood Mental Health Centre model work in practice?***

In this sense, the event was both a launch and a starting point: a way of moving from shared concerns to possible projects, partnerships and next steps.

Who was in the room?

The launch event brought together a broad mix of people with different forms of knowledge and expertise relevant to community-based mental health care. In total, 54 people registered for the event and 38 attended on the day, including two additional participants who had not registered in advance.

Registration data shows representation from academic and research communities, NHS services, people with lived experience, voluntary and community organisations, frontline practitioners, policy and commissioning roles, and research support. This diversity was central to the design of the event. Rather than treating research priorities as something to be defined by academics alone, the launch was intended to begin from the knowledge, concerns and ambitions of those working in, using, shaping and researching mental health care.

- **18 Academic and research expertise**
- **11 NHS leadership, service development and provider roles**
- **9 Lived experience/Expert by experience**
- **5 Third sector/voluntary sector**
- **5 Research support and development**
- **4 Frontline mental health practice**
- **2 Policy, commissioning and funding**

The expertise represented covered a wide range of areas relevant to the Neighbourhood Mental Health approach, including community mental health services, severe and complex mental health difficulties, lived experience leadership, peer support, social care, voluntary sector provision, inequalities in access and outcomes, culturally responsive support, transitions between services, crisis support, recovery-focused practice, and the relationship between mental health, housing, poverty and wider social determinants of health.

This cross-sector mix was particularly important given the focus on neighbourhood-based care, which depends on collaboration across formal services, informal support, local communities and wider systems of care. Overall, the range of people who registered and attended reflected the ambition of the Reimagining Community-Based Mental Health Care theme: to build a research community shaped by multiple forms of knowledge, including academic and clinical expertise, lived experience, community knowledge, practice wisdom and system-level understanding.

Setting the tone: Keynote speakers





The event opened with keynote contributions that helped locate the discussion within both the local implementation of the Neighbourhood Mental Health Centre model and the wider national direction of mental health policy and service transformation.

Dr Suchitra Sabarigirivasan is the Executive Medical Director at the Sheffield Health and Social Care NHS Foundation Trust. Dr Sabarigirivasan brought her senior clinical and organisational perspective, highlighting the role of the community and how staff can respond to local needs.

Professor Tim Kendall is the national clinical lead for new models of mental health care, supporting the development of Neighbourhood Mental Health Centres across England. His keynote helped situate the discussion within the wider transformation of adult mental health services and the development of 24/7 neighbourhood mental health provision.

Together, the keynote contributions gave participants a shared starting point. The Neighbourhood Mental Health Centre model was introduced not simply as a new building or service location, but as a different way of organising support: closer to home, easier to access, more relational, and delivered through a single trusted team involving mental health professionals, peer workers, primary care, social care and community partners.

This framing was particularly important in Sheffield, where the Gleadless and Heeley Neighbourhood Mental Health Centre is one of six national pilot sites. The local pilot aims to make it easier for people to access help close to home, bring existing teams together, and involve the community in designing and running the centre.

The keynote session therefore helped frame the central task of the workshop: to consider what a research community can do to support the implementation of this model in ways that are meaningful, accessible and trusted by the people and communities it is intended to serve.

Method for the day

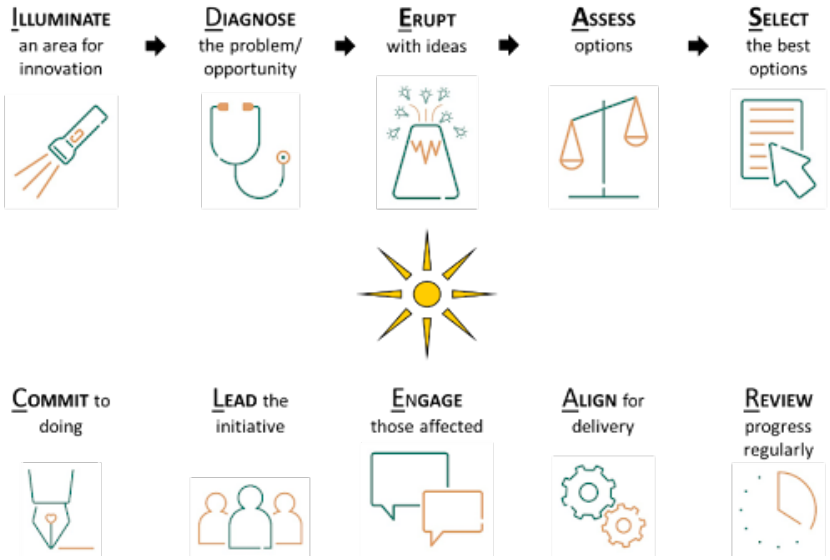
In this workshop participants gathered to discuss the emerging Neighbourhood Mental Health Centre model and assess what barriers and limitations might prevent its successful implementation as well as to formulate solutions to these limitations. The workshop was structured using the CLEAR IDEAS method to facilitate these discussions and the formulation of action plans for change.

