Birmingham and Solihull Mental Health,
Learning Disabilities and Autism
Provider Collaborative

Mental Health Needs Assessment
Executive Summary

Contents

Why have we undertaken this needs assessment?

The purpose of this needs assessment is to understand the mental health needs of the population of Birmingham and Solihull. This will be used to inform our plans to meet those needs as effectively as we can.

Key areas of focus have included:

- Evaluating how effectively services cater to diverse communities and groups of Birmingham and Solihull.
- Identifying disparities in access, experience and outcomes that exist for different groups and based on where people live.
- Highlighting areas where there are gaps in existing provision and pathways of care.
- Outlining initiatives which are aiming to improve service provision and better meet population needs.
- Analysing trends in prevalence and projections of future needs.
- Considering mental health needs across the life course.
- Gathering perspectives from communities and people who access mental health services on current provision and opportunities to make improvements.
- Suggesting areas for further research, service development, and strategic priorities for the Mental Health, Learning Disabilities and Autism Provider Collaborative's upcoming 5-year strategy.

What were our key findings and recommendations?

National trends in prevalence

Surveys in England have shown that in recent years there has been:

- An increase in the proportion of working age adults with common mental health conditions rising to a prevalence of 22.6% of 16- to 64-year-olds in 2023/24.
- An increase in the proportion of children and young people aged 8 to 25 years with a probable mental disorder with a prevalence of 1 in 5 children and young people in 2023.

Local trends in prevalence

Data on the prevalence of mental health conditions in Birmingham and Solihull show:

- Depression prevalence has increased in both Birmingham and Solihull over the last decade in line with national trends rising to 12% of the population in both areas in 2022/23.
- In Birmingham the prevalence of SMI (serious mental illness) has consistently been above the national average rising from 1.1% to 1.2% of the population (17,476 people) in 2022/23.
- In Solihull the prevalence of SMI has consistently been below the national average although this increased over the last decade from 0.7% to 0.9% of the population (2,078 people) in 2022/23.
- It was estimated in 2019 that there were 134,755 Birmingham adults aged 18-64 with a common mental health condition representing 18% of the age group population, with this number projected to increase by 5% by 2030.
- There are an estimated 24,000 working-age adults with common mental health conditions[1] in Solihull, with higher prevalence in deprived communities.

[1] Refer to the Mental Health Needs Assessment glossary for definition

Collectively this data points to the worsening mental health of the population and increasing levels of need for mental health support. The increasing proportion of children and young people with mental health conditions is significant given the high proportion of the Birmingham and Solihull population aged under 25 years and that Birmingham is the youngest core city in the UK. There are gaps in our understanding of the prevalence of anxiety in the local population and this is an area where we could build our understanding to inform future service planning and commissioning of services.

Recommendation: The Provider Collaborative should work with NHS partners, local authorities, and other stakeholders to produce a clearer, data-driven picture of future population health needs, using mental health prevalence data and population change forecasts.

