

Responding to the Mental Health Strategy for England Call for Evidence: A Practical Guide for our Members



Why your response matters

The Government's [call for evidence on the new Mental Health Strategy](#) for England is looking for practical examples of what helps people stay well, access support earlier, avoid crisis, and live well in their communities.

Mental health charities are uniquely placed to provide this evidence. Across the country, charities are already delivering the kind of community-based, relational and preventative support that the Strategy will need to recognise, protect, fund and scale.

Your response does not need to answer every question. It will be most powerful where it shows what is already working, what is at risk, and what needs to change nationally so that effective community mental health support can be sustained and embedded.

The Association of Mental Health Providers will be submitting its own response on behalf of the mental health charity sector. This quick guide is intended to support members who are submitting their own evidence.

The deadline for submissions is 10 July.

Three key messages to include throughout your response

- **Mental health is created and sustained in communities, not only in clinical settings.**
- **Mental health care and support across the whole pathway is already being delivered by charities locally, regionally and nationally.** This includes housing, peer support, supported living, wellbeing initiatives, crisis support, culturally specific support services, social care, helplines, welfare advice and community-based recovery support. The Strategy should embed learning from existing charity-led services and avoid duplicating or overlooking what already works.
- **The mental health charity sector should be invested in as an equal delivery partner of the Mental Health Strategy.** The sector holds valuable knowledge, skills, relationships, data and expertise, and is often trusted by people and communities who are least well served by statutory provision.

How to structure your answer

Each consultation question has a 300-word limit, so responses need to be concise. You may find it helpful to use the following structure:

1. **State the issue** What problem or need do you see through your work?
2. **Give a real example** What does your organisation or service do in response?
3. **Provide evidence** Include outcomes, reach, data, lived experience, case studies, service user feedback, evaluation findings or partnership learning.
4. **Name the barriers** For example: short-term funding, commissioning arrangements, workforce pressures, data sharing, referral pathways, high thresholds, digital exclusion or lack of recognition.
5. **Make the ask** What should the Mental Health Strategy do?

A useful sentence starter is:

"The Mental Health Strategy should..."

For example:

- The Mental Health Strategy should recognise mental health charities as core delivery partners across the whole care pathway, not optional add-ons.

What evidence counts?

You do not need to have formal evaluation data to submit useful evidence. The Government is asking for practical examples, learning, and insight. You could include:

- number of people supported
- referral sources
- waiting times
- demographic data
- outcomes data
- case studies or anonymised stories
- service user feedback
- lived experience insight
- examples of avoided crisis, admission or escalation
- evidence of unmet need
- workforce insight
- partnership learning
- commissioning or funding barriers
- cost pressures
- evidence of what happens when funding ends

Where possible, include evidence about and how your service builds trust with communities facing inequalities.

This might include racialised communities, LGBTQ+ communities, people impacted by poverty, co-occurring needs, trauma, homelessness or insecure housing, transition from children's to adult services, and severe mental illness, who are excluded from mainstream community life.

Useful references

You may wish to draw on the Association's wider evidence and policy work when preparing your response. Different resources will be useful for different questions.

Integrated community mental health support

- [Neighbourhood Mental Health Centres Pilot Programme](#) report - useful for evidence on integrated, place-based, and community-rooted models.
- [Response to the Community Mental Health Services Inquiry](#) - useful for evidence on whole-person, whole-system, and community-based support.
- [Mental Health Social Care briefing](#) - useful for questions on integrated care, social care, and support for people with severe and enduring mental illness.

Commissioning, funding, and sustainability

- [Charity Commissioning Charter](#) - useful for questions on funding, commissioning, partnership, and accountability.
- [Arm in Arm report](#) - useful for evidence on funding barriers and challenges facing the mental health charity sector.

Prevention, inequalities, and wider determinants

- [A Mentally Healthier Nation](#) - useful for prevention, social determinants, and whole-government action.
- [Impact of the Cost-of-Living Crisis on Mental Health](#) report - useful for evidence on poverty, financial insecurity, demand, and pressure on services.

