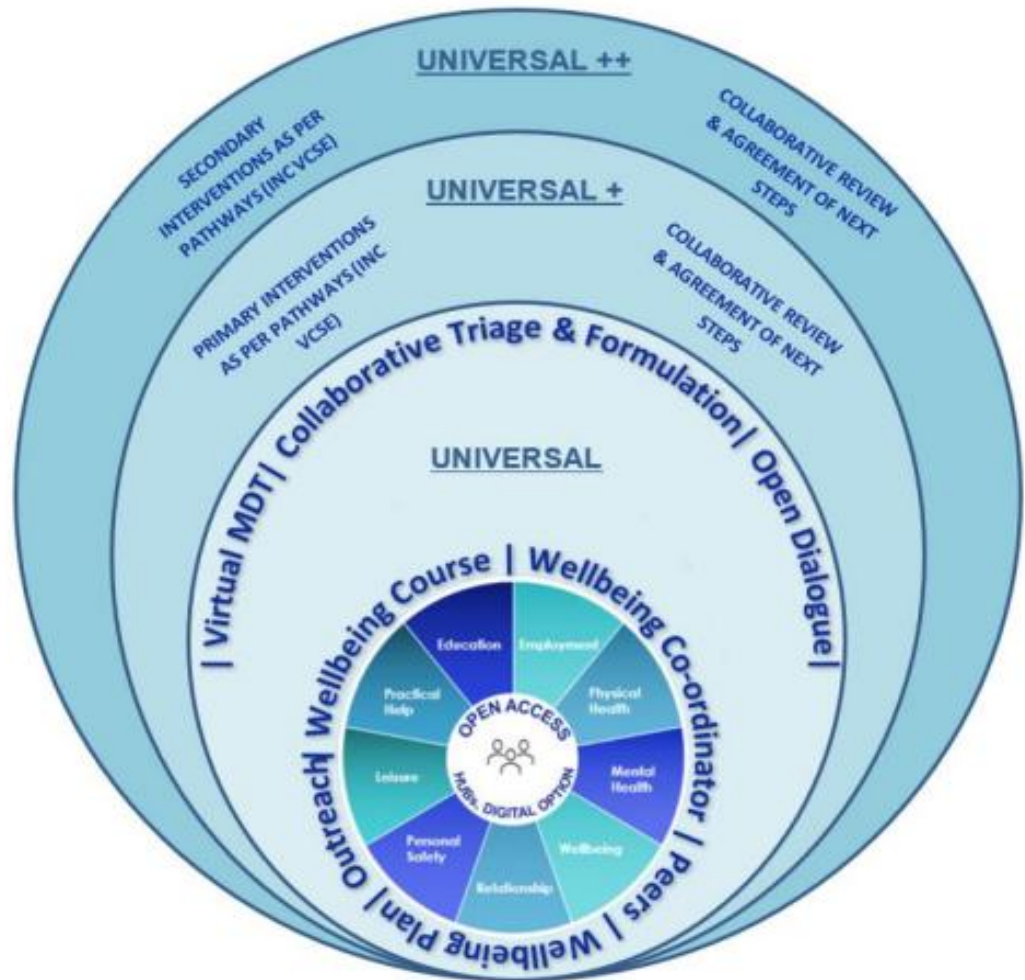


Service name	Access Wellbeing Community Mental Health Services
Service specification number	QVV/0302
Population and/or geography to be served	<p>The service is for adult Dorset residents aged 18+ who may be struggling with Mental Health and Wellbeing challenges. The service is not criteria or threshold driven.</p> <p>The Service should be delivered at Place, by Integrated Neighbourhood Teams and should be bespoke to meet the needs of local populations.</p>
Service aims and desired outcomes	<p>The core goal of Access Wellbeing is to empower individuals to lead purposeful lives. Historically, mental health services have mainly focused on reducing symptoms without giving due attention to individuals' broader sense of purpose and meaning. Recognising that people and their relationships are central to mental health, this approach prioritises prevention, mental well-being promotion, and addressing social factors contributing to mental health issues as well as evidenced based therapies and treatment for diagnosed mental health conditions.</p> <p>It emphasises proactive measures, education, and prompt access to support networks. Moreover, it acknowledges the influence of social determinants on mental health, promoting collaboration among organisations, removing service boundaries, and valuing individual assets and strengths.</p> <p>This approach aims to end discrimination against those facing mental health challenges, acknowledging the intersection with other structural inequalities. The model advocates shared power and co-production to address health disparities and transform society.</p> <p>Mental health is viewed as a collective effort, not just an individual concern, fostering full citizenship within communities. Access Wellbeing offers a multidimensional approach to address these crucial aspects.</p>

Service description and location(s) from which it will be delivered



Access Wellbeing incorporates the whole model as illustrated above. This includes what has historically been known as Community Mental Health teams and Assertive Outreach Teams and Secondary Care Psychological Services. It also includes the Complex Trauma Pathway delivery and Open Dialogue approach.

The Access Wellbeing model places a strong emphasis on mental illness prevention and holistic care, encompassing non-clinical interventions as integral core components. Where clinical interventions are indicated, they will be evidence based and of high quality. Integrated community mental health services prioritise early interventions tailored to individual needs. Central to the service is the prevention of mental illness through early identification and assistance with lifelong challenges that can impact mental health and overall well-being. The focus lies in aiding individuals in recognising when they require support, guiding them on accessing it, and

facilitating their engagement with a variety of interventions tailored to their specific needs. These interventions often extend beyond clinical approaches and may include support from peer groups or warm transfers to other community resources aimed at addressing underlying causes of mental health issues and promoting overall well-being, such as combating loneliness or addressing financial stress.

The model is based around early intervention, prevention, and empowerment, with the person being supported to self-manage wherever possible. This is a fundamental shift from dependence to empowerment.

Because of the multiplicity of need that is within the scope of Access Wellbeing, services it is important that the offer operates within a transdiagnostic space and is able to work with a variety of circumstances including, but not limited to, gender identity, sexuality, and neurodiversity. However this specification does recognise that the core purpose of the commissioned remit is in respect of mental health and wellbeing and that there are interdependencies with other review programmes including the all age neurodiversity review / pathways. The scope of these services does not include the assessment and diagnosis of neurodivergent conditions.

Services and the pathway must operate in a non-linear way ensuring agility and flexibility based on a persons need NOT based on service need.

Services must be **delivered from community locations: from places where people already go and can access easily**. Services will become embedded in local communities with a 'no wrong door' approach. Out Reach and In Reach will be a core component of the delivery model

Wellbeing Co-ordinators are central to the Universal workforce offer and will complete the agreed Patient Related Outcome Measures (PROMs), Patient Related Experiences Measures (PREMs), Wellbeing plan and safety plan as part of time spent with the individual.

The Universal Service **MUST** be delivered in an integrated way with the **Focused** and **Specialist** (formally known as + and ++) aspects of the transformed mental health model.