Demand for mental health services in Birmingham and Solihull

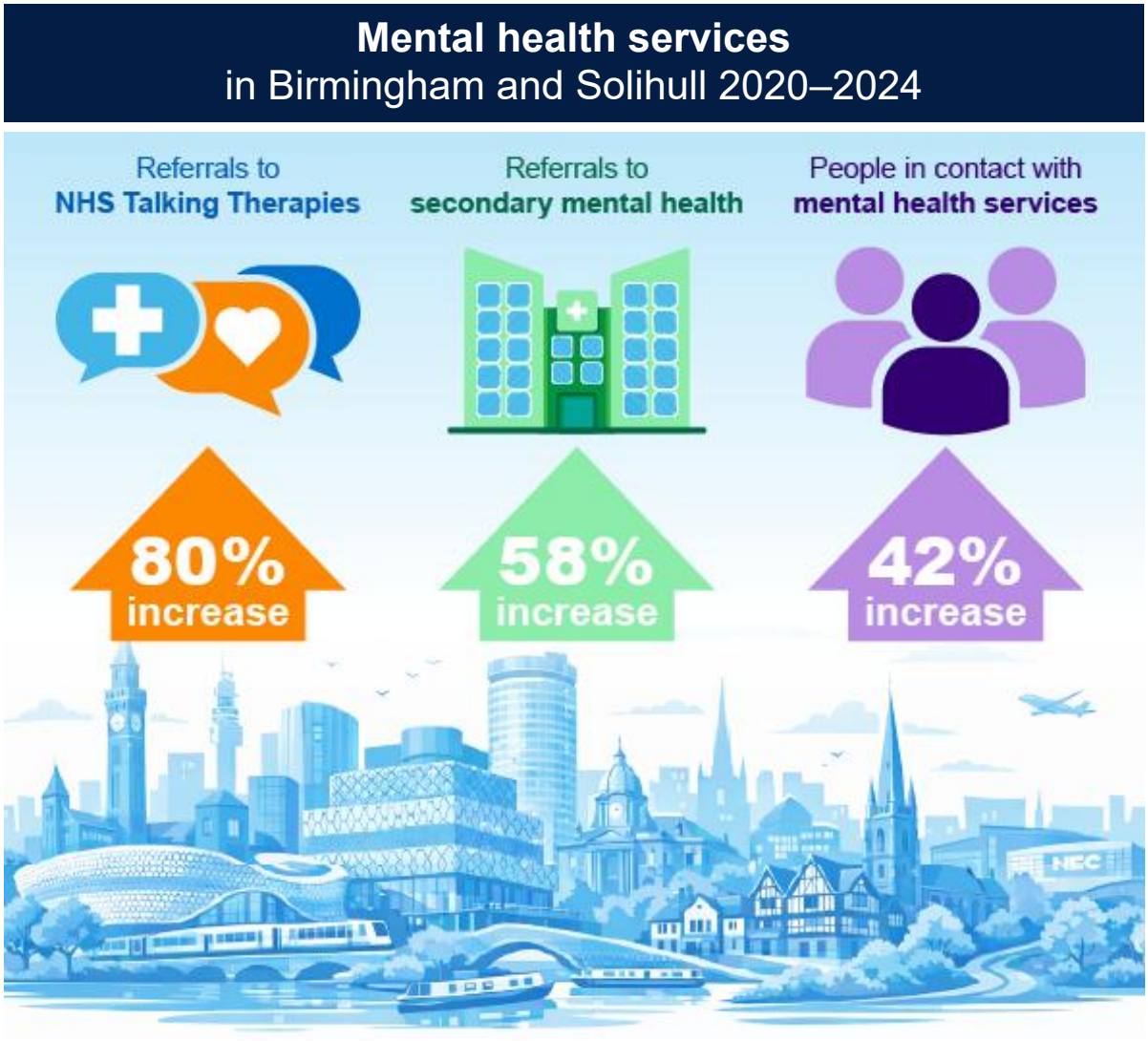
Multiple sources of information indicate that there has been growth in the demand for mental health services in Birmingham and Solihull and that services are experiencing challenges keeping pace with rising demand:

- For NHS Talking Therapies a total of 51,595 referrals were received in 2024, an 80% increase from 2020.
- For Secondary Mental Health Services[2], a total of 179,908 referrals were received in 2024, a 58% increase from 2020.
- The number of unique[3] patients in contact with mental health services increased by 42% from 2020 to 2024.
- In-patient bed occupancy was 95% at Birmingham and Solihull Mental Health Foundation Trust at the end of quarter 4 of 2024/25 which is above the national average of 90% and above the recommended occupancy level of 85%.
- Figures on the average length of stay and long length of stay for adult acute mental health beds show that Birmingham and Solihull is in the quartile with longest length of stay. Length of stay is higher than both the national average and recommended peers.
- Data on discharges from mental health inpatient beds between July 2023 and June 2024 shows that 33% of Birmingham and Solihull patients were readmitted within six months. For patients in adult learning disability inpatient beds, the readmission rate rises sharply to 99%.

Recommendation: The Provider Collaborative and partners to ensure delivery of the 3-year inpatient bed strategy with a sustained focus on:

- Reducing length of stay for adult inpatients
- Reducing adult inpatient bed occupancy
- Reducing the proportion of delayed discharges from adult inpatient beds
- Reducing the percentage of discharges from learning disability beds which results in readmission within 6 months

[2] Refer to the Mental Health Needs Assessment glossary for definition
[3] Refer to the Mental Health Needs Assessment glossary for definition



Mental health needs across the life course

The needs assessment has considered mental health needs across the following stages of the life course: perinatal and infant mental health, children and young people's mental health, the mental health of working age adults and the mental health of older adults.

