

Neighbourhood Mental Health Centres: A Summary of Early Learning from the VCFSE Sector

Why this matters

The NHS 10-Year Plan places neighbourhood health at the centre of future health and care reform. The Neighbourhood Mental Health Centre pilots provide an early opportunity to understand what neighbourhood-based mental health support looks like in practice and the conditions required for success.

Drawing on **learning from VCFSE organisations working across six pilot sites**, this briefing highlights a clear message: neighbourhood mental health models are most effective when they are rooted in communities, relationships, Mental Health Social Care (MHSC), and equitable partnerships with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector.

Key learnings on success

The pilots demonstrate that Neighbourhood Mental Health Centres are not simply new services or buildings. They are community-rooted networks of relationships, support, and local assets that help people access help earlier, reduce escalation, and build connection, belonging, and resilience.

Across sites, successful models were characterised by:

- Open-access support available without traditional referral barriers.
- Strong VCFSE leadership and partnership.
- Lived experience leadership embedded in design and delivery.
- Relational approaches that prioritise trust, continuity, and belonging.
- Strong connections to wider community assets and social support.

What risks need addressing?

The learning also highlights significant risks if neighbourhood models are implemented without explicit attention to equity and system reform.

Without deliberate action, neighbourhood models may:

- Reproduce existing inequalities in access and outcomes.
- Fail to address racial disparities in coercive pathways and crisis care.
- Become increasingly shaped by traditional risk-management approaches.

- Remain focused on support without influencing wider determinants such as poverty, housing insecurity, and exclusion.
- Undermine VCFSE delivery through short-term funding and disproportionate reporting requirements.

Policy priorities

To maximise impact, neighbourhood health policy should:

1. Embed Mental Health Social Care and VCFSE leadership

VCFSE organisations and MHSC are not optional additions to neighbourhood health. They are fundamental to prevention, early intervention, and trusted community support.

2. Make equity a design principle

Neighbourhood models must embed anti-racist and culturally responsive practice, address barriers linked to language, migration status, disability, and digital exclusion, and monitor outcomes through an equity lens.

3. Shift accountability beyond activity metrics

Success should be measured through people's experiences of safety, belonging, connection, recovery, and community participation alongside traditional activity measures.

4. Reduce reliance on coercive pathways

Neighbourhood models should be explicitly linked to reducing avoidable escalation into detention, police involvement, and crisis responses that disproportionately affect marginalised communities.

5. Invest in sustainable community infrastructure

Long-term investment in VCFSE capacity, leadership, and infrastructure is essential if neighbourhood health reform is to be sustained.

The central message

Neighbourhood mental health centres demonstrate that prevention, inclusion, and community-based support are achievable when systems work with communities rather than around them.

If neighbourhood health reform is to reduce inequalities and improve population mental health, Mental Health Social Care and the VCFSE sector must be recognised as foundational partners in design, delivery, governance, and investment.