Data, workforce, and sector reach

- [Mapping tool of the mental health sector](#) - useful for showing the scale, reach, and diversity of mental health charity provision.
- [Mapping tool of the mental health workforce](#) - useful for questions on workforce, capacity, and delivery.

Digital and AI

- [Blog with Everyturn Mental Health on AI](#) - useful for examples of how mental health charities are beginning to use AI.
- [Blog with Anxiety UK on AI](#) - useful for examples of AI, digital innovation, and ethical considerations.
- Members' Meeting minutes from the February meeting on AI and mental health - useful for member discussion on opportunities, risks, and safeguards.

Section 1: Hospital to Community

Question: How can mental health services work more effectively across sectors?

Key message

Mental health charities must be recognised as key delivery partners across the care pathway. Integrated care works best when it is rooted in communities, relationships, lived experience and local knowledge.

Our tip

Use this question to show how your service works in partnership with others, such as NHS trusts, Integrated Care Systems, local authorities, housing providers, education, social care, employment support, community organisations, faith groups and other charities.

You could include examples from work in a neighbourhood mental health centre pilot, community mental health transformation programme, crisis alternative, supported housing service, peer support service, social prescribing partnership or local alliance.

Consider:

- What works well in joining up services?
- What relationships or structures make partnership possible?
- What barriers do you face when trying to work effectively with statutory partners?
- How do funding and commissioning arrangements support or undermine integration?
- Has partnership working improved referral pathways, reduced waiting times, prevented crisis or improved engagement with underserved groups?
- What would help charities be treated as equal partners, rather than peripheral providers?

Possible ask

The Mental Health Strategy should embed mental health charities as core delivery partners in integrated care systems, with sustainable funding, shared governance, appropriate data-sharing arrangements and genuine involvement in service design.

Question: What further support should be provided for people with severe and enduring mental illness?

Key message

People with severe and enduring mental illness need more than clinical treatment. Mental health charities provide ongoing, practical and relational support that helps people remain connected to their communities, maintain recovery and live well.

Our tip

Use this question to describe how your services support people with the wider determinants of mental health, including wraparound support and mental health social care.

This might include:

- ongoing community support beyond clinical treatment
- supported housing
- supported living
- peer support
- welfare advice
- employment support
- help with benefits, debt or poverty
- community connection and participation
- culturally specific support
- trauma-informed support
- support for families and carers
- crisis prevention
- support to avoid admission or readmission

You could also highlight where people with severe mental illness face exclusion from mainstream community services, housing, employment, physical healthcare or social connection.

Possible ask

The Mental Health Strategy should ensure people with severe and enduring mental illness have access to long-term community support, social care, housing, peer support and practical help, alongside clinical treatment.

Question: What are the barriers to continuity of care?

Key message

Many charities provide continuity when statutory services change, end or transition. Funding and commissioning arrangements should recognise and support this role.

Our tip

Use this question to show where people lose support, fall between services or must repeatedly retell their story. You may want to provide examples from points of transition, such as:

- discharge from inpatient care
- discharge from crisis services
- transitions between CAMHS and adult services
- changes between primary and secondary care
- people being turned away because they do not meet thresholds
- people moving between local areas
- people leaving prison or secure care
- people moving between housing or homelessness services
- short-term funded services ending
- changes in workers, providers or contracts
- poor information sharing
- lack of involvement of families, carers or trusted community services

Continuity is not only about formal care plans. It is also about trusted relationships, culturally appropriate support, advocacy, stability and knowing that someone will remain alongside a person over time.

Possible ask

The Mental Health Strategy should protect relational continuity by investing in trusted community providers, improving transitions between services, and reducing short-term funding cycles that disrupt support.

Section 2: Analogue to Digital

Question: What evidence is there of digital and AI tools being used to improve mental health and wider societal outcomes, improve access to mental health support and complement relational care?