Perinatal and infant mental health – key messages

Critical window: The first 1,001 days of life are crucial for early intervention and prevention. Perinatal mental illness can affect the parent-infant relationship, impacting the baby's ability to form secure attachments, which is key for future emotional wellbeing. Evidence shows that the return on investment is greatest at this stage of the life course.

Birmingham and Solihull have the second highest rates of perinatal mental health conditions in the country.

High prevalence and unmet need: Birmingham and Solihull have the second highest rates of perinatal mental health conditions in the country. The assessment of need in Birmingham[4] identified gaps in mental health support for 0–2-year-olds even where services had a remit from birth.

Findings from the assessment of need in Birmingham: The assessment of need in Birmingham recommended that capacity for specialised parent-infant support should be expanded. Work should also continue to build on internal and external links with staff to offer consultation, training and increase service capacity for 0–2s so they can benefit from specialised support.

Assessment of need in Solihull: A needs assessment of parent-infant relationship help and support in Solihull will soon be published, outlining gaps in provision and unmet needs.

Recommendations: The Provider Collaborative to review the findings from both the Birmingham and Solihull needs assessments with consideration of how to build a cohesive Birmingham and Solihull offer which addresses unmet needs as part of service transformation.

[4] https://parentinfantfoundation.org.uk/wp-content/uploads/2022/11/Nurturing-our-future.pdf

Children and young people's mental health – key messages

1 in 2 children in Birmingham are growing up in poverty.

The level of child poverty in Birmingham is a significant risk factor for poor mental health. It is well established that poverty is linked to a higher risk of adverse children experiences[5] leading to greater risk of poor mental wellbeing and mental ill health. Latest figures indicate that nearly 1 in 2 children in Birmingham are growing up in poverty.[6]

The under 25 population in Birmingham is extremely diverse with the Asian ethnic group accounting for 37% of the population. This is significant as evidence shows that South Asian ethnic groups are under-represented within children and young people's mental health services in Birmingham and Solihull. Feedback from communities also highlights concerns regarding the lack of cultural competency of services and difficulties navigating and accessing support. Whilst Solihull is less diverse than Birmingham, diversity is greatest in the under 25 age group with 28% of children in Solihull schools from ethnic minority groups.

Effective interventions: There is strong evidence that parenting programmes, anti-bullying initiatives, school-based interventions for anxiety and depression, targeted suicide prevention, and universal school-based suicide prevention programmes all offer good return on investment.

Neurodevelopmental pathway challenges: There are significant issues with long waits for first appointments, assessments, and diagnostic decisions for neurodevelopmental conditions in Birmingham and Solihull. Average waiting times for initial assessments in Birmingham and Solihull exceed 50 weeks for autism and 37 weeks for ADHD.

Vulnerable groups: Care experienced children and young people, and those in contact with the criminal justice system, have heightened vulnerabilities and higher prevalence of mental health conditions, encounter multiple barriers to accessing services and may benefit from targeted support.