The advantage of this approach is that it supports participants to believe in their experience as genuine expertise regardless of their background, to be creative in thinking about solutions and structure discussion time so that everyone has space to express their ideas. The approach matched the desire to make the workshop a space to facilitate exchange but also to formulate a future research agenda and objectives as well as develop collaboration among participants.

CLEAR IDEAS is a methodology developed by Professor Kamal Birdi to structure discussions and drive change. It focuses on equitably distributing discussion time and a majority-led selection process to choose actionable steps. It is organised around several steps: Illuminate, Diagnose, Erupt, Assess and Select. It also involves facilitators who were trained to help groups or participants navigate each of these steps.

Broken down, these steps amount to:

- Introduce the overall topic of discussion: How do we effectively implement 24/7 Neighbourhood Mental Health Centres?
- Identify as many barriers and underlying causes as possible, then vote to select the two highest-scoring
- Discuss and imagine what activities could help tackle the selected barriers specifically
- Assess the strongest activities ideas with votes
- Choose the three most promising ideas and complete an activity plan for each



Summary of the challenges

Participants attending the workshop were first split into 6 tables, each supported by a facilitator. In the first 2 steps of the workshop, participants shared within their tables about their expertise and their thoughts on the Neighbourhood Mental Health Centre model. Facilitators helped participants to summarise their contributions and identify general challenges and barriers to the implementation of the Neighbourhood model. Overall, participants shared a diversity of concerns, some to do with the specific implementation of the centres whilst others were more systemic in nature.

Concerning the successful implementation of the new model, participants spoke extensively about how staff can adapt to the introduction of a new model. For example, since the centres bring together many different types of community mental health teams into one location, the concern was that these teams may not feel supported or equipped to work in an integrated way. Secondly, it was noted that it can be challenging to pilot a new model whilst simultaneously maintaining a normal provision until implementation of the centres. The lack of data systems integration was also discussed extensively, both from the perspective of staff trying to access patients' information across different systems and from the perspective of patients' privacy needs.

Voices from the room:

"Teams might not want to work together in a different model, they might not feel equipped to do so and to share a professional identity"

In terms of challenges considered to be of a more systemic nature, participants highlighted barriers which already affect the provision of mental health services. For example, it is clear that stigma and a culture of rejection and discrimination against mental health service users (also referred to as madphobia) continue to permeate society such that people who may need services might not access them out of fear of judgment or exclusion. For participants, there were concerns about education in the general public but also about the stigma and violence that professionals perpetrate as well as the reality of iatrogenic harm. Workshop participants also discussed how minority communities can still be excluded from services because the provision is not tailored to their cultural background or their faith. Another key systemic issue is the increasing medicalisation of mental health distress, something which can get in the way of person-centred care.

Voices from the room:

"There is a structural issue: how will the Neighbourhood Mental Health Centre model work while the rest of the mental health care system is working differently?"

Making sense of challenges

Following these discussions, each table voted for a challenge they felt was most important and shared it with the rest of the room. As the themes were discussed collectively, it became apparent that different tables had identified similar barriers, even when they had approached them from different starting points. These were then organised into wider themes and used to structure the next stage of the workshop.

This step in the facilitation process led to the formulation of 12 themes, of which 6 were selected by participants through vote. The selected themes were:

- Staff culture change, education and training, change management
- General public attitudes and perceptions of mental health
- Trust, understanding and beliefs of community
- Managing challenges and risk of co-working
- Making centres accessible to all types of people
- Challenge of roll-out and scalability of centres

The theme that attracted the most attention and interest from participants was the issue of addressing the work culture, including at management level and the education and training provision for staff working in Neighbourhood Mental Health Centre. This reflected the experience of participants involved in the implementation of pilots across the country, including in Sheffield where the workshop was held. The central question to this theme was how to ensure that the neighbourhood model succeeds in changing mental health provision through a genuine change of practice amongst staff.

The language used by participants on the post-its and flipcharts gives a sense of the immediacy of the concerns raised in these themes. The discussion was not only about abstract implementation barriers, but about the practical, relational and cultural conditions that could enable or prevent the Neighbourhood Mental Health Centre model from working in practice.

For example, in relation to staff culture and working differently, participants highlighted the importance of: "Staff buy in the model, to collaborate, creating a culture beyond co-location".

This reflected a wider concern that bringing teams together in one place would not, by itself, create integrated working. Participants emphasised the need for shared values, leadership, training and a genuine shift in professional culture.