Key message

Digital and AI tools can improve access, reach, administration and insight, but they must complement rather than replace relational, trauma-informed and community-based support. Safety, ethics, transparency, digital inclusion and lived experience should shape how these tools are used.

Our tip

Use this question to share examples of how your charity is using digital or AI tools, or where you see opportunities and risks.

Examples might include:

- online advice, information or self-help tools
- digital peer support or online communities
- remote counselling, helplines or chat support
- digital triage or referral tools
- AI-assisted administration
- tools to support staff capacity
- data dashboards
- digital inclusion projects
- online support for people in rural areas or people unable to access face-to-face services

Include evidence of impact where you have it. For example:

- Has digital support improved access?
- Has it reduced waiting times?
- Has it helped people access support earlier?
- Has it improved choice or flexibility?
- Has it supported staff capacity?
- Has it improved insight into need or outcomes?

You should also include risks and limitations. For example:

- digital exclusion
- accessibility barriers
- language barriers
- risks for people in crisis
- safeguarding concerns
- data protection and consent
- transparency in AI decision-making
- risk of replacing human connection
- unequal access to devices, data or private space

Possible ask

The Mental Health Strategy should support safe, ethical, and inclusive digital innovation that strengthens community-based care, while protecting relational support and ensuring people are not excluded by digital-first approaches.

Question: How can data be used more innovatively to improve mental health and wider societal outcomes?

Key message

Data is an important tool for understanding how the mental health charity sector meets need, identifies gaps in statutory provision and supports people in communities. However, data systems must recognise the contribution of charities and avoid creating burdens that are not properly funded.

Our tip

Use this question to describe the data your organisation collects and what it shows about need, access, outcomes and gaps in support.

This might include:

- who your service supports
- referral sources
- unmet need
- waiting times
- outcomes
- service user feedback
- demographic data
- demand trends
- crisis prevention
- avoided escalation
- partnership working
- workforce capacity
- gaps in statutory provision
- local inequalities

You could describe what would help your organisation use data better. For example:

- better data-sharing with statutory partners
- consistent outcome measures
- funding for data infrastructure
- support for smaller charities to collect and analyse data
- recognition of qualitative and lived experience evidence
- proportionate reporting requirements
- improved use of local VCSE intelligence in Integrated Care Systems
- ethical approaches to data collection and use

Possible ask

The Mental Health Strategy should invest in shared, proportionate and ethical data infrastructure that recognises the role of mental health charities, supports learning across systems, and uses both quantitative evidence and lived experience insight.

Section 3: Sickness to Prevention

Question: Which preventative approaches have the strongest evidence for reducing incidence or severity of mental health problems and promoting good mental health?

Key message

Mental health charities play a critical role in preventing mental health problems, reducing escalation and supporting people to live well in their communities.

Our tip

Use this question to provide examples of services that prevent people's mental health from worsening, help people access support earlier, or address the wider factors that shape mental health.

This might include:

- mental health social care
- long-term community support
- wellbeing initiatives
- peer support
- housing support
- welfare, debt or benefits advice
- employment support
- social connection
- culturally specific support
- family and carer support
- trauma-informed services
- support for children, young people and families
- support for people facing poverty, isolation, discrimination or insecure housing

Include data on outcomes wherever possible. Consider:

- Who do you support?
- What outcomes do you measure?
- How do you know your service is impactful?
- Does your service help people stay well?
- Does it reduce crisis, admission or use of urgent services?
- Does it improve connection, confidence, stability, housing, employment or quality of life?
- What do people with lived experience say about the difference it makes?

Possible ask

The Mental Health Strategy should invest in prevention through community-based mental health support, social care, housing, welfare advice, peer support and action on the wider determinants of mental health.

Question: Which preventative approaches have the strongest evidence for reducing the numbers of lives lost to suicide?