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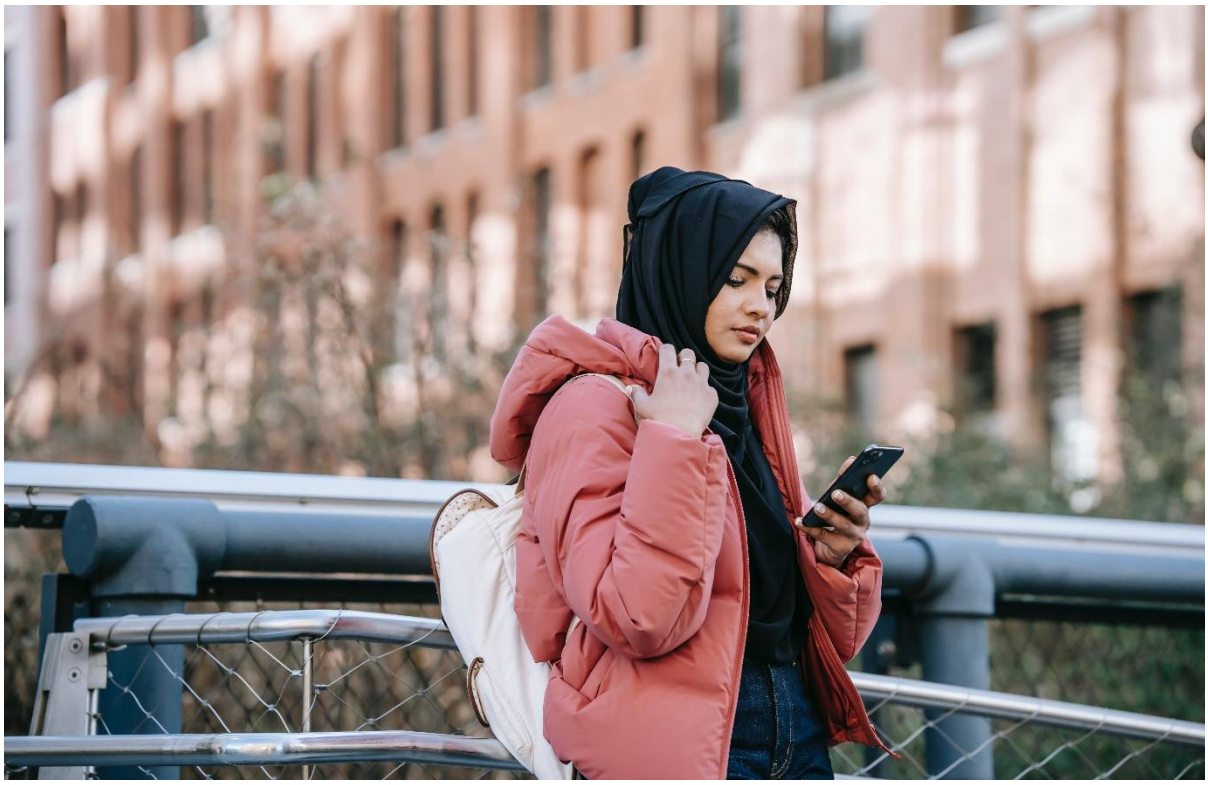
[5] https://safeguarding-guide.nhs.uk/context-of-NHS-safeguarding/s2-06/
[6] https://www.resolutionfoundation.org/publications/uneven-ground/

Service access and wait times: There are major challenges with waiting times and access to mental health services, including variations in rates of access by parliamentary constituency, long wait times for first contact, and a high proportion of referrals discharged without contact.

Recommendation: Local plans to transform children and young people's mental health services to include details regarding:

- How they will incorporate interventions which have robust evidence of effectiveness and potential for good return on investment
- Provision of targeted mental health support for vulnerable groups who encounter significant barriers accessing support such as care experienced children and children and young people in contact with the criminal justice system
- How waiting times for support from children and young people's mental health services can be reduced
- How the broader system offers for those who do not meet the thresholds of children and young people's mental health services can be strengthened
- How delays in the neurodevelopmental diagnostic pathway can be addressed to decrease the time taken from referral to diagnosis and post-diagnostic support improved
- How barriers to accessing support can be reduced for communities who are under-represented within children and young people's mental health services



Working age adults – key messages

Material disadvantage and unemployment: Material disadvantage and unemployment are strong factors affecting mental health and wellbeing in working age adults. Birmingham has higher rates of unemployment and a lower proportion of the population who are economically active compared to the national average whilst the reverse is true in Solihull.

The mental health of the working age population: Nationally, there has been an increase in the proportion of the working age population who report mental health conditions with non-work-limiting conditions increasing twelve-fold over the past 20 years.

Employment support for adults with severe mental illness (SMI): The individual placement and support (IPS) model supports people with severe mental illness (SMI) into employment, and in Birmingham and Solihull, more than 1,500 people with SMI have entered and sustained employment with IPS support during 2024/25.

Recommendation: Given the challenged picture in Birmingham and the importance of employment and material disadvantage to mental wellbeing it is recommended that the Provider Collaborative strategy and commissioning plans consider how employment support for people with mental health conditions can be strengthened further.