In relation to public attitudes and stigma, participants raised concerns about the wider social and political assumptions that shape how mental health services are understood and accepted. One post-it captured this as: “Not acknowledging politics, assumption, racism - ‘not in my backyarders’.”

For trust and communities, participants discussed how people may avoid services for many reasons, including fear, shame, previous negative experiences, cultural barriers or uncertainty about whether the service is for them. One table raised the problem of language: the use of 24/7 could be confused with the language used for A&E.

This highlighted that trust and understanding of the service cannot be assumed. They need to be built through sustained relationships with communities, especially with people and groups who have historically been excluded, underserved or harmed by services.

Risk was another key point in the discussion. Participants discussed how risk is understood differently by professionals, services, systems and communities. A key concern was that fear of risk - which is embedded in the English mental health culture - could limit innovation and prevent more relational, person-centred approaches: “Being too scared to take risks - risk enablement.”

This suggested that implementation will require shared conversations about risk, responsibility, staff safety, escalation routes and how to support people without defaulting to overly defensive or medicalised responses.

Finally, discussions about accessibility and inclusion showed that access was understood very broadly. Participants spoke not only about physical access, but also transport, communication, digital exclusion, disability, neurodivergence, language, clarity of purpose and knowing where to go for help. Two post-its captured this clearly: “Can’t park, can’t go” or “Not knowing where to go to help.”

Together, these comments show that accessibility is not a single issue to be solved at the end of implementation. It is central to whether the model can become meaningful, usable and trusted by the communities it aims to serve.

These ‘voices from the room’ are important because they show the kind of knowledge the event was designed to surface: knowledge grounded in lived experience, practice, community relationships, organisational realities and policy awareness. They also point directly towards the need for collaborative projects that can address these challenges in practical ways.

An additional 6 themes were not considered for further discussion:

- Accessibility
- Finance
- Public perception of mental health and attitudes to care
- Co-production and lack thereof
- Data systems
- Management and education culture change

Formulating solutions

In this stage of the workshop there was a real momentum to formulate actionable changes. Continuing with the CLEAR IDEAS structure, each selected theme was attached to a table to encourage discussion to shift towards imagining solutions. Facilitators supported each participant at the table to consider what activities could answer the challenges and barriers grouped within the theme. This was a very productive part of the workshop: participants shared many ideas of concrete activities that could introduce change. The aim was to foster creativity and the imagination of a multitude of solutions, putting aside "buts" and concern for feasibility.

Theme 1

Action plan 1: Learning together from patient journeys

Integrate patient journeys as case studies in training and education of staff, as part of the integration of different teams working together in the new model.

Action plan 2: Communicating the culture change

Develop a communication campaign centering staff involved in the new model to share the motivations for, and learning from, the development of the centres

Action plan 3: Defining the leadership model for the centres

Create the environment for shared leadership and distributed power

Theme 2

Action plan 4: Open Days in Services

A day event where the centre organises outreach activities to demystify the work it does, introduce its staff and their skills, connect with different minority groups, educate younger people to mental health needs and provision

Theme 3

Action plan 5: Working with, not for, communities

A research project to identify how to engage excluded voices with the Centre / reduce barriers to support

Theme 4

Action plan 6: Review the way we look at safety/wellbeing of staff

A workshop to improve staff safety and create a peer support space for concern about safety to be heard.

Action plan 7: Ways of working together (managing risk + challenges)

A workshop to develop an inclusive approach to multi-stakeholder working and deliver aligned outcomes, which will change cultures through a single joint vision + values, and aims.

Action plan 8: Evaluating the mismatch in patient evaluation

A research project looking at different approaches to patient evaluation nationwide (for example risk assessment, unstructured conversation)

Theme 5

Action plan 9: Welcoming, Accessible, Inclusive – listening to the community

Workshops to centre the lived experiences of the community whom the centre aims to support

Action plan 10: Communicating Effectively

Widen access to services by producing easy read versions of documents as well as building a list of BSL (British Sign Language) interpreters. Consult people with lived experience who do not use verbal language as their preferred means of communication.

Invitation to get involved

We are now inviting people and organisations to help shape the next stage of the Reimagining Community-Based Mental Health Care theme. You may want to contribute by joining a thematic working group, developing one of the project ideas, sharing lived experience or community knowledge, supporting a funding bid, contributing to evaluation, or helping organise future events. Please add comments and your name in the companion document of this report: Reimagining Community-Based Mental Health Care - Emerging action plans and opportunities for participation.