Key message

Suicide is not caused by one thing. Prevention requires action on the risk factors that contribute to suicide, including poverty, housing insecurity, trauma, discrimination, isolation, relationship breakdown, substance use, self-harm and mental ill-health. Mental health charities play a key role in suicide prevention by supporting people across these wider determinants.

Our tip

This question is relevant to both prevention and crisis services. Use examples that show how your service helps reduce risk, build protective factors and support people before, during or after crisis.

You could include evidence on services that:

- support people experiencing suicidal thoughts
- support people who self-harm
- provide crisis alternatives
- offer helpline, text or online support
- provide peer support
- support people after discharge or crisis contact
- work with people facing poverty, debt or insecure housing
- support people who are isolated
- support people affected by bereavement
- provide culturally specific or trauma-informed support
- work with groups at higher risk of suicide
- provide safe spaces or out-of-hours support

Include learning about what helps people feel safe, connected, and able to seek help.

Possible ask

The Mental Health Strategy should treat suicide prevention as a whole-system responsibility, investing in community-based support that addresses both immediate crisis and the wider social, economic and relational risk factors for suicide.

Question: How can services better support the 'missing middle' - those with sustained needs who may not meet the criteria for NHS mental health services?

Key message

Mental health charities support people at all levels of mental health need, including people whose needs are too complex for low-level support, but who do not meet thresholds for statutory mental health services. These people are often turned away from services until they reach crisis.

Our tip

There is less national evidence in this area, so your examples could be especially valuable. Use this question to show who is falling through the gaps and what support helps them stay well.

The 'missing middle' might include people who:

- have sustained or recurring mental health needs
- experience distress but do not meet secondary care thresholds
- have complex or co-occurring needs
- self-harm
- have trauma-related needs
- experience loneliness, poverty, discrimination or housing insecurity
- need ongoing wellbeing support
- need practical help to prevent deterioration
- are discharged from statutory services but still need support
- are repeatedly referred between services without receiving sustained help

You could describe what happens when support is available, and what happens when it is not.

Possible ask

The Mental Health Strategy should invest in community-based support for people with sustained mental health needs who do not meet statutory thresholds, so that people are not left unsupported until they reach crisis.

Section 4: Factors Enabling Good Practice

Question: What commissioning, funding and oversight or accountability arrangements best support safe and integrated mental health services?

Key message

Commissioning and funding for mental health charities must be fair, sustainable, long-term and based on genuine partnership. Short-term, underfunded or overly transactional arrangements undermine safe, integrated and effective support.

Our tip

Many members have experienced difficult funding and commissioning arrangements. Use this question to show both the challenges and examples of good practice.

You could include evidence on:

- short-term contracts
- underfunded services
- failure to fund full costs
- inflation and cost pressures
- workforce retention challenges
- disproportionate reporting requirements
- lack of involvement in service design
- procurement processes that disadvantage charities
- late funding decisions
- lack of funding for partnership working
- data and evaluation requirements without resource
- risks created when services close or contracts end
- good examples of collaborative commissioning
- long-term funding arrangements that enabled better outcomes
- trusted relationships with commissioners
- co-production with people with lived experience
- accountability arrangements that focus on learning and outcomes, not just activity

Make sure to connect funding arrangements to service quality, safety, sustainability and outcomes for people.

Possible ask

The Mental Health Strategy should require fair, sustainable and full-cost commissioning of mental health charities, with longer-term funding, genuine partnership, proportionate reporting and accountability arrangements that support learning and quality.

Final Checklist Before Submitting

Before submitting your response, check that it:

- includes at least one real service example
- names the outcomes or impact achieved
- includes data, lived experience or service user feedback where possible
- explains what enabled the work
- identifies barriers or risks
- highlights inequalities and who is not currently being reached
- makes a clear recommendation to Government
- reinforces the role of mental health charities as equal delivery partners
- stays within the 300-word limit for each answer

Use your response to show that mental health charities are already delivering many of the ambitions of the new Mental Health Strategy - and that national policy now needs to recognise, fund, and embed that role.

Remember to send in your submissions by 10 July.