Older adults – key messages

Prevalence of mental health conditions: It was estimated that in 2020 that 4,132 older people in Birmingham had severe depression which represented nearly 3% of the population aged 65 years and above. By 2040, this number is predicted to rise to 5,393 people.

Multiple long-term conditions: An ageing population with an increasing prevalence of multiple long-term conditions has significant impacts upon the mental health of older adults. The close relationship between physical and mental health means that treatment for older people needs to be integrated, rather than condition specific.

Vulnerable groups: Prevalence of mental health conditions are higher among specific groups of older people. For example, national research shows that 40% of older people who are living in care homes have depression; 30% of older carers experience depression at some point; and older people going through a bereavement are up to four times more likely to experience depression than older people who haven't been bereaved.

Older carers: The impact of caring responsibilities can have a significant impact on the mental health of older adults. It is estimated that nationally there will be 1.8 million older carers by 2030 and nearly half of carers aged 85 or over who are providing 20 or more hours of care a week say that they feel anxious or depressed. In Solihull, 23% of carers are aged over 65. In Birmingham, the figure is 34%.

Dementia can trigger mental health problems, with estimates suggesting that 20-40% of people living with dementia are depressed, it can also make treatment of mental health conditions more challenging. There are currently an estimated 13,000 people living with dementia in Birmingham and Solihull. **It is estimated there will be over 17,000 people living with Dementia in Birmingham and Solihull by 2040.**

Barriers to help seeking include perceiving poor mental health as an inevitable part of ageing, fear of being a burden, and concern about being judged or stigmatised as well as lack of awareness of potential symptoms of mental health conditions.

The rate of prescribing of anti-depressants in Birmingham and Solihull is highest in the population aged over 50 years with highest rates of prescribing in those aged 60 to 69 years and those aged 80 to 89 years. National research indicates that older people with mental health problems are more likely to be prescribed anti-depressants and less likely to be referred for talking therapies than younger adults.

NHS Talking Therapies: Older adults are under-represented in NHS talking therapy services in Birmingham and Solihull. **Rates of access for talking therapies are lowest in the over 65 age group, however, recovery rates are highest in the over 65s**. This suggests that there is potential significant benefit in increasing the proportion of over 65s accessing talking therapies.

Recommendation: It is recommended that the mental health needs of older adults is an explicit focus within Provider Collaborative strategy and implementation plans with consideration of:

- How integrated rather than condition specific support can be developed to meet the needs of older adults with multiple long-term conditions and mental health needs
- How mental health support can be strengthened for older adults who have heightened risk of mental health difficulties including older carers
- How stigma in relation to mental health can be reduced and rates of access of NHS talking therapies for over 65s can be increased

Health inequalities

Key findings from the needs assessment in relation to health inequalities include:

Barriers to accessing mental health support

Community engagement and feedback from multiple sources has highlighted consistent themes across a range of communities in Birmingham and Solihull:

- **Cultural awareness**: Mental health services often lack understanding of cultural needs.
- **Cultural stigma**: Stigma around mental health in various cultures hinders discussions and help-seeking.
- **Access to support**: Challenges exist in knowing what support is available and how to access it.
- **Language barriers**: Lack of translation services reduces accessibility.

Inclusion health groups

Inclusion health groups typically have worse health outcomes due to experiences of overlapping risk factors for poor mental health such as poverty, violence and complex trauma. This includes groups such as care experienced children and young people, people in contact with the criminal justice system, people who are homeless, people with addictions to substances and refugees and asylum seekers.

Identified gaps in mental health service provision for inclusion health groups in Birmingham and Solihull include:

- People with co-current substance misuse and mental health conditions (dual diagnosis) are often excluded from services and do not receive holistic care.
- There are gaps in access to counselling and trauma informed mental health support for victims of domestic abuse.

- Significant unmet mental health needs for sex workers as highlighted in the Sex Worker Analysis of Health Needs (SWAN)[7] report produced by Birmingham City Council.