Next steps: building a research community around mental health care

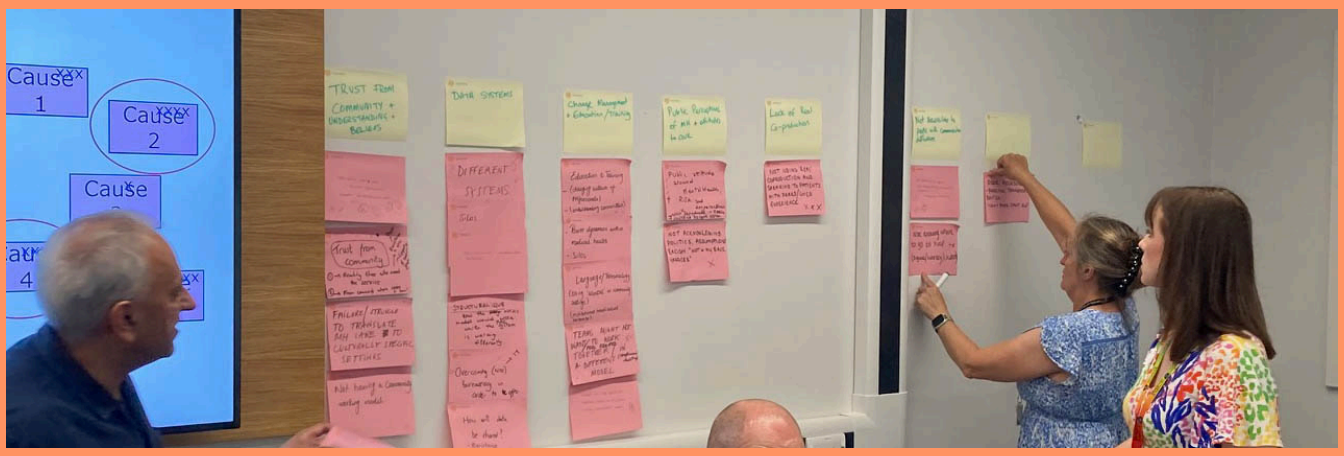
The next stage will be used to identify which ideas have sufficient interest, leadership and commitment to be taken forward. Participants and those who registered but were unable to attend are being invited to respond to the accompanying action plans, indicating where they may be interested in leading, co-leading or contributing.

Responses will help identify which ideas could be developed further through the forthcoming workshop (Date TBC), which will have a more specific focus on researchable questions, collaborations and grant or funding opportunities. Other ideas may be better suited to development as topics, workshops or activities within the Mental Health Forum. Where sufficient interest emerges, further working groups or collaborative activities may also develop.

The Mental Health Forum will provide an ongoing space for discussion, knowledge exchange and networking between people with lived experience, practitioners, community and voluntary sector organisations, policy and system colleagues, and researchers. As part of this wider programme, an open talk with Dr Lily Kpobi from the University of Ghana and Dr Ursula Read from the University of Essex was held on the 29th September, bringing an international perspective to discussions about community mental health care, lived experience, culture and service transformation.

The forthcoming workshop (November date TBC) will build on the responses to the action plans and focus more explicitly on project development: identifying which ideas have momentum, who may want to lead or contribute, what partnerships are needed, and where there may be opportunities for research, evaluation, training, practice development or funding.

The theme will also continue to connect with wider activity across CIRCLE and IMPACT, including policy and academic work relating to community-based mental health care.



Acknowledgements

This report was prepared by Dr Maria Teresa Ferazzoli, Lead of the Reimagining Community-Based Mental Health Care research theme at CIRCLE, University of Sheffield, with Blue Maignien, PhD, Centre for Care, University of Sheffield.

We would like to thank everyone who participated in the launch event workshop and generously contributed their knowledge, experiences and ideas. We also thank the keynote speakers, workshop facilitators and colleagues who supported the organisation and delivery of the event.

About CIRCLE

CIRCLE (the Centre for International Research on Care, Labour and Equalities) is a Faculty of Social Sciences Research Centre at the University of Sheffield, led by Co-Directors Professors Liam Foster and Nathan Hughes.

Established in 2006 by Professor Sue Yeandle, CIRCLE has successfully played a key role in conducting interdisciplinary research, evaluation and consultancy on contemporary policy, practice and theoretical issues and debates on topics around care, labour and equalities, subsequently influencing policy and practice for nearly 20 years.

Website: www.sheffield.ac.uk/circle
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Reimagining Community-Based Mental Health Care

Reimagining Community-Based Mental Health Care is a research theme within CIRCLE at the University of Sheffield, led by Dr Maria Teresa Ferazzoli. The theme brings together researchers, practitioners, policymakers, voluntary and community organisations, and people with lived experience to develop collaborative, inclusive and practice-informed mental health research.
It aims to strengthen connections between research, policy and practice and create opportunities for co-produced research that responds to the needs and priorities of communities.

Email: m.t.ferazzoli@sheffield.ac.uk
Find out more: Reimagining Community-Based Mental Health Care

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