Disparities based on ethnicity and where people live

Disparities and variations by ethnic group and where people live in Birmingham and Solihull include:

- The Black Caribbean, Black Other, and Mixed – White and Black Caribbean ethnic groups have high rates of detention under the Mental Health Act in Birmingham and Solihull. Rates of detention were greater than 200 per 100,000 population compared to the average of all ethnic groups of 101 per 100,000.
- People of Black Caribbean, Black Other and Mixed – White and Black Caribbean ethnicity have the highest rates of accessing services for Severe Mental Illness (SMI) and Crisis services.
- The White Irish ethnic group has the higher rates of anti-psychotic and anti-depressant prescriptions of all ethnic groups in Birmingham and Solihull and the third highest rate of accessing Crisis services.
- The Chinese ethnic group has the lowest rate of detention under the Mental Health Act, the lowest rate of being prescribed anti-depressants and anti-psychotic medication and lowest rate of access Crisis and SMI services.
- Access to children and young people's mental health services varies significantly by constituency, with lower access in deprived areas like Ladywood and Hodge Hill.
- Prescribing rates for anti-psychotic medications vary considerably across Birmingham and Solihull, ranging from 1,308 per 100,000 in Sutton Coldfield to 2,087 per 100,000 in Erdington.

Recommendation: Provider Collaborative strategy and implementation plans to ensure there is a focus on the following areas:

- Developing targeted support and provision where evidence and research indicate gaps and unmet need for inclusion health groups, for example sex workers and victims of domestic abuse.
- Contributing to existing initiatives and plans to address inequalities such as the development and implementation of the dual diagnosis working protocol
- Improving the cultural competency of services and reducing barriers to access for under-represented groups and communities.
- The collection and analysis of data regarding protected characteristics[8] and development and oversight of plans to address health inequalities.

[7] https://www.birmingham.gov.uk/info/50342/public_health_reports/2955/inclusion_health/2
[8] https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics

Initiatives to improve services and better meet needs

There are a variety of initiatives and plans for Birmingham and Solihull to improve the accessibility of mental health support and better meet population needs. These include:

- The 24/7 pilot in East Birmingham (pictured right) which aims to provide an integrated service offer including crisis care, home treatment, early intervention, community, rehabilitation with plans to include inpatient care as part of future development of the service. The service is focused on looking after the whole person, considering the physical health and social needs alongside their mental health.
- Initiatives to improve access to mental health support in the community as part of community transformation such as neighbourhood mental health teams, intensive community rehabilitation teams, the older adult connector and peer support pilot and services developed as part of the health inequalities workstream.
- A transformation programme for children and young people's service to develop a consistent Birmingham and Solihull service, tailored to localities.

Recommendation: The Provider Collaborative oversees rigorous evaluation of these projects and initiatives to ensure they are meeting stated aims and objectives and identifying opportunities to scale up areas of good practice.

Perspectives of communities and service users

The experience of care campaign was commissioned by the Mental Health, Learning Disabilities and Autism Provider Collaborative to gather detailed feedback on people's experiences with NHS mental health services in Birmingham and Solihull. It included a desktop review of existing publications and evidence, focus groups and interviews and an online survey.

Key themes which were highlighted were:

> **“I can't complain about the support I got. It was a long wait to see someone; it would be good to have someone to check in with me more often.”**

- **Long wait times**: There is a significant negative impact of long wait times and difficulties accessing support.
- **Lack of support**: Insufficient support is available for service users and their families while waiting for services.
- **Awareness and information**: There is a lack of awareness and information about available community support.
- **System navigation**: People encounter difficulties navigating the complexities of the mental health support system.
- **Communication issues**: Problems with communication, such as difficulty reaching teams and delays in receiving appointment letters impacted upon accessibility of support.
- **Continuity of care**: The lack of continuity in care leads to information having to be repeated to multiple professionals.
- **Tailored services**: Services are not adequately tailored to the needs of individuals with autism.
- **Stigma and shame**: Stigma and shame related to mental health in various communities.
- **Community assets**: It was recognised there is a need to strengthen community assets and peer support.
- **Service integration**: It was recognised there is a need for better coordination and integration of services.
- **Survey findings**: 245 responses were received to the online survey. Findings included:
    - Referral processes: Varied difficulty in referral processes, with some services being more challenging to access than others.
    - Wait times: Long wait times and difficulties accessing support were frequently cited.
    - Support while waiting: 64% felt they did not receive timely support.
    - Satisfaction scores: Average satisfaction score was 2.82 out of 5, with the lowest for children and young people’s services (1.96) and the highest for inpatient services (2.86).

Priorities for improvement identified via the campaign were:

- **Community engagement**: Strengthen community engagement and leverage lived experience expertise.
- **Trust building**: Repair relationships and build trust with communities.
- **Support while waiting**: Improve support available while waiting for NHS services.
- **Shared vision**: Co-produce a shared vision for Provider Collaborative with community and stakeholder engagement.
- **Focus on outcomes**: Set key priorities and ensure focus on outcomes and accountability.
- **Evaluation framework**: Develop a framework to measure and evaluate progress against Provider Collaborative strategy commitments.

Recommendation: The Provider Collaborative 5-year strategy draws on key themes from the experience of care campaign when setting out future vision and ambitions for the development of mental health services in Birmingham and Solihull.

**“Eventually, I got a professional who sat and listened to us after years and this was amazing!
It made a huge difference, and we now have a good support team.”**

Glossary of key terms

There are a variety of different key terms, acronyms and other terminology used throughout the report. Where possible these are explained within the text or links are provided to external websites which provide further information and definition. However, there are some key concepts which are used throughout the report which are also summarised here below to help aid understanding.

Adverse childhood experiences: Adverse childhood experiences (ACEs) are traditionally understood as a set of 10 traumatic events or circumstances occurring before the age of 18 that have been shown through research to increase the risk of adult mental health problems and debilitating diseases. Five ACE categories are forms of child abuse and neglect, which are known to harm children and are punishable by law, and five represent forms of family dysfunction that increase children's exposure to trauma. Further information on adverse childhood experiences is available here:

https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next

Attention Deficit Hyperactivity Disorder (ADHD): ADHD is a developmental disorder characterized by an ongoing pattern of one or more of the following types of symptoms:

- Inattention, such as having difficulty paying attention, keeping on task, or staying organized
- Hyperactivity, such as often moving around (including during inappropriate times), feeling restless, or talking excessively
- Impulsivity, such as interrupting, intruding on others, or having trouble waiting one's turn

It is common for people to show these behaviours some of the time. However, for people with ADHD, the behaviours are frequent and occur across multiple situations, such as at school, at home, at work, or with family and friends. Further information on ADHD is available here:

https://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd

Common mental health conditions: Common mental health conditions (CMHCs), also referred to as common mental disorders (CMDs) comprise different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMHCs to society is great (Stansfeld, et al., 2016).

Health inequalities or health inequities: Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. They include differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. Further detail regarding health inequalities is available here:

https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities

Index of Multiple Deprivation: The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation for small areas in England. It is based on 39 separate indicators across seven domains of deprivation, and areas are ranked from most deprived to least deprived.

https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

Integrated Care Boards: The role of the Integrated Care Board (ICB) is to allocate the NHS budget and commission services for the population, taking over the functions previously held by NHS Clinical Commissioning Groups (CCGs) and some of the direct commissioning functions of NHS England. The ICB is directly accountable to NHS England for NHS spend and performance. Integrated care boards (ICBs) replaced Clinical Commissioning Groups (CCGs) in the NHS in England from 1 July 2022.

https://www.kingsfund.org.uk/insight-and-analysis/animations/how-does-nhs-england-work

https://www.kingsfund.org.uk/insight-and-analysis/long-reads/understanding-accountabilities-structures-health-care

Integrated Care System: Integrated care systems (ICSs) are local partnerships that bring health and care organisations together to develop shared plans and joined-up services. They aim to improve outcomes, tackle inequalities, enhance productivity and support social and economic development. Following the passage of the 2022 Health and Care Act, ICSs were formalised as legal entities with statutory powers and responsibilities. There is a single ICS for Birmingham and Solihull.

https://www.england.nhs.uk/integratedcare/what-is-integrated-care/

https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-and-care-act-key-questions

https://www.birminghamsolihullics.org.uk/

Life course approach: A life course approach considers the critical stages, transitions and settings where large differences can be made in promoting or restoring health and wellbeing. Adopting the life course approach means identifying key opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at key life stages, from preconception to early years and adolescence, working age, and into older age.

https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach

Mental health: Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in (World Health Organization, 2022).

Mental Health, Learning Disabilities and Autism Provider Collaborative: The Provider Collaborative is a partnership of NHS providers of mental health services and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector which works closely with wider system partners including local authorities and is responsible for commissioning mental health services in Birmingham and Solihull. The responsibility for commissioning has been delegated from the ICB who retain formal accountability and provide oversight of the Provider Collaborative.

Mental Health Services Data Set (MHSDS): The Mental Health Services Data Set (MHSDS) is a national data collection in England for patients in contact with mental health, learning disabilities, and autism services. It aims to provide robust, consistent, and comparable data for these services. The MHSDS is a secondary uses dataset, meaning it collects data from patient records for purposes beyond direct patient care, such as research, service planning, and commissioning.

https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/about

Post-traumatic stress disorder: Post-traumatic stress disorder (PTSD) is a mental health condition that can be caused when someone is exposed to a traumatic event. The International Classification of Diseases 11th revision (ICD-11) describes a major traumatic event as “a stressful event or situation of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone.”

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) describes a major traumatic event as “exposure to actual or threatened death, serious injury, or sexual violence.” Symptoms of experiencing PTSD include re-experiencing the event, avoiding reminders of the event and experiencing symptoms of heightened arousal that cause significant distress, and interfere with daily activities and family, social, school or working life.

https://icd.who.int/en/

https://www.psychiatryonline.org/dsm

https://www.who.int/news-room/fact-sheets/detail/post-traumatic-stress-disorder

Prevalence: Prevalence is the proportion of a population who have a specific characteristic in a given time period. In the context of this report, prevalence is discussed in relation to the proportion of the population nationally or within Birmingham and Solihull who have mental health conditions. Prevalence may be reported as a percentage (5%, or 5 people out of 100), or as the number of cases per 10,000 or 100,000 people. Further detail regarding the definition of prevalence is available here:

https://www.nimh.nih.gov/health/statistics/what-is-prevalence

Provider Collaborative: See 'Mental Health, Learning Disabilities and Autism Provider Collaborative'.

Secondary mental health services: Secondary mental health services provide specialized care for individuals with more severe or complex mental health conditions than those typically addressed in primary care. These services are often accessed through referral from a general practitioner (GP) or another healthcare professional. Secondary services may include community mental health teams, crisis resolution and home treatment teams, assertive outreach teams, and inpatient mental health wards.

Severe mental illness (SMI): Severe mental illness (SMI) has been defined as "a mental, behavioural, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities" (The National Institute of Mental Health, 2024). It is an umbrella term for chronic psychiatric disorders, such as schizophrenia and schizoaffective, delusional, major depressive, and bipolar disorders.

https://www.sciencedirect.com/topics/psychology/bipolar-disorder

Social determinants of health: The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of influences shaping the conditions of daily life. These include economic policies and systems, development agendas, social norms, social policies and political systems.

https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

The Mental Health Act: The Mental Health Act (1983) provides the legal framework to detain and treat people in a mental health crisis, who are at risk of harm to themselves or others. The purpose of the Act is to make sure that patients get the vital treatment they need in a place that is safe for both them and others.

If a patient is well enough to leave hospital but still needs extra support, the Act also gives clinicians the power to arrange a Community Treatment Order. This is where patients are required to meet certain conditions set by their clinician and receive supervised care in their community.

https://www.legislation.gov.uk/ukpga/1983/20/contents

https://www.mind.org.uk/information-support/legal-rights/community-treatment-orders-ctos/overview/

Trauma and trauma informed practice: Trauma is when people experience very stressful, frightening or distressing events that are difficult to cope with or out of their control. It could be one incident, or an ongoing event that happens over a long period of time.

Trauma informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff.

More detail regarding trauma informed practice, including its 6 key principles is available here:

https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

Voluntary, Community, Faith and Social Enterprise (VCFSE) sector:
The voluntary, community, faith and social enterprise (VCFSE) sector is an important partner for statutory health and social care agencies and plays a key role in improving health, wellbeing and care outcomes. The VCFSE sector is a key part of the Provider Collaborative governance and decision-making.

Birmingham and Solihull Mental Health
NHS Foundation Trust
Uffculme Centre
52 Queensbridge Road
Birmingham
B13 8QY

www.bsmhft.nhs.uk
0121 301 0000

Ref: MPC0001